AT NEED

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thieu Tiet 228485

in a Liner (Type of Burial Container) Funeral, date, time Tues. 1-18-05 @ 10:00

Church, Chapel, (Graveside) ; Poway 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 Chinese Section 1 Blk/(Row) 11 Lot _____ Grave 3

| | |
|---|---|
| Grave space & Care Fund ..... D-8555 | Ø |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 549 – |
| Burial Container | 278 – |
| Handling Fees | 213 – |
| Flower vases – Marker setting fee | — |
| (Recording)/Filing/Transfer Fees | 66 – |
| Sales taxes | 21 54 |
| Total Due | 1127. 54 |
| Less Payments | 1127. 54 |
| Balance due | Ø |

PAID

JAN 12 2005

R-58405

MOUNT HOPE CEMETERY

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

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

X _____ Signature

(NR) Maria

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

(See attached) for signatures

Invoice # _____

Work Order # E 18900

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

DO2 AT NEED

NO. 422

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-11-05

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

in a Liner (Type of Burial Container) Funeral, date, time Tues. 1-18-05 @ 10:00

Church, Chapel (Graveside) : Poway Mortuary.

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

will be applied and billed to undersigned. _____

Division II Chinese Section 1 Blk/Row 11 Lot _____ Grave 3

| | |
|---|---|
| Grave space & Care Fund D-8555 | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 549 |
| Burial Container | 278 |
| Handling Fees | 213 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 16 |
| Sales taxes | 21 54 |
| Total Due | 1127.54 |
| Paid receipt number | 1127.54 |
| Balance due | |

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

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

X Sally Wong Avery (Signature)

(NR) Maria

X Sally Wong Avery (Print Name)

X 7618 W. Canyon Ave. (Address)

X San Diego, CA 92123 (City, Zip Code)

X (619) 987-8248 (Telephone)

Invoice # _____

Work Order # E 18900

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

01/11/2005 12:25 SD MT. HOPE CEMETERY → 918587484069

MT HOPE CEMETERY E-18900

# GRAVE BLIND CHECK FORM

Deceased Name Thieu Tiet

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | TAN LIU | KING HOM | | |
| | | | X | LEO HING | TSUI CHAN | |
| | | | | | | |
| | | | | | | |

Today's Date 1/14/05

Interment Date: 1-18-05 Time: 10:00 G.S.

Div: 11 CHINESE Sect: 1 Blk/Row: 11 Lot: Gr: 3

Flag placed by: Chuck

Grave Laid Out by: Norman Fong

Blind Check Verified by: CW Warren

Agrees with Map: Initials Verified CW

Agrees with Legal Card: Initials Verified CW

E-18900

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Thieu | Thi | Tiet | 11/16/1911 | 01/09/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Sally Wong Avery-- Granddaughter<br>2618 W. Canyon Ave.,<br>San Diego, CA 92123 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Poway Bernardo Mortuary<br>13243 Poway Road, Poway, CA 92064 | FD-1195 | ▶ | 01/13/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 01/13/2005<br>E. Vigney | ▶ 2500922 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery, 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>1-8-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 1/11/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katherine Rajewski 228477

In a Liner (Type of Burial Container) Funeral, date, time Thurs. Jan 13 12:00

Church, Chapel, Graveside Delivery only ; Merkly Mitchell Grant 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 87 Grave 8

| | |
|---|---|
| Grave space & Care Fund | 1310.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 549.00 |
| Burial Container | 278.00 |
| Handling Fees | 213.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 21.54 |
| Total Due | 2437.54 |
| Paid receipt number Mastercard | 2437.54 |
| Balance due | Ø |

PAID
JAN 11 2005
MOUNT HOPE CEMETERY

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

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

Joe F Rajewski
Signature

JOE F RAJEWSKI
Print Name

3430 APRICOT TREE WAY
Address

OCEANSIDE 92054
City Zip Code

760-439-4622
Telephone

Paulette

Work Order # E 18901

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18901

# GRAVE BLIND CHECK FORM

Deceased Name Katherine Rajewski

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Davis | | | |
| | | | | | | |
| | | | X | | | |
| | | Manat | | | | |
| | | | | | | |

Today's Date 1/12/05

Interment Date: 1/13/05 Time: 12:00 Delivery

Div: 12 Sect: 2 Blk/Row: ____ Lot: 87 Gr: 8

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: ____

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

FLAG

E-18901

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| KATHERINE | - | RAJEWSKI | 10/07/1925 | 01/08/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| EL CAJON | SAN DIEGO | JOSEPH F. RAJEWSKI - SON<br>3430 APRICOT TREE WAY<br>OCEANSIDE, CA 92054 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| MERKLEY-MITCHELL MORTUARY<br>3655 FIFTH AVENUE<br>SAN DIEGO, CA 92103 | FD119 | ▶ [signature] | 01/12/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | B.A. ELLANO<br>01/12/2005 | 2500832 ▶ |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>1-13-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 1-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Benny Wright 228483

in a Liner (Type of Burial Container) Funeral, date, time 1/14/05 Friday 1:00

Church (Chapel) Graveside _____ : Ragsdale Mortuary. Monuesta

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 85 Grave 5

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58416 | 1833.20 |
| Balance due | Ø |

PAID

JAN 18 2005

MOUNT HOPE CEMETERY

mort. 2 Pay

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached for signatures

Paulette

Invoice # _____

Work Order # E 18902

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

# INTERMENT ORDER

City of San Diego

At Need

Date 1-11

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

in a Urier (Type of Burial Container) Funeral, date, time 11/14/05 Friday 1:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.. Wenuste

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 85 Grave 5

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |

mort. 2 Pay

Paid receipt number _____

Balance due _____

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

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

Eddie Mae Mitchell
Signature

Paulette

Work Order # E 18902

Liddell M. Mitchell
Print Name
3942 Newton AVE
Address
San Diego Co 92113
City Zip Code
(619) 263-4170
Telephone

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 18902

# GRAVE BLIND CHECK FORM

Deceased Name Benny Wright

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | X | | NORWOOD | |
| | | | | | | |
| | | | | | | |

Today's Date _____

Interment Date: 1/14/05 Time: 1:00 / 2:30 arrived

Div: 11 Sect: 2 Blk/Row: ____ Lot: 85 Gr: 5

Flag placed by: _____

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: DARRELL FAMBER

Agrees with Map: Initials _____ Verified _____

Agrees with Legal Card: Initials _____ Verified _____

Flag

E-18902

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Bennie | B. | Wright | 05/23/1933 | 01/07/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| National City | San Diego | Liddell M. Mitchell, Sister<br>3942 Newton Avenue<br>San Diego, CA 92113 |

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

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ [signature] | 01/13/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 8A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | 11.00 | 01/14/2005<br>B. Campbell | 2500953 ▶ |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>1-14-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

AT NEED

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tom Foon 207924

in a Liner (Type of Burial Container) Funeral, date, time Tues. 1-18-05 @ 11:00

Church, Chapel, Graveside, ~~Delivery only~~ M.V.: Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 119 Grave 9

| | |
|---|---|
| Grave space & Care Fund | E-13147 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | Ø |
| Burial Container | Ø |
| Handling Fees | Ø |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | Ø |
| Sales taxes | Ø |
| Total Due | Ø |
| Paid receipt number | |
| Balance due | Ø |

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

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

X _____ Signature

Maria

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Signatures attached

Invoice # _____

Work Order # E 18903

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

PT NEED

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-12-05

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

In a Liner (Type of Burial Container) Funeral, date, time GRAVESIDE + Ragsdale 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.

Division 11 Section 2 Blk/Row _____ Lot 119 Grave 9

| | |
|---|---|
| Grave space & Care Fund E-13147 | Ø |
| Overtime/Late Arrival Fees | Ø |
| Opening/Closing & Setup | Ø |
| Burial Container | Ø |
| Handling Fees | |
| Flower vases – Marker setting fee | Ø |
| Recording/Filing/Transfer Fees | Ø |
| Sales taxes | Ø |
| Total Due | Ø |
| Paid receipt number | |
| Balance due | Ø |

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

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

Signature Mow Lew

Maria

X Mow Lew (Print Name)

X 1844 Lowan St. (Address)

X San Diego, CA 92105 (Zip Code)

X 619 262-6158 (Telephone)

Invoice # _____

Acct. # _____

Work Order # E 18903

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18903

# GRAVE BLIND CHECK FORM

Deceased Name TOM FOON

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | W. & C. O'BRIEN | X | | L. M. ALFORD | |
| | W. M. MORGAN | | N CAUNER | | | |
| | | | | | | |

Today's Date 1/13/05

Interment Date: 1-18-05 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 119 Gr: 9

Flag placed by: Norman Ferguson

Grave Laid Out by: Norm Ferguson

Blind Check Verified by: C Warren

Agrees with Map: Initials _____ Verified CW

Agrees with Legal Card: Initials _____ Verified CW

E- 18903

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Foon | - | Tom | 11/11/1923 | 01/11/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Mow Lew, Friend<br>1844 Ewan Street<br>San Diego, CA 92105 |

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

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit ▶ | 8B. DATE SIGNED 01/13/2005 |
|---|---|---|---|

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID<br>11.00 | 9B. DATE PERMIT ISSUED<br>01/13/2005<br>B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT<br>2500939<br>▶ |
|---|---|---|---|---|

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

Pre-need in grave w/ Esther Fowler

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

209308

Date 1-12-05

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

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

Church, Chapel, Graveside : Mortuary.

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

will be applied and billed to undersigned.

Division 8 Section 1 Blk/Row Lot 1118 Grave 1

| | |
|---|---|
| Grave space & Care Fund C-7041 | Ø |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 1.16 |
| Burial Container | 61 |
| Handling Fees | 66 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50 |
| Sales taxes | 4 73 |
| Total Due | 297 73 |
| Paid receipt number Rx 58406 | 297 73 |
| Balance due | Ø |

PAID

JAN 12 2005

MOUNT HOPE CEMETERY

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

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

X Signature

Maria

X RUTH E VASQUEZ
Print Name

X 3648 35TH ST
Address

X SAN DIEGO CA 92104
City Zip Code

X (619) 563-4515
Telephone

Invoice #

Work Order # E 18904

Acct. #

REA-104 (3-04)

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

Printed on recycled paper

Pre-need with angelia Shorter

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-13-05

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 264 Grave 2

| | | |
|---|---|---|
| Grave space & Care Fund | E-10449 | Ø |
| Overtime/Late Arrival Fees | | |
| Opening/Closing & Setup | | 413- |
| Burial Container | | Ø |
| Handling Fees | | Ø |
| Flower vases – Marker setting fee | | |
| Recording/Filing/Transfer Fees | | 50- |
| Sales taxes | | |
| Total Due | | 463- |
| Paid receipt number | | 463- |
| Balance due | | |

PAID

JAN 13 2005

MOUNT HOPE CEMETERY

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

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

Marie Shorter
Signature

Print Name: MARIE SHORTER

Address: 2746 Solola ave #207

City: San Diego, CA 92113 Zip Code

Telephone: 619-2640078

Maria (R) Villegas

Work Order # E18905

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

Pre-need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

228494

Date 1/13/05

228501

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward King & Irene King

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Division 11 Section 1 Blk/Row _____ Lot 13 Grave 6

| | |
|---|---|
| Grave space & Care Fund | 985- |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |
| Total Due | 985- |
| Paid receipt number Rx 58410 | 300- |
| Balance due | 685- |

PAID
AUG 16 2005
MOUNT HOPE CEMETERY

Paid-in-full
R-590840

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.

Edward King
Signature

Maria

x Edward King
Print Name

x 4948 Hilltop Dr.
Address

x San Diego 92102
City Zip Code

x (619) 264-5521
Telephone

Invoice # _____

Work Order # E 18906

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

# HONORABLE DISCHARGE

E-18906

| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL | 2. ARMY SERIAL NO. | 3. GRADE | 4. ARM OR SERVICE | 5. COMPONENT |
|---|---|---|---|---|
| King Edward | [illegible] | PFC | [illegible] | ASF |

| 6. ORGANIZATION | 7. DATE OF SEPARATION | 8. PLACE OF SEPARATION |
|---|---|---|
| 3155 QM Sv Co | [illegible] | [illegible] |

| 9. PERMANENT ADDRESS FOR MAILING PURPOSES | 10. DATE OF BIRTH | 11. PLACE OF BIRTH |
|---|---|---|
| Rt. 2 Box 102, Brandon, Mississippi | [illegible] | [illegible] |

| 12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT | 13. COLOR EYES | 14. COLOR HAIR | 15. HEIGHT | 16. WEIGHT | 17. NO. DEPEND. |
|---|---|---|---|---|---|
| Rt. 2 Box 102, [illegible] Mississippi | [illegible] | [illegible] | 5' | 7[illegible] | [illegible] |

| 18. RACE | | | 19. MARITAL STATUS | | 20. U.S. CITIZEN | 21. CIVILIAN OCCUPATION AND NO. |
|---|---|---|---|---|---|---|
| WHITE | NEGRO | OTHER (specify) | SINGLE MARRIED | OTHER (specify) | YES NO | [illegible] |

## MILITARY HISTORY

| 22. DATE OF INDUCTION | 23. DATE OF ENLISTMENT | 24. DATE OF ENTRY INTO ACTIVE SERVICE | 25. PLACE OF ENTRY INTO SERVICE |
|---|---|---|---|
| 30 Jan 42 | | 20 [illegible] | Camp [illegible], [illegible] |

| SELECTIVE SERVICE DATA | 26. REGISTERED YES | 26. REGISTERED NO | 27. LOCAL B.R. BOARD NO. | 28. COUNTY AND STATE | 29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE |
|---|---|---|---|---|---|
| | | | 1 | Brandon, [illegible] | [illegible] |

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.

[illegible] 520

31. MILITARY QUALIFICATION AND DATE

[illegible]

32. BATTLES AND CAMPAIGNS

Tunisia; Sicily; Rome-Arno

33. DECORATIONS AND CITATIONS

Good Conduct Medal; European-African- [illegible]

34. WOUNDS RECEIVED IN ACTION

NONE

35. LATEST IMMUNIZATION DATES

| SMALLPOX | TYPHOID | TETANUS | OTHER (specify) Typhus |
|---|---|---|---|
| Feb 45 | Feb 45 | Aug 45 | Aug 45 |

36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN

| DATE OF DEPARTURE | DESTINATION | DATE OF ARRIVAL |
|---|---|---|
| [illegible] Jul 42 | NTO | [illegible] |
| [illegible] | USA | [illegible] |

37. TOTAL LENGTH OF SERVICE

| CONTINENTAL SERVICE YEARS | MONTHS | DAYS | FOREIGN SERVICE YEARS | MONTHS | DAYS |
|---|---|---|---|---|---|
| 1 | 4 | 0 | 2 | 4 | 27 |

38. HIGHEST GRADE HELD

PFC

39. PRIOR SERVICE

None

40. REASON AND AUTHORITY FOR SEPARATION

AR 615-365

41. SERVICE SCHOOLS ATTENDED

42. EDUCATION (Years) Grammar School College

## PAY DATA

| 43. LONGEVITY FOR PAY PURPOSES YEARS | MONTHS | DATE | 44. MUSTERING OUT PAY TOTAL | THIS PAYMENT | 45. SOLDIER'S DEPOSITS | 46. TRAVEL [illegible] |
|---|---|---|---|---|---|---|
| 3 | | | [illegible] | [illegible] | | |

## INSURANCE

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

| 48. KIND OF INSURANCE Nat. Serv. | U.S. Govt. | None | 49. HOW PAID Allotment | Direct to V.A. | 50. Effective Date of Allotment Discontinuance | 51. Date of Next Premium Due (One month after 50) | 52. PREMIUM DUE EACH MONTH | 53. INTENTION OF VETERAN TO Continue | Continue Only | Discontinue |
|---|---|---|---|---|---|---|---|---|---|---|
| | | X | | X | 30 Sep 45 | [illegible] 45 | $ [illegible] | | | |

54.

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

Lapel button and emblem issued
Time lost Under AR 107: NONE
ASR Score ( 2 Sep 45 ): 80

RIGHT THUMB PRINT

56. SIGNATURE OF PERSON BEING SEPARATED

Edward King

57. PERSONNEL OFFICER (Type name, grade, and organization - specify)

[illegible] Personnel Officer

WD AGO Form 53-55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

2. FINAL INDORSEMENT COPY (Affixed to final indorsement page of Service Record)

E-189D6
228494

228501

E-18906

KING, EDWARD AND KING, IRENE 4948 Hilltop Dr. SD CA 92102 (619)264-5521

Div II Sec 1 Lot 13 Gr 6

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 1/13/05 Opened pre-need lot account. Paid $300 to open by R-58410. | | | | 985.00 |
| | | | 300.00 | 685.00 |
| 2[illegible]05 | R- 58470 | | 200.00 | 485.00 |
| 3/3/05 | R- 58579 | | 125.00 | 360.00 |
| 4-1-05 | R 58689 | | 100.00 | 260.00 |
| 5-3-05 | R- 58805 | | 60.00 | 200.00 |
| 6-1-05 | 58890 | | 100.00 | 100.00 |
| 7-11-05 | R- 59045 | | 50.00 | 50.00 |
| 8-16-05 | R- 59084 | | 50.00 | 0 |

PAID IN FULL

AUG 16 2005

MOUNT HOPE CEMETERY

Douglas Top center
Robert Middle center

At Deed

MT. HOPE CEMETERY

# INTERMENT ORDER

in grave w/ Douglas Winberg

City of San Diego

Date 1/14/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert H. Winberg ~~Q~~ 226499 (father)

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

Church, Chapel, Graveside AYD : Benham 1-18-05 Mortuary. mailed cremains

All Funeral 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 B Section 1 Blk/Row Lot 764 Grave 1

Grave space & Care Fund D-890 ~~0~~

Overtime/Late Arrival Fees —

Opening/Closing & Setup —

Burial Container R-58409 —

Handling Fees —

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees R-58409 —

Sales taxes —

Total Due ~~0~~

Paid receipt number ~~0~~

Balance due ~~0~~

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

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

Signature

Print Name "

Address

City Zip Code

Telephone

See attached copies

Invoice #

Acct. #

Paulette

Work Order # E 18907

REA-104 (3-04)

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

© Printed on recycled paper

E-18907

9/30/1971

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

# DEED

5817

OWNERSHIP AND INTERMENT PRIVILEGES

TO Robert & Elizabeth Winberg for the sum of $ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lot 764 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER D-890

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

2 x 1 Flush Marker Only

Cemetery Manager

Director of Parks and Public Facilities

PW-584 (REV. 5-70)

T= 619 527 3400

$395.22

104 d/c

Vacb 81 + mc 620

88 hard

61 cards

E-18907

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Robert | H | Winberg | 03/18/1921 | 09/29/1995 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Fort Collins | CO | Elizabeth Winberg Wife<br>1737 Eastwood Ct Fort Collins CO 80525 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Bonham Bros & Stewart Mortuary<br>321 12th St Ramona CA 92065 | FD568 |

| 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|
| ▶ | 01/10/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 01/10/2005 J.Stewart | ▶ 2500620 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt Hope Cemetery 3751 Market St San Diego CA 92102 | 11B. DATE BURIED<br>1-18-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

**Fort Collins Cremat**
121 West Olive Street
Fort Collins, Colorado 80524
Phone (303) 482-4244

E-18907

# — Certificate Of Cremation —

Reg. No. 95-245

This Certifies That The Remains Of

Robert H. Winberg

Marital Status: Married

Were Cremated At The Fort Collins Crematory On:

October 2, 1995

By Authority Of: Elizabeth Winberg

Relationship: Wife

Date Of Birth: March 18, 1921

Date Of Death: September 29, 1995

Sex: Male Race: White Age: 74

Funeral Home: Warren-Bohlender Funeral Chapel

The legal requirements have been complied with, and the receptacle or urn with above Registration Number and name contains the cremated remains of said decedent.

Fort Collins Crematory
By Willis D. Bohlender -Pres.

AT NEED

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Magdalena Abrego 228487

in a DD crypt (Type of Burial Container) Funeral, date, time Tues. 1-18-05 @11:00

Church, Chapel, Graveside ; Heath Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 534 Grave _____

| | |
|---|---|
| Grave space & Care Fund | 1095- |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413- |
| Burial Container | 418- |
| Handling Fees | 352- |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50- |
| Sales taxes | 32 40 |
| Total Due | 2360 40 |
| Paid receipt number R56415 | 2360 40 |
| Balance due | Ø |

PAID

JAN 14 2005

MOUNT HOPE CEMETERY

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

I hereby authorize the interment in lot hold under deed.

Signature Maria

x Rosa Abrego (Print Name)

x 1936 Midvale Drive (Address)

x San Diego CA 92105 (City, Zip Code)

x (619) 840-9939 (Telephone)

Invoice # _____

Work Order # E 18908

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18908

# GRAVE BLIND CHECK FORM

Deceased Name Magdalena Abrego

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | X | | L. MC ARDLE | |
| | | | E MOON | | M PADGETT | |
| | | | | | | |

Today's Date 1-14-05

Interment Date: 1-18-05 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 534 Gr: ____

Flag placed by: ____

Grave Laid Out by: Norman Fe[illegible]

Blind Check Verified by: [illegible]

Agrees with Map: Initials ____ Verified [illegible]

Agrees with Legal Card: Initials ____ Verified [illegible]

OFFICIAL RECEIPT

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

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

61312
E-18908

Date: Nov. 20, 20 08

From: Margarite Abrego Address: on file

One hundred Seventy-eight and 00/00 — Dollars ($ 178.00 )

in Full Payment of Setting fee for Magdalena's stone.

Div 10 Sec Blk/Row A.brego Lot 534 Grave 1

Invoice No. E-018908 1898

Acct. No. E-189 08

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge Visa AP 009014
☐ Check
CD B36 55898 8-8

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

**PAID**

NOV 20 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | 178.00 |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 178.00 |

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

E-18908

72

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| MAGDALENA | - | ABREGO | 08/18/1932 | 01/12/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Rosa Abrego - Daughter<br>1936 Midvale Drive<br>San Diego CA 92105 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Heath Funeral Home<br>611 Highland Ave., National City CA 91950 | FD 807 | ▶ [illegible] | 01/18/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $ 11.00 | 01/18/2005 | ▶ Nancy L Brown MD |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery, San Diego CA 92102 | 11B. DATE BURIED<br>1-18-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 1/18/05

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

In a T.S VAULT (Type of Burial Container) Funeral, date, time THURS. JAN. 20th ~~10:00~~ 9:00 pc

Church (Chapel) Graveside _____ GUADULAPANA 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 3

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |
| Paid receipt number R-58417 | 1948.31 |
| Balance due | 0 |

PAID

JAN 18 2005

MOUNT HOPE CEMETERY

MORT. 2 Pay

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

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

Signature

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Rulette

Work Order # E 18909

REA-104 (3-04)

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

© Printed on recycled paper

MT HOPE CEMETERY E-18909

# GRAVE BLIND CHECK FORM

Deceased Name AVELINO CLIMAKO

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | D. CABUNGCA | | | |
| | B. BROWN | A. MERCADO | X | | | |
| | | | S. LITTLE | | | |
| | | | | | | |

Today's Date 1-18-05

Interment Date: 1-20-05 Time: 9:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 70 Gr: 3

Flag placed by: C Warren

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: DARREYL

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

E-18909

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| ABELINO | - | CLIMACO-RODRIGUEZ | 11/22/1937 | 01/13/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | MANUELA CLIMACO-WIFE<br>232 S.EVANS ST<br>SAN DIEGO,CA,92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| GUADALUPANA MORTUARY, 2601 IMPERIAL AVE,SAN DIEGO,CA,92102 | FD-1425 | ▶ | 01/19/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | JOSE CHAVEZ<br>01/19/2005 | 2501285 ▶ |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY, 3751 MARKET ST<br>SAN DIEGO,CA,92102 | 11B. DATE BURIED<br>1-20-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ David Noriega | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Pre-need lot

Date 1-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Helen R. Mallory 228472

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 8 Grave 2

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |

PAID

JAN 18 2005

paid in full 4/4/05 Bal. 0 31-B-58708

MOUNT HOPE CEMETERY

Total Due 985.00

Paid receipt number M/C 246.00

Balance due 739.00

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

I hereby authorize the interment in lot 228472 hold under deed

Print Name HELEN R MALLORY

Address 1401 49th St

City SAN Diego Zip Code

Telephone 619-263-4346

Signature Helen R Mallory

Paulette

Invoice # _____

Work Order # E 18910

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

228472 E-18910

MALLORY, HELEN R. 1401 49th, Street, SD CA (619) 263-4346

DIVISION 12 SEC 1 LOT 8 GRAVE 2

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 1/18/05 | Opened pre-need lot w/25%dwn mastercard | | | 985.00 |
| | paid by mc coupons $1970.00 - 20% | | 246.00 | 739.00 |
| 2/28/05 | R-58564 check# 9290 1 thru 7 788.00 - 80% | | 217.00 | 522.00 |
| 3-10-05 | R-58613 " 9302 8 thru 14 | | 217.00 | 305.00 |
| 3-21-05 | R-58650 " 9304 15 thru 18 | | 124.00 | 181.— |
| 4-4-05 | R-58708 " 9319 19 thru 24 | | 150.00 | 31.— |
| 4-4-05 | R 58708 " 9332 0 | | 31.00 | 0 |

Paid in full

AT NEED

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delmas Harris 228503

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time FRI. 1-21-05 @ 11:00

Church, Chapel, Graveside _____ ; Preferred Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 25 Grave 6

| | |
|---|---|
| Grave space & Care Fund | 985 - |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413 - |
| Burial Container | 418 - |
| Handling Fees | 352 - |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50 - |
| Sales taxes | 32 40 |
| Total Due | 2250 40 |
| Paid receipt number Rx 58426 | 2250 40 |
| Balance due | Ø |

PAID

JAN 19 2005

MOUNT HOPE CEMETERY

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

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

Signature: Mona

X MARK JENKINS (Print Name)

X for ELNORA HARRIS

X 3094 EL CAJON BLVD (Address)

X _____ (City) _____ (Zip Code)

X 619-584-7000 (Telephone)

Invoice # _____

Work Order # E 18911

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18911

# GRAVE BLIND CHECK FORM

Deceased Name Delmas Harris

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | JONES | | | |
| | | mackout | X | MACY | | |
| | | | | | | |
| | | | | | | |

Today's Date 1-19-05

Interment Date: 1-21-05 Time: 11:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 25 Gr: 6

Flag placed by: MARIA

Grave Laid Out by: Norman Fegan

Blind Check Verified by: [signature]

Agrees with Map: Initials RCB Verified ____

Agrees with Legal Card: Initials RCB Verified ____

E-18911

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Delmas | Ricardo | Harris | 07/19/1934 | 01/16/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Elnora E. Harris - Wife<br>5025 LaPaz Street<br>San Diego, California 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| PREFERRED CREMATION AND BURIAL<br>8994 El Cajon Blvd. Ste A<br>San Diego, California 92104 | FD-1746 | ▶ [signature] | 01/20/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 01/20/2005<br>Mark Jenkins | ▶017207 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery<br>3751 Market Street<br>San Diego, California 92102 | 11B. DATE BURIED<br>1-21-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At-need

Date 1/20/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita Bledsoe-Walker 985

in a TS Vault (Type of Burial Container) Funeral, date, time Tues. 1-25-05 @ 11:00

(Church) Chapel, Graveside _____ ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 150 Grave 12

| | |
|---|---|
| Grave space & Care Fund ..... E-5780 | 0 |
| Overtime/Late Arrival Fees | 0 |
| Opening/Closing & Setup | ~~375~~ |
| Burial Container | 0 |
| Handling Fees | 0 |
| Flower vases – [redacted] | |
| Recording/Filing/Transfer Fees | 0 |
| Sales taxes | 0 |
| Total Due | 0 |
| Paid receipt number | 0 |
| Balance due | 0 |

PAID

JAN 21 2005

MOUNT HOPE CEMETERY

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

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

Jonita M. Pierce
Signature

Maria

x Jonita M. Pierce
Print Name

x 1030 Woodrow Ave
Address

x San Diego 92114
City Zip Code

x (619) 464-8698
Telephone

Invoice # _____

Work Order # E 18912

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

OFFICIAL RECEIPT

WHITE — TO CUSTOMER
CANARY — CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

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

58434

Date: 1/21, 2005

Name: Janita M Pierce Address: 1030 Woodrow Ave SD Ca. 92114

One Hundred Thirty-Eight and 00 Dollars ($ 138 -)

Paid: FULL Payment of Marker Installation for Juanita Bledso

Map: 12 Sec 1 Blk/Row Lot 150 Grave 12

Service No E-18912

Contract No

BALANCE DUE 0

Pre-Need Lot At Need X On Acct

Pre-need Trust Cash Check X 3828

(Rev. 4 04)

Information available in alternative formats upon request

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

**PAID**

JAN 21 2005

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | 138 - |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 138 - |

MT HOPE CEMETERY E-18912

# GRAVE BLIND CHECK FORM

Deceased Name Juanita Bledsoe

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Bryant | Bledsoe | X | Conyers | | |
| | | | | | | |
| | | | | | | |

Today's Date 1/24

Interment Date: 1/25/05 Time: 11:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 150 Gr: 12

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: DARREYL

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

Flag

$1 \rightarrow 6 \quad 1 \rightarrow 6$

$7 \rightarrow 12 \rightarrow 7+$

AKA - Juanita Bledsoe E-18912

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Juanita | Elnora | Walker | 08/15/1918 | 01/20/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Jonita Pierce, Daughter<br>1030 Woodrow Avenue<br>San Diego, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd.<br>5050 Federal Blvd.; San Diego, CA 92102 | FD-1329 | ▶ [signature] | 01/24/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 01/24/2005<br>V. Davis | 2501527 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego 92186-5220 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>1-25-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

Pre-need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

228498

Date 1-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred Lucille McCain ~~&~~

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____ pc

Division 7 Section 6 Blk/Row 1 Lot ~~53~~ pc Grave + 53

| | |
|---|---|
| Grave space & Care Fund | 330- |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116- |
| Burial Container | 61- |
| Handling Fees | 66- |
| Flower vases – Marker setting fee | 138- |
| Recording/Filing/Transfer Fees | 50- |
| Sales taxes | 4 73 |
| Total Due | 765 73 |
| Paid receipt number R-58437 | 765 73 |
| Balance due | 0 |

PAID

JAN 21 2005

MOUNT HOPE CEMETERY

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

228475

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

X Gwinith R. Quijano
Signature

Maria

X Gwinith R. Quijano
Print Name

X 3006 Biggs COURT
Address

X National City, Ca. 91950
City Zip Code

X (619) 475-2679
Telephone

Work Order # E 18913

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

Pre-need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-21-05

PIN # 230124

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ahmad Singh Sandjan

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 76 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985 - |
| Overtime/Late Arrival Fees | ~~413~~ - |
| Opening/Closing & Setup | 413 - |
| Burial Container | 209 - |
| Handling Fees | 160 - |
| Flower vases - Marker setting fee | 138 - |
| Recording/Filing/Transfer Fees | 50 - |
| Sales taxes | 16 20 |
| Total Due | 1971 20 |
| Paid receipt number R#58439 | 1971 20 |
| Balance due | 0 |

PAID

JAN 21 2005

MOUNT HOPE CEMETERY

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

PIN # 230125

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

Signature

(R)

BETH E. FATE
Print Name

830 21ST ST.
Address

SAN DIEGO, CA 92102-1812
City Zip Code

949-492-4893
Telephone

Invoice # _____

Work Order # E 18914

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 1/24/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ida Mae Lyles 212911

in a Liner (Type of Burial Container) Funeral, date, time Fri. Jan. 28 12:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 15 Blk/Row _____ Lot 31 Grave 11

| | |
|---|---|
| Grave space & Care Fund C-4110 ← 1967 | — |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | — |
| Paid receipt number | — |
| E-1813 Balance due | — |

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Invoice # _____

Work Order # E 18915

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

:18 SD MT. HOPE CEMENTERY → RAGSDALE

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 1/24/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ida Mae Lyles

in a Liner (Type of Burial Container) Funeral, date, time Fri. Jan. 28 12:00

Church, Chapel, Graveside _____ Ragsdale Mortuary.

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

Division 7 Section 15 Blk/Row _____ Lot 31 Grave 11

Grave space & Care Fund C-4110 0

*Overtime/Late Arrival Fees —

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees —

Sales taxes —

Total Due 0

Paid receipt number E-1913

Balance due 0

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

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

Signature _____

X Bessie Ward
Print Name

X 4326 Newton Ave
Address

X S.D CA 92113
City Zip Code

Telephone Next of kin

Pauletta

Work Order # E 18915

Invoice # _____

Acct. # _____

F 5A-104 (3-04)

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

Printed on recycled paper

E-18915

# ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-7 1967

CHARGE Ida Mae Lyles

ADDRESS 215 No. Pardee St. S.D. 92102

NAME OF DECEASED Pre-need

OWNER Same

ADDRESS

MORTUARY

| | | |
|---|---|---|
| LOT 31 GR 11 ROW SEC 15 BLK DIV 7 | 100 | 00 |
| OPENING TIME DAY DATE | | |
| VAULT BOX SIZE | | |
| REMOVAL OR FOUNDATION | | |
| TOTAL $ | 100. | 00 |
| PAID RECEIPT NUMBER 14274 | | |
| BALANCE | | Ø |

#2962

PAID
FEB 1967
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED ~~IN PERSON~~ PHONE BY Ok in mail

ORDER TAKEN BY KWhelin

W.O. NO. C 4110

INVOICE NO. Cash

FORM PR-974 REV.

MT HOPE CEMETERY E 18915

# GRAVE BLIND CHECK FORM

Deceased Name Ida M. Lyles

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | wolfe | X | Srooks | | |
| | | | Taylor | | | |
| | | | | | | |

Today's Date 1-25-05

Interment Date: 1-28-05 Time: 12:00

Div: 7 Sect: 15 Blk/Row: ____ Lot 31 Gr: 11

Flag placed by: Sandra

Grave Laid Out by: Norman Fa

Blind Check Verified by: Darrell Fambro

Agrees with Map: Initials _____ Verified _____

Agrees with Legal Card: Initials _____ Verified _____

7 flag

E-18915

# MESSAGE CONFIRMATION

01/24/2005 12:19
ID=SD MT. HOPE CEMENTERY

| DATE | S.R-TIME | DISTANT STATION ID | MODE | PAGES | RESULT | |
|---|---|---|---|---|---|---|
| 01/24 | 00'31" | RAGSDALE | CALLING | 01 | OK | 0000 |

01/24/2005 12:18 SD MT. HOPE CEMENTERY → RAGSDALE NO.456 P01

MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

AT NEED

Date 1/24/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ida Mae Lyles

in a Liner (Type of Burial Container) Funeral, date, time Fri. Jan. 28 12:00

Church, Chapel, Graveside _____ Ragsdale Mortuary.

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

Division 7 Section 15 Blk/Row _____ Lot 31 Grave 11

| | |
|---|---|
| Grave space & Care Fund C-4110 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number E-1813 | — |
| Balance due | 0 |

E-18915

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Ida | Mae | Lyles | 09/01/1915 | 01/21/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Mission Viejo | Orange | Bessie Ward, Sister<br>4326 Newton Avenue<br>San Diego, CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ Blair Campbell | 01/26/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 01/26/2005 | ▶ [illegible] |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 234<br>Santa Ana, CA 92702-0234 | Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>1-28-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

Jennie entry in Pelus Corp 2-8-05

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 1/24/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delfina Perez Rendon PIN 228506

in a T.S. Vault (Type of Burial Container) Funeral, date, time WED. JAN 26 1:00

Church, Chapel, Graveside (R.A.) ; AZTLAN Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 135 Grave 2

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |
| Paid receipt number R-58444 | 1948.31 |
| Balance due | 0 |

PAID

JAN 24 2005

MOUNT HOPE CEMETERY

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

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

x Signature

x JUAN CARLOS Perez (Print Name)

x 4029 47th St (Address)

x San Diego CA 92105 (City, Zip Code)

x (619) 414-34-01 (Telephone)

Paulette

Work Order # E 18916

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18916

# GRAVE BLIND CHECK FORM

Deceased Name Delfina P. Rendon

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | manson | Barkhead | McEllroy | | |
| | | | X | | Porter | |
| | | Meyer | | | Horton | |
| | | | | | | |

Today's Date 1/24

Interment Date: 1/26 Time: ?

Div: 12 Sect: 2 Blk/Row: ____ Lot: 135 Gr: 2

Flag placed by: ARRIVAL 1:00

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: Kenneth Collins

Agrees with Map: Initials KC Verified ____

Agrees with Legal Card: Initials KC Verified ____

E-18916

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Delfina | - | Perez-Rendon | 12/24/1959 | 01/23/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Juan Carlos Perez, Son<br>4029 47th St.,<br>San Diego, CA 92105 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Funeraria Aztlan Mortuary,<br>7856 La Mesa Blvd., La Mesa, CA 91941 | Fd-1658 | ▶ [signature] | 01/25/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | J.L.GAJON JR.<br>01/25/2005 | ▶ 2501592 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mount Hope Cemetery<br>3751 Market St., San Diego, CA 92102 | 11B. DATE BURIED<br>1-26-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Debra L. Williams 228524

in a Liner (Type of Burial Container) Funeral, date, time Weds. Feb. 2 11:00

Church, Chapel, Graveside _____ SD Memorial Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 97 Grave 6

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R 58450 | 1833.20 |
| Balance due | 0 |

PAID
JAN 28 2005
MOUNT HOPE CEMETERY

MORT 2 Pay

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

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

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

SEE ATTACHED

Invoice # _____

Acct. # _____

Work Order # E 18917

REA-104 (3-04)

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

Printed on recycled paper

At Need

MT HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-25-05

You are hereby authorized and instructed, subject to rules and regulations, to inter the remains of Debra L. Williams

in a liner Funeral, date, time Weds. Feb. 2 11:00

Church, Chapel, Graveside SD Memorial Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 97 Grave 6

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |

MAT 2 Pay

Paid receipt number _____

Balance due _____

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

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

LaKeeta Collins

Paulette

LaKeeta Collins
196 W. Calle Primera #B
San Ysidro, Ca 92173
619-934-2998

Invoice # _____

Acct. # _____

E 18917

... available in alternative formats upon request

MT HOPE CEMETERY E-18917

# GRAVE BLIND CHECK FORM

Deceased Name Debra L Williams

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | X | | Gates | |
| | | | Chaney | Paige | McDaniel | |
| | | | | | | |

Today's Date 1/31

Interment Date: 2-2-05 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 97 Grb

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: [illegible]

Agrees with Map: Initials [illegible] Verified ____

Agrees with Legal Card: Initials [illegible] Verified ____

Flag

E-18917

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FWD 41

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| DEBORAH | LEE | WILLIAMS | 03/25/1958 | 01/23/2005 | F |

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: LAKEITA COLLINS-DAUGHTER 190 W [illegible] VIRGINIA AB — SAN YSIDRO, CA 92173

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1575

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Ronnie Pryor

8B. DATE SIGNED: 01/27/2005

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

**PERMIT**

AUTHORIZATION OF [illegible] REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: 01/27/2005 R.PRYOR

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2501817 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED: 2-2-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ David Noriega | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

Pre-need
Lot 4 trust

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Family Reyna Eduardo

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

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. JUL 24 2006 regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

MOUNT HOPE CEMETERY

Division 12 Section 2 Blk/Row _____ Lot 183 Grave 5

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container liner | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,833.20 |
| Paid receipt number 58445 Rec'd | $458.00 |
| Balance due | 1,375.20 |

PAID JAN 24 2005 MOUNT HOPE

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

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

(Pat) Signature

Sandra B.

EDUARDO REYNA
Print Name

4513 GEORGIA st
Address

SAN DIEGO CA 92116
City Zip Code

619 303 9025
Telephone

Invoice # _____

Work Order # E 18918

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

pin # 228437 payment due 25th each month monthly $57.30

E-18918

REYNA, EDUARDO 10707 Jamacha blvd. Sp 125 Spring Valley, CA 91978-7125 Phone:619-303-9025

DIV 12 SEC 2 LOT 183 GRAVE 5

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 01/25/05 | Opened Pre-need Lot/Trust w/25% down, | 1,833.20 | 458.00 | 1,375.20 |
| | Rec# 58445 Trust to include:O/C setup R-58556 | | 57.30 | 1,317.90 |
| | Liner, Handling Fees, Recording Fees, Taxes | | | |
| 3-25-05 | R-58672 2 payment 2 & 3 | 197.00 2070 | 114.60 | 1,203.30 |
| 6-2-05 | R-58894 1 payment $57.30 2nd $47.30 | 188 2070 | 104.60 | 1,098.70 |
| 9-6-05 | R-59150 Coupons 6,7,8 July, Aug, Sept | | 171.90 | 926.80 |
| 10-31-05 | R-59357 Coupons 9,10,11 Oct, Nov, Dec 2005 | | 171.90 | 754.90 |
| 2-7-06 | mailed Delinquent letter | | 229.20 | 525.70 |
| 2-7-06 | P-00106 Cupons 12,13,14,15 Jan, Feb, Mar, April 2006 | | 229.20 | 525.70 |
| 4/17/06 | P-00238 " 16,17,18,19 (4 payments) May, June, July, Aug 2006 | | 229.20 | 296.50 |
| 8-24-06 | P-00407 " 20,21,22,23,24 Sept, Oct, Nov, Dec Jan 2007 | | 286.50 | 0 |

PAID

JUL 24 2006

MOUNT HOPE CEMETERY

At Deed

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1/26/05

2/04 29

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

in a D.D. Crypt "B" (Type of Burial Container) Funeral, date, time Tues February 1 10:00

Church, Chapel, Graveside Witness Only; Berge-Roberts Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 168 Grave 5

| | |
|---|---|
| Grave space & Care Fund E-1265 ← 1980 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container D.D. Crypt | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number | — |
| Balance due | 0 |

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

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See the attached

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18919

REA-104 (3-04)

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

Printed on recycled paper

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

E-18919

DATE 3-27 1980

CHARGE William A. Rice C.O. 92010

ADDRESS 100 Woodlawn Ave. Sp. #13

NAME OF DECEASED Pre-need

OWNER Wm. A. & Nellie Rice

ADDRESS Same

MORTUARY 426-2896

| | D.F. | P. |
|---|---|---|
| LOT 168 GR 5 ROW SEC 1 DIV 11 | 412 | 50 |
| OPENING TIME DAY DATE 2 openings | 370 | 00 |
| BOX SIZE 2 liners | 296 | 80 |
| REMOVAL OR FOUNDATION VET. | | |
| TOTAL | $1079 | 30 |
| PAID RECEIPT NUMBER 28234 | | |
| BALANCE | | 0 |

Flush Marker Only

P.F.C. U.S.A. #39841059

PAID

MAR 27 1980

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

#10270

AUTHORIZED IN PERSON PHONE BY Mr. Rice

ORDER TAKEN BY Kuldeane

W.O. NO. E001265

INVOICE NO. Cash

PR-974 (REV. 9-78)

E-18919

# MESSAGE CONFIRMATION

01/26/2005 12:14
ID=SD MT. HOPE CEMENTERY

| DATE | S.R-TIME | DISTANT STATION ID | MODE | PAGES | RESULT | |
|---|---|---|---|---|---|---|
| 01/26 | 00'21" | 619 264 5206 | CALLING | 01 | OK | 0000 |

01/26/2005 12:13 SD MT. HOPE CEMENTERY → 94748546 NO.465 P01

MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

At Deed

Date 1/26/05

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

in a D.D. Crypt "B" (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Berge-Roberts Mortuary.

All Funeral cars must arrive before 3.00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row Lot 168 Grave 5

Grave space & Care Fund E-1265 0

Overtime/Late Arrival Fees —

Opening/Closing & Setup —

Burial Container D.D. Crypt —

Handling Fees —

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees —

Sales taxes —

Total Due 0

Paid receipt number —

Release d —

1/26 E-18919
MORT. Faxing
Copy of signatu

MT HOPE CEMETERY E-18919

# GRAVE BLIND CHECK FORM

Deceased Name William A. Rice

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Williams | | Mauser | |
| | | | X | | Peterson | |
| Veldhoen | | | | | | |
| | | | | | | |

Today's Date 1/28

Interment Date: 2-1-05 Time: 10:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 168 Gr: 5

Flag placed by: Paulette

Grave Laid Out by: [illegible]

Blind Check Verified by: [illegible]

Agrees with Map: Initials [illegible] Verified ____

Agrees with Legal Card: Initials [illegible] Verified ____

Flag

At Deed

E-18919

MT. HOPE CEMETERY
**INTERMENT ORDER**
City of San Diego

Date 1/26/05

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

in a D.D. Crypt "B" Funeral, date, time

Church, Chapel, Graveside Witness Berge-Roberts Mortuary

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

Division 11 Section 1 Blk/Row Lot 168 Grave 5

| | |
|---|---|
| Grave space & Care Fund | E-1265 |
| Overtime/Late Arrival Fees | 0 |
| Opening/Closing & Setup | |
| Burial Container | D.D. Crypt |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |
| Total Due | 0 |
| Paid receipt number | |
| Balance due | 0 |

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

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

X Joe Fazio
X 677 G-St. #103
X Chula Vista CA. 91910
X 619-838-9988

Joe Fazio

Paulette

Work Order E 18910 Invoice #

Interment Direct Burial on
Tuesday 2-1-05
10-am.
Will it be OK please call me
and let me Know. Thanks
Yanira Algarin

E-18919

# MESSAGE CONFIRMATION

01/26/2005 12:01
ID=SD MT. HOPE CEMENTERY

| DATE | S.R-TIME | DISTANT STATION ID | MODE | PAGES | RESULT | |
|---|---|---|---|---|---|---|
| 01/26 | 00'23" | 619 264 5206 | CALLING | 01 | OK | 0000 |

NO.464 001

01/26/2005 12:00 SD MT. HOPE CEMENTERY → BERGE-ROBERTS

MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

At Deed

Date 1/26/05

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

in a D.D. Crypt "B" (Type of Receptacle) Funeral, date, time

Church, Chapel, Graveside : Berge-Roberts Mortuary.

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

Division 11 Section 1 Blk/Row _____ Lot 168 Grave 5

| | |
|---|---|
| Grave space & Care Fund E-1265 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container D.D. Crypt | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number | — |
| Balance due | 0 |

E-18919

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| WILLIAM | A. | RICE | 01/18/1909 | 01/25/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | JOE FAZIO - FRIEND<br>677 G ST #103<br>CHULA VISTA CA 91910 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT — [illegible] permit | 8B. DATE SIGNED |
|---|---|---|---|
| BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 92950 | FD-284 | ▶ [illegible] | 01/26/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 01/31/2005<br>L CASTRO | 2501906 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>2-1-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Bernan Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

E-18919

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| WILLIAM | A. | RICE | 01/18/1909 | 01/25/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | JOE FAZIO - FRIEND<br>677 G ST #103<br>CHULA VISTA CA 91910 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA- FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 92950 | FD-284 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit ▶ | 8B. DATE SIGNED 01/26/2005 |
|---|---|---|---|

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | $11.00 | 01/31/2005<br>L CASTRO | 2501906 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

# INTERMENT ORDER

pre-need lot/TRUST paid in full City of San Diego

228507

Date 1/27/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe David Jewell

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division 8 Section 4 Blk/Row _____ Lot 91 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 439.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.00 |
| Burial Container N/A | |
| Handling Fees N/A | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 659.00 |
| Total Due | 659.00 |
| Paid receipt number Visa Card | 0 |
| Balance due | 0 |

PAID

JAN 27 2005

MOUNT HOPE CEMETERY

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

228507

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

Signature: Paulette Jewell

Print Name: David Jewel (MAPLE TREE)

Address: 10204 Maplette Rd

City: Santee CA Zip Code: 92071

Telephone: 619 596 9245

Paulette

Invoice # _____

Work Order # E 18920

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

(Res)

AT NEED
TOTAL OF
12 CHAIRS

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1/27/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MICHAEL DAVIES in a T.S. VAULT (Type of Burial Container) Funeral, date, time TUES. FEBRUARY 1 11:00

Church, Chapel, Graveside _____ : CA BURIAL Mortuary JEANNETTE

All Funeral 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 40 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vase (TRION VASE) – Marker setting fee #1 (VASE) | 51.63 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1999.94 |
| Paid receipt number Visa Card #2 (vase) | 51.63 |
| Balance due | 2051.57 |

PAID
JAN 27 2005
MOUNT HOPE CEMETERY

Pin 228514

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

228667

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

Ernestine Davies
Signature

Ernestine Davies
Print Name
350 Los Sonetto Dr
Address
San Diego 92114
City Zip Code
619 2637934
Telephone
619 8185262

Paulette

Invoice # _____

Work Order # E 18921

Acct. # _____

REA-104 (3-04)

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

© Printed on recycled paper

MT HOPE CEMETERY E-18921

# GRAVE BLIND CHECK FORM

Deceased Name MICHAEL DAVIES

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | myrick | | | |
| | | Huddleston X | | | | |
| | | Herren | | Cowan | | |
| | | | | | | |

Today's Date 1-28

Interment Date: 2-1-05 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 40 Gr: 4

Flag placed by: Paulette

Grave Laid Out by: Norman Fenn

Blind Check Verified by: DARRYL

Agrees with Map: Initials _____ Verified _____

Agrees with Legal Card: Initials _____ Verified _____

Flag

E-18921

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| MICHAEL | DeSHAWN | DAVIES | 09/04/1980 | 01/22/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SEATTLE | WASHINGTON | CHERYL A. DAVIES-MOTHER<br>350 LOS SONETO DR.<br>SAN DIEGO, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA CREMATION & BURIAL CHAPEL<br>5880 EL CAJON BLVD., SAN DIEGO, CA 92115 | FD-1357 | ▶ [signature] | 01/31/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 01/31/2005<br>J.BENYARD | ▶ 2501954 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-1-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 1/27/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Clexton Taylor 206959

in a LINER (Type of Burial Container) Funeral, date, time TUES. FEB 1, 11:30

Church, Chapel, Graveside _____ ; BISHOP Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 145 Grave 10

| | |
|---|---|
| Grave space & Care Fund E-43646-4-84 | — |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee R-51885 | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | — |
| Paid receipt number | — |
| Balance due | — |

Fax 2 MORT. 466-4461

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

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

Signature

Paulette

Print Name

Address

City See attached Zip Code

Telephone

Invoice # _____

Work Order # E 18922

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

*City of San Diego*

MT NEED

Date 1/27/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Clexton Taylor in a LINER (Type of Burial Container) Funeral, date, time TUES. FEB 1, 1 Church, Chapel, Graveside BISHOP 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.

Division 12 Section 1 Blk/Row _____ Lot 145 Grave 10

| | |
|---|---|
| Grave space & Care Fund E-4369 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee R-51885 | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number | — |
| Balance due | 0 |

Fax 2 FADET. 440-4461

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

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

Lula Taylor
Signature

Lula Taylor
Print name
1814 Quickber Rd
Address
El Cajon 920
City
(619) 440-6497
Telephone

P Gulette

Invoice # _____

Work Order # E 18922

Acct. # _____

Information is available in alternative formats upon reque

ORDER E 18922 MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 16-[illegible] 19[illegible]

CHARGE [illegible] - 266-6547

ADDRESS 4789 Franklin St 92113

NAME OF DECEASED Pioneer graves

OWNER

ADDRESS

MORTUARY

| | | |
|---|---|---|
| LOT 145 GR 104 11 ROW SEC 1 BLK DIV 12 | 640 | [illegible] |
| OPENING/ CLOSING TIME DAY DATE | | |
| VAULT/LINER SIZE | | |
| REC. FEE/REMOVAL/FOUNDATION | | |
| TOTAL | 640 | [illegible] |
| PAID RECEIPT NUMBER 31747 | 150 | 00 |
| BALANCE | 490 | 00 |
| 31808 | 150.00 | |
| | 340.00 | |
| 31965 | 200.00 | |
| | $140.00 | |
| 32060 - | 140.00 | |

PAID
NOV 15 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY [illegible] ORDER TAKEN BY [illegible]

W.O. NO. E 4369 INVOICE NO.

PY-893 (4-82) #11066

MT HOPE CEMETERY E-18922

# GRAVE BLIND CHECK FORM

Deceased Name Lee Clexton Taylor

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Gross | Williams | Dailey | | | |
| | | | X | | Rodgers | Fletcher |
| | | | | | | |
| | | | | | | |

Today's Date 1-28

Interment Date: 2/1 Time: 11:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 145 Gr: 10

Flag placed by: Paulette

Grave Laid Out by: Homer Perry

Blind Check Verified by: [illegible]

Agrees with Map: Initials ____ Verified DN

Agrees with Legal Card: Initials ____ Verified DN

Flag

E-18922

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Lee | Clexton | Taylor | 01/13/1934 | 01/21/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| El Cajon | San Diego | Lula Taylor, Wife<br>1814 Quicker Road<br>El Cajon, CA 92021 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Bishop Mortuary<br>3444 Citrus Street, Lemon Grove, CA 91945 | FD1673 | ▶ | 01/26/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | G. Mitchell<br>01/26/2005 | ▶ 2501663 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102 | 11B. DATE BURIED<br>2-1-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At NEED

Date 01/28/05

228496

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred McCain ✗

in a ASH VAULT (Type of Burial Container) Funeral, date, time Friday Feb. 4th 12:00

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 6 Bk/Row 1 Lot — Grave 53

| | |
|---|---|
| Grave space & Care Fund ..... E-18913 | 0 |
| Overtime/Late Arrival Fees ..... | — |
| Opening/Closing & Setup ..... R-584371-21-05 | — |
| Burial Container ..... " | — |
| Handling Fees ..... " | — |
| Flower vases – Marker setting fee ..... | — |
| Recording/Filing/Transfer Fees ..... " | — |
| Sales taxes ..... " | — |
| Total Due ..... | 0 |
| Paid receipt number _____ | — |
| Balance due | 0 |

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

228495

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

Signature

Paulette 619-474-6565

✗ GWINITH R. Quijano (Print Name)

✗ 3006 Bigg's St. (Address)

✗ Nat. City Ca. 91950 (City, Zip Code)

✗ (619) ~~474-6565~~ 475-2679 (Telephone)

copy on file

Invoice # _____

Work Order # E 18923

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

Pre-need

MT. HOPE CEMETERY

# INTERMENT ORDER

E 18923

City of San Diego

228495

Date 1-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred Lucille McCain ~~Dr~~

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 6 Blk/Row 1 Lot ~~53~~ pc Grave ~~+~~ 53 pc

| | |
|---|---|
| Grave space & Care Fund | 330 — |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116 — |
| Burial Container | 61 — |
| Handling Fees | 66 — |
| Flower vases – Marker setting fee | 138 — |
| Recording/Filing/Transfer Fees | 50 — |
| Sales taxes | 47 73 |
| Total Due | 765 73 |
| Paid receipt number R-58437 | 765 73 |
| Balance due | 0 |

PAID

JAN 21 2005

MOUNT HOPE CEMETERY

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

228495

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

X Kenneth R. Quijano
Signature

Maria

X Kenneth R. Quijano
Print Name

X 3006 Biggs COURT
Address

X National City, Ca. 91950
City Zip Code

X (619) 475-2679
Telephone

Invoice # _____

Work Order # E 18913

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18923

# GRAVE BLIND CHECK FORM

Deceased Name Mildred McCain

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Charles Brown | ora Brown | X | Rose Brush | Alphar SCOTT | |
| | | | | | | |
| | | | | | | |

Today's Date 1-31-05

Interment Date: 2-4-05 Time: 12:00 G.S.

Div: 7 Sect: 6 Row: 1 Lot: — Gr: 53

Flag placed by: Sandra

Grave Laid Out by: Norman Perry

Blind Check Verified by: Kenneth Collins

Agrees with Map: Initials KC Verified

Agrees with Legal Card: Initials KC Verified

Flag

86616 E-18923 ABA 620

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| MILDRED | LUCILLE | McCAIN | 06/18/1923 | 12/30/2004 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| NATIONAL CITY | SAN DIEGO | GWINITE QUIJANO - DPOHC<br>3006 BIGGS CT<br>NATIONAL CITY CA 91950 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person filing permit | 8B. DATE SIGNED |
|---|---|---|---|
| BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950 | FD-284 | ▶ | 01/07/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge to applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7600 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 01/10/2005<br>L CASTEO | 2500628 ▶ |

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS...PO BOX 85222
SAN DIEGO CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY
- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113 | 12B. DATE CREMATED<br>1/11/05 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

86616

E-18923
Pin # 228496

ABH 620

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FD

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| MILDRED | LUCILLE | McCAIN | 08/18/1923 | 12/30/2004 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| NATIONAL CITY | SAN DIEGO | GWINITH QUIJANO - DPOHC<br>3006 BIGGS CT<br>NATIONAL CITY CA 91950 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950 | FD-284 | Lisa Castro | 01/07/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 01/10/2005<br>L CASTRO | 2500628 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113 | 12B. DATE CREMATED<br>1/14/05 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>Jose O [illegible] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

RECD JAN 11 2005

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1/29/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton Louise Rushing 228512

in a Liner (Type of Burial Container) Funeral, date, time Friday Feb. 4th 11:00

Church/Chapel/Graveside ; Rogsdale Mortuary Skip

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 116 Grave 9

| | |
|---|---|
| Grave space & Care Fund ... E 4640 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 848.20 |
| Paid receipt number R-58464 | 848.20 |
| Balance due | 0 |

PAID

FEB 0 2 2005

MOUNT HOPE CEMETERY

MORT 2 PAY Res fee

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

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

X _____ Signature

Paulette

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached for signature

Invoice # _____

Work Order # E 18924

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18924

# GRAVE BLIND CHECK FORM

Deceased Name C. Louise Rushing

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Larry McIntyre | | Davis Carl, Juanita | | |
| | | McIntyre | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 7-31-05

Interment Date: 2/4/05 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 116 Gr: 9

Flag placed by: Sandra

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: Kenneth Collins

Agrees with Map: Initials KC Verified ____

Agrees with Legal Card: Initials KC Verified ____

7 log

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 1/29/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton Louise Rushing

in a Liner (Type of Burial Container) Funeral, date, time Friday Feb. 4th 11:00

Church, Chapel, Graveside : Ragsdale Mortuary Skip

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

Division 12 Section 1 Blk/Row _____ Lot 116 Grave 9

| | |
|---|---|
| Grave Space & Care Fund E-4640 | ~~0~~ |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 110.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 848.20 |

Must 2 PAY Lot fee

Paid receipt number _____

Balance due _____

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

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

Signature Johnny R. Rushing

Paulette

Work Order # E 18924

Print Name: Johnny R. Rushing

Address: P.O. Box 746208

City, Zip Code: San Diego, CA 92174

Telephone: (619) 263-4896

Invoice # _____

Acct. # _____

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

E-1892A

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Clifton | Louise | Rushing | 05/29/1913 | 01/27/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Johnny R. Rushing, Son<br>P.O. Box 746208<br>San Diego, CA 92174-0208 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | Alan Campbell | 01/31/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 01/31/2005<br>B. Campbell | 2501984 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-4-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>David Moriega | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

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

In Need

**61758**

Date: 6/23 72, 20 09

From: Johnny R. Rushing Address: 2

One Hundred, Seventy - Eight and w/00 Dollars ($ 178.-)

in Full Payment of Setting fee for Clifton Louise Rushing.

Div 12 Sec 160 Blk/Row Lot 116 Grave 9

Invoice No. B78924

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP383535
☐ Check

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

RECEIVED
JUN 23 2009

ISSUED BY Pauline

| | | | |
|---|---|---|---|
| CREDIT | 67007 | 22 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | 178 | 00 |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 178. | 00 |

AC-212A (11-08)

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1/31/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aurelio Olea Peralta PA# 20050320

in a DD Crypt "B" (Type of Burial Container) Funeral, date, time TUES. FEB 8 12:00 NOON

Church, Chapel, Graveside FAMILY NOT present AZTLAN Mortuary. John 234-3307

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

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 18 Grave 3B

Grave space & Care Fund ..... PAID ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... JAN 31 2005 ..... _____

Burial Container ..... _____

Handling Fees ..... MOUNT HOPE CEMETERY ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... Disinterment ..... 1463-

Sales taxes ..... _____

Total Due ..... 1463-

Paid receipt number R-58455 1463-

Balance due ∅

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18925

REA-104 (3-04)

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

Printed on recycled paper

E-18925

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 28

Fd

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Aurelio | - | Olea Peralta | 11/12/1975 | 01/24/2004 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Pine Valley | San Diego | Bernardina Olea Peralta-Sister<br>338 S. Jackson St.<br>Santa Ana, CA 92704 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person filing permit | 8B. DATE SIGNED |
|---|---|---|---|
| Funeraria Aztlan<br>7856 La Mesa Blvd.,La Mesa, CA 91941 | FD-1658 | [signature] | 01/21/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $ 11.00 | Sergio Valencia 01/21/2005 | 2501431 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>Southern California Crematory, 601 Crane St.,Lake Elsinore,CA 92530 | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>Res. Guillermo Olea Cruz-Father,Canal #13 Col.Nte. Pte Ixtla, Morelos, Mexico | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

PA # 20050320

E-18925

# County of San Diego

GLENN N WAGNER, D.O.
CHIEF MEDICAL EXAMINER

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

DEPARTMENT OF THE MEDICAL EXAMINER
5555 Overland Ave., Bldg. 14, San Diego, California 92123-1270
TEL: (858) 694-2895 FAX: (858) 495-5956

January 11, 2005

City of San Diego
Mount Hope Cemetery
3751 Market Street
San Diego CA 92102

Attn: Cemetery Records

**Re: John Doe (Medical Examiner Case #04-0202)**

Ladies and Gentlemen:

This letter is to inform you of the identification of a John Doe, Medical Examiner case number 04-0202. The date of death of John Doe was 01/24/2004. He was positively identified on 01/11/2005 through his family viewing a photograph.

The decedent's identity has been established as Aurelio Olea Peralta. His next of kin is his brother and sister Lucino Martinez Peralta and Bernardina Olea Peralta who may be reached at 338 S. Jackson St. Santa Ana, CA 92704. Please update your records to reflect this identification.

Thank you for your assistance in this matter.

Sincerely,

Calvin L. Vine
Supervising Medical Examiner Investigator

cc: Medical Examiner John/Jane Doe Investigator
Medical Examiner Case File

0088 LEE

E-18925

# County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
JEAN M. SHEPARD, ACTING DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1619
(858) 694-3500 FAX (858) 694-3567

PATRICIA FROSIO
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

January 11, 2005

Ray Snider
Mt. Hope Cemetery
BY FAX ONLY
(619) 527-3403

Re: Doe, John #04-00202

Dear Mr. Snider:

I understand that your office has been in contact with the Mexican Consulate regarding this case.

As you may know, this decedent was buried as an indigent / Doe at the expense of the County of San Diego. I understand that the family of the decedent has recently learned of the death and made proper identification. In light of all of the circumstances of this case and the desire of the family to disinter the remains, please be advised that the County of San Diego, Office of the Public Administrator hereby waives the reimbursement of any fees expended for the indigent burial.

Should you require anything further in this matter, do not hesitate to contact me at my direct line of (858) 694-3506.

Thank you for your attention to this matter.

Very truly yours,

IDA M. COMERFORD
Deputy Public Administrator

Cc: Juan Carlos Sanchez, Esq., Consular Officer

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58455

Date: Jan 31, 20 05

From: AZ LAW Address: 7856 La Mesa Blvd La Mesa 91941

Fourteen Hundred Sixty-Three — Dollars ($ 1463 —)

in Full Payment of Disinterment of Aurelio Olea Peralta

Div 13 Sec ____ Blk/Row ____ Lot 18 Grave 3B

Invoice No. E-18925

Acct. No. ____

W.O. ____

BALANCE DUE 0

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

**PAID**

JAN 3 1 2005

MOUNT HOPE CEMETERY

ISSUED BY DCrawford

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 5724

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | 1463 — |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 1463 — |

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

At Deed

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1/31/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Jimenez 228041

in a Liner (Type of Burial Container) Funeral, date, time Fri. Feb. 4 10:00

Church, Chapel, Graveside _____ Humphreys Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 62 Grave 8

| | |
|---|---|
| Grave space & Care Fund E-18600 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container Liner PISA(AT) | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number | — |
| E-18600 Balance due | 0 |

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

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

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 18926

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

Paid in full
pre-need
Lot trust

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

E 18926

Date 7/15/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Ethel C. Jimenez 228641

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

Church, Chapel, Graveside ; Mortuary.

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

Division 11 Section 1 Blk/Row Lot 62 Grave 8

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 204.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number Paid by Ufa | 1833.20 |
| Balance due | 0 |

PAID
JUL 15 2004
MOUNT HOPE CEMETERY

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

228040

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

Barbara Leichtamer
Signature

Print Name: BARBARA LEICH TAMER
Address: 836 W. PENNSYLVANIA AVE #306
City: San Diego Zip Code: CA 92103
Telephone: 619 692-2047

Paulette

Work Order # E 18600

Invoice #

Acct. #

REA-104 (3-04)

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

Printed on recycled paper

At Deed

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1/31/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Jimenez in a Liner (Type of Burial Container) Funeral, date, time Fri. Feb. 4 10:00 Church, Chapel, Graveside _____ Humphreys Mortuary.

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

Division 11 Section 1 Blk/Row _____ Lot 62 Grave 8

| | |
|---|---|
| Grave space & Care Fund | E-18600 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container Liner | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number | — |
| Balance due | E-18600 0 |

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

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

Signature: Henry S. Jimenez

Paulette

Henry Jimenez
Print Name

807 S. Pacific St.
Address

Oceanside, Ca. 92054
City Zip Code

760-967-6395
Telephone

Invoice # _____

Work Order # E 18926

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18926

# GRAVE BLIND CHECK FORM

Deceased Name Ethel Jimenez

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Holl. northest | | | | |
| SE Apprx | | | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 2/1

Interment Date: 2/4/05 Time: 10:00 Chuck

Div: 11 Sect: 1 Blk/Row: Lot: 62 Gr: 8

Flag placed by: Paulette C.

Grave Laid Out by:

Blind Check Verified by:

Agrees with Map: Initials Verified

Agrees with Legal Card: Initials Verified

Flag

04-0202

John Doe

1-24-04

E-18926

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| ETHEL | CARMEN | JIMENEZ | 01/16/1920 | 01/29/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | BARBARA LEICHTAMEN (DAUGHTER)<br>836 W. PENNSYLVANIA AVE. #10[illegible]<br>SAN DIEGO, CA 92103 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT — [illegible] permit | 8B. DATE SIGNED |
|---|---|---|---|
| HUMPHREY CHULA VISTA MORTUARY<br>753 BROADWAY, CHULA VISTA, CA 91910 | FD 964 | ▶ [signature] | 02/01/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

[illegible]ORIZATION OF [illegible]L REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $13.00 | 02/01/2005<br>SANDRA PENA | 2502026 ▶ |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APP[illegible]E ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-4-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

AT NEED OPEN BACK GATE

City of San Diego

Date 1/31/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KEDRAN HOWARD 228521

in a D.D. crypt "A" (Type of Burial Container) Funeral, date, time FEB. 7 MON. 11:00

Church, Chapel, Graveside ; BISHOP Mortuary. GWEN

All Funeral 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 248 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 418.00 |
| Handling Fees | 302.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 32.40 |
| Total Due | 2250.40 |
| Paid receipt number R-58468 | 2,250.40 |
| Balance due | 0 |

PAID FEB 03 2005 MOUNT HOPE CEMETE

MORT. 2 BRING Check Fax 4660441

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

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

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

See attached for signature

Invoice # _____

Acct. # _____

Work Order # E 18927

REA-104 (3-04)

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

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED OPEN BACK GATE

Date 1/31/05

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

in a D.D. CRYPT "A" (Name of Mt. Hope Cemetery) Funeral, date, time FEB. 7 MON. 11:00

Church Chapel, Graveside : BISHOP Mortuary.

GWEN

All Funeral 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 248 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 448.00 |
| Handling Fees | 352.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 32.40 |
| Total Due | 2250.40 |
| Paid receipt number | |
| Balance due | |

NEXT 2 BRING CHECK FAX 4464461

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.

Joyce K. Cunningham (Signature)

Paulette

Joyce K. Cunningham (Print Name)
3490 Lenox Dr (Address)
San Diego Ca 92114 (City, State, Zip Code)
(619) 262-6939 (Telephone)

Invoice # _____

Acct. # _____

Work Order # E 18927

REA-104 (9-04)

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

MT HOPE CEMETERY E-18927

# GRAVE BLIND CHECK FORM

Deceased Name Kedran Howard

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | Lopez | | |
| | | | X | Lopez | | |
| | SQUIRE | Watson | | | | |
| | | | | | | |

Today's Date 2-3-05

Interment Date: 2-7-05 Time: 11:00 church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 248 Gr: 12

Flag placed by: Paulette

Grave Laid Out by: KEN & CHUCK

Blind Check Verified by: ____

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

Flag

E-18927

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Kedran | James | Howard | 09/24/1982 | 01/26/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Joyce K. Cunningham, wife<br>5490 Lenox Drive<br>San Diego, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Bishop Mortuary<br>3444 Citrus Street, Lemon Grove, CA 91945 | FD-1673 | ▶ [signature] | 02/02/2005 |

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

| PERMIT | | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | $11.00 | G. Mitchell<br>02/02/2005 | ▶2502090 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-7-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

February

In the Grave with Lelia Link
FIRST LAST

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 1-31-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty M. Goslee - Pin 228307

in a DD Crypt (B) (Type of Burial Container) Funeral, date, time Thursday Feb 3, 2005 2 P.M

Church, Chapel, Graveside ST. STephen's : Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

DD Crypt (B)

Division 12 Section 1 Blk/Row _____ Lot 140 Grave 11

| | |
|---|---|
| Grave space & Care Fund | E-3760, E18798 — Ø |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |
| Total Due | Ø |
| Paid receipt number | R58190 |
| Balance due | Ø |

Late arrival time 1 P.M. 3-3-05 DD & Bill Family

Sent marked given time will be on 2-10-05 Sunday

pd late fees in full 3-9-05 R-58610 $219.00

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

Pin 228306

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

Signature

Print Name: DAVID J. GOSLEE

Address: 7621 SWEETWATER Rd. #153

City: NATIONAL CITY Zip Code: 91950

Telephone: (619) 267-1673

Sandra

Work Order # E 18928

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

# Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

**STATEMENT**

TELEPHONE: 264-3151

| DATE | YOUR ORDER NO. |
|---|---|
| 02/10/05 | E-18928 |

TO:

David J. Goslee
2621 Sweetwater Rd. #93
National City, CA. 91950

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| Late arrival fees for the service of Betty M. Goslee on Thursday February 3, 2005 | $219.00 |

Due within 30 days of reciept

PAID
MAR - 9 2005
MOUNT HOPE CEMETERY

MT HOPE CEMETERY E-18928

# GRAVE BLIND CHECK FORM

Deceased Name Betty Goslee

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Rhone | | X | | | |
| | | Holzer | K ALB | young | | |
| | | | | | | |

Today's Date 2-1-05

Interment Date: Thurs Feb 3rd, 2005 Time: 2:00pm

Div: 12 Sect: 1 Blk/Row: ____ Lot: 140 Gr: 11 DOCRYPT (B)

Flag placed by: Paulette

Grave Laid Out by: Norman Ferg

Blind Check Verified by: David Moriega

Agrees with Map: Initials ____ Verified DN

Agrees with Legal Card: Initials ____ Verified DN

Flag

E-18928

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| BETTYE | N | GOSLEE | 10/14/1934 | 01/25/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| HEMET | RIVERSIDE | DAVID GOSLEE-SON<br>2621 SWEETWATER RD.<br>NATIONAL CITY, CA. 91950 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| GREENWOOD MORTUARY, I-805 & IMPERIAL AVE<br>SAN DIEGO CA 92102 | FD 843 | ▶ [signature] | 01/31/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 02/03/2005 | ▶ 140537/ KLJ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| PO BOX 7600<br>RIVERSIDE, CA. 92513 | PO BOX 85222<br>SAN DIEGO CA 92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>2-3-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

E-18928

00952 — Office AU #
11-24 — 1210(8)

# PERSONAL MONEY ORDER

0095207179

Operator I.D.: cu000385

March 01, 2005

PAY TO THE ORDER OF ***MOUNT HOPE CEMETERY***

***Two hundred nineteen dollars and no cents*** **$219.00**

WELLS FARGO BANK, N.A.
33RD & EL CAJON
3299 EL CAJON BLVD
SAN DIEGO, CA 92104
FOR INQUIRIES CALL (480) 394-3122

VOID IF OVER US $ 219.00

Purchaser's Signature

⑈0095207179⑈ ⑆121000248⑆4861 505378⑈

# Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

| DATE | YOUR ORDER NO. |
|---|---|
| 02/10/05 | E-18928 |

TO: David J. Goslee
2621 Sweetwater Rd. #93
National City, CA. 91950

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| Late arrival fees for the service of Betty M. Goslee on Thursday February 3, 2005 | $219.00 |

Due within 30 days of reciept

PAID
MAR - 9 2005
MOUNT HOPE CEMETER

**OVERTIME CHARGES**

| Saturday | Resident | Non Resident |
|---|---|---|
| Adult | $660.00 | $878.00 |
| Child | $429.00 | $571.00 |
| Infant | $275.00 | $366.00 |
| Ash | $231.00 | $307.00 |
| Late arrival fee (M-F) after 3:00 pm | $165.00 | $219.00 |

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58610

Date: 3-9-05, 20 05

From: David Goslee Address: 2621 Sweetwater Rd #93

Two hundred & nineteen dollars — 00/100 Dollars ($ 219.00 )

in Full Payment of late arrival Fees For Bettye Goslee

Div 12 Sec 1 Blk/Row Lot 140 Grave 11

Invoice No. E-18928

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

0095207179

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

PAID

MAR - 9 2005

MOUNT HOPE CEMETERY

ISSUED BY Sanchez

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | 219 | 00 |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 219 | 00 |

AC-212 (Rev. 4-04)

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

MT. HOPE CEMETERY

# INTERMENT ORDER

February

City of San Diego

in grave with Teresa Reyes

Date 2/1/05

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

of Frank Reyes 228518

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time Sat. Feb. 5 9:00

(Church) Chapel, Graveside _____ : Berge-Roberts Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 149 Grave 3

| | | |
|---|---|---|
| Grave space & Care Fund | E-16839 | 0 |
| Overtime/Late Arrival Fees | SAT. O.T. | 878.00 |
| Opening/Closing & Setup | | 549.00 |
| Burial Container | | — |
| Handling Fees | | — |
| Flower vases – Marker setting fee | | — |
| Recording/Filing/Transfer Fees | | 66.00 |
| Sales taxes | | — |
| Total Due | | 1493.00 |
| Paid receipt number | R58462 | 1493.00 |
| Balance due | | 0 |

PAID

FEB 02 2005

MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228517

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

Signature: Ofelia Johnson

Paulette

Print Name: Ofelia Johnson

Address: 2920 Highlands Way

City: Spring Valley, CA Zip Code: 91977

Telephone: (619) 698-3945

Invoice # _____

Work Order # E 18929

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E 18929

# GRAVE BLIND CHECK FORM

Deceased Name Frank Reyes

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | X | | Riskoky | |
| | | | Anderson | | | |
| | | | | | | |

Today's Date 2-2-05

Interment Date: 2/5 Time: 9:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 149 Gr: 3

Flag placed by: ____

Grave Laid Out by: [illegible]

Blind Check Verified by: Kenneth Collins

Agrees with Map: Initials KC Verified ____

Agrees with Legal Card: Initials KC Verified ____

Flag

E-18929

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| FRANK | - | REYES | 07/16/1937 | 01/28/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| NATIONAL CITY | SAN DIEGO | OFELIA JOHNSON - DAUGHTER<br>2920 HIGHLANDS WAY<br>SPRING VALLEY CA 91977 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950 | FD-284 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ [illegible] | 02/01/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | $11.00 | 02/03/2005<br>L CASTRO | 2502207 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

pre need Lot & trust

Date 2-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Laura Kehez 228509

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

Church, Chapel, Graveside : Mortuary.

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 63 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 1310.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 549.00 |
| Burial Container | 366.00 |
| Handling Fees | 271.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fe | 6.00 |
| Sales taxes | 28.37 |
| Total Due | 2590.37 |
| Paid receipt number MC payment | 2590.37 |
| Balance due | Ø |

PAID

FEB 02 2005

MOUNT HOPE CEMETERY

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

228508

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

Laura Constantinides
Signature

Laura Constantinides
Print Name

685 Chapel Hill Drive
Address

Chula Vista Ca 91914
City Zip Code

H 619 421 4528
Telephone

C 619 405 9722

CDL D3319109 10-11-09

Paulette

Invoice #

Work Order # E 18930

Acct. #

REA-104 (3-04)

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

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At need Estate Case

Date 2-2-05

278555

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlos Santos P.A. 20050814 74-

in a Liner (Type of Burial Container). Funeral, date, time Feb ~~23 Wed~~ 25 Friday 10:30

~~Church, Chapel, Graveside~~ Delivery : Atlair John Mortuary.

Spoke of this 2:15 AM 2/22

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

Division 12 Section 1 Blk/Row _____ Lot 67 Grave 11

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58486 | 1833.00 |
| Balance due | ~~0~~.20 |

PAID

FEB - 7 2005

MOUNT HOPE CEMETERY

Ida Connelly fd
P.A. 858-849-0814 3987
Fax 858 694

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.

(R)

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Del Attached "

paulette

Invoice # _____

Work Order # E 18931

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

E-18931

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Carlos | - | Santos | 12/26/1934 | 12/13/2004 | M |

| 5A. COUNTY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Ida M. Comerford-Public Administrator<br>5201-A Ruffin Rd.<br>San Diego, CA., 92123 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Funeraria Aztlan<br>7856 LaMesa Blvd., La Mesa, CA.,91941 | FD-1658 | ▶ | 02/11/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $ 11.00 | Sergio Valencia<br>02/11/2005 | ▶ 2502727 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mount Hope Cemetery, 3751 Market St.<br>San Diego, CA., 92102 | 11B. DATE BURIED<br>2-26-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

Fax to
Paulette @
Mt. Hope
(619) 527-3903

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At need
Estate Case

Date 2-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlos Santos P.A. 20050814

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

Church, Chapel, Graveside : Atlan John Mortuary

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

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

| | |
|---|---|
| Grave space & Care Fund | 485.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number | |
| Balance due | |

Ida Comer Ford
P.A. 858-849-0814 3987
Fax 858 694

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

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

Signature: Ida M. Comer Ford DPA

Print Name: Ida M. Comer Ford, DPA
Address: 5201 A Ruffin Rd
City: San Diego CA 92123 Zip Code
Telephone: (858) 694-3506

paulette

Work Order # E 18931

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

*Check for payment in full to follow via US Mail.

Fax to
Paulette @
Mt. Hope
(619) 527-3403

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Attn: Estate Case

Date 2-2-05

You are (hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlos Santos PA-20050814

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

Church, Chapel, Graveside Atrium Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or a 1 extra charge of $ _____

will be applied and billed to undersigned.

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

| | |
|---|---|
| Grave space & Care Fund | 495.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1333.20 |
| Paid receipt number | |
| Balance due | |

Ida Comerford P.A. 858-849-0814 Fax 858 694-3987

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

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

Signature: Paulette McCafferty DPA

Ida M. Comerford, DPA
Firm Name

5201 A Ruffin Rd
Address

San Diego CA 92123
City, Zip Code

(858) 694-3506
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18931

This information is available in alternative formats upon request.

*Check for payment in full to follow via US Mail.

MT HOPE CEMETERY E-18931

# GRAVE BLIND CHECK FORM

Deceased Name CARLOS SANTOS (Estate) PA. 20050814

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Earl Sr | | - | Belle | Landrum |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 2-24-05

Interment Date: Friday ~~2-24-05~~ 2-25-05 Time: 10:30 am

Div: 12 Sect: 1 Blk/Row: ____ Lot: 67 Gr: 11

Flag placed by: Paulette

Grave Laid Out by: Norman Perry

Blind Check Verified by: [illegible]

Agrees with Map: Initials JC Verified ____

Agrees with Legal Card: Initials JC Verified ____

Flag

pre-need turn
At need
Total of 12 chairs

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Dove Release

Date 2-3-05

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

in a Liner (Type of Burial Container) Funeral, date, time Tues. Feb. 8th 11:00

Church (Chapel), Graveside _____ Humphreys Mortuary. 425-9111

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

will be applied and billed to undersigned. _____

PS.

Division 5 Section 2 Blk/Row _____ Lot 6 Grave 5 2

| | |
|---|---|
| Grave space & Care Fund | E-18870 ← 2004 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | " — |
| Burial Container | " — |
| Handling Fees | " R-5845 — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | " — |
| Sales taxes | " — |
| Total Due | — |
| Paid receipt number | — |
| Balance due | — |

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

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

Signature _____

Print Name _____

Address See attached copy

City _____ Zip Code

Cell (619) 392-7995

Telephone 760) 758-8915

Invoice # _____

Paulette

Work Order # E 18932

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

pre-need Lot & Trust in full

E - 18932

City of San Diego
12-22-04 10:55 PAID

Date 12-22-04

Gela Roberto Campos

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. Gela R. Campos 228493

in a liner
Type of Burial Container

Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Division 5 Section 2 Blk/Row _____ Lot 6 Grave ~~1~~ 2

| | |
|---|---|
| Grave space & Care Fund | 1755.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 2603.20 |
| Paid receipt number R-58545 | 2603.00 |
| Balance due | 0 |

PAID
DEC 22 2004
MOUNT HOPE CEMETERY

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

228493

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

Signature: Daisy R. Pomilia

Daisy R. Pomilia
619) 691-0955
Paulette

Gela R. Campos
Print Name

3611 Wilson Ave
Address

San Diego, CA 92104
City Zip Code

619-336-1249
Telephone

228493 Please contact: Daisy at 619-691-0955

Invoice # _____

Work Order # E 18870

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18932

# GRAVE BLIND CHECK FORM

Deceased Name Gela R. Campos

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Sheffield | Lockwood | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 2-4-05

Interment Date: 2-8-05 Time: 11.00

Div: 5 Sect: 2 Blk/Row: ____ Lot: 6 Gr: ~~5~~ 2

Flag placed by: ____

Grave Laid Out by: KEN

Blind Check Verified by: [illegible] Garner

Agrees with Map: Initials [illegible] Verified ____

Agrees with Legal Card: Initials [illegible] Verified ____

Flag

GRAVE #5 WAS ENCROACHED BY VAULT IN #4

MT. HOPE CEMETERY

# INTERMENT ORDER

E 18932

pre-need Lot & Trust in full

City of San Diego

12-22-04 10:55 PAID

Date 12-22-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gela Roberto Campos Jr. Mr. Gela R. Campos 228493

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

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Division 5 Section 2 Blk/Row Lot 6 Grave ~~5~~ 2

| | |
|---|---|
| Grave space & Care Fund | 1755.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 2603.20 |
| Paid receipt number R-58545 | 2603.20 |
| Balance due | 0 |

PAID

DEC 22 2004

MOUNT HOPE CEMETERY

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

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

Signature: Daisy R. Pomilia

Daisy R. Pomilia
619) 691-0955
Pomilia
228492 · Please Contact: Daisy at 619-691-0955

228493

Gela R. Campos (Print Name)
3611 Wilson Ave (Address)
San Diego, CA 92104 (City, Zip Code)
619-336-1249 (Telephone)

Invoice #

Work Order # E 18870

Acct. #

REA-104 (3-04)

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

© Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

pre-need turn At need Total of 12 charges Dove Release

City of San Diego Date 2-3-05

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

In a Liner (Type of Burial Container) Funeral, date, time Tues. Feb. 8th 11:00

Church Chapel, Graveside Humphreys Mortuary. 425-9111 Chad

All Funeral 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 5 Section 2 Blk/Row ____ Lot 6 Grave ~~1~~ 2

| | |
|---|---|
| Grave space & Care Fund E-18870 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup " | — |
| Burial Container " $845 | — |
| Handling Fees " R | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees " | — |
| Sales taxes " | — |
| Total Due | 0 |
| Paid receipt number | — |
| Balance due | 0 |

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

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

Signature Paulette

Print Name See attached copy

Address

City Cell (619) 392-7995 Zip Code

Telephone (760) 758-8915

Invoice # _____

Work Order # E 18932 Acct. # _____

This information is available in alternative formats upon request.

E-18932

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| GELA | ROBERTO | CAMPOS | 10/12/1926 | 02/01/2005 | M |

5A. CITY OF DEATH: NATIONAL CITY

5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT:
DAISY RUTH POMILIA (DAUGHTER)
1849 K AVE.
NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
HUMPHREY CHULA VISTA MORTUARY
753 BROADWAY, CHULA VISTA, CA 91910

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD 964

8A. SIGNATURE OF APPLICANT—Person taking permit: [signature]

8B. DATE SIGNED: 02/04/2005

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 02/04/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: SANDRA PENA 2502274

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA:
SAN DIEGO CO: P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: —

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-8-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>[signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

Attend

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date Feb. 4, 05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys Manke 226893

in a TS Vault (Type of Burial Container) Funeral, date, time Mon 2/7 2:00

Church, Chapel, Graveside witness : El Cajon Mortuary, Dallas

All Funeral 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 2 Blk/Row _____ Lot 92 Grave 8

| | | |
|---|---|---|
| Grave space & Care Fund | 36125 | 0 |
| Overtime/Late Arrival Fees | | |
| Opening/Closing & Setup | E10104 | 0 |
| Burial Container | | 275 |
| Handling Fees | | 0 |
| Flower vases – Marker setting fee | | |
| Recording/Filing/Transfer Fees | | 0 |
| Sales taxes | | 21.31 |
| | Total | 296.31 |
| Paid receipt number | R 58498 | 296.31 |
| | Balance due | 0 |

PAID

FEB - 9 2005

MOUNT HOPE CEMETERY

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

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

Signature

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 18933

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

(650) 941-6478
Edward Stenson - son
26444 Jaffe Lane
Los Altos Hills, CA 94022

Attn

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date Feb. 4, 05

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

in a TS Vault (Type of Burial Container) Funeral, date, time Mon 2/7 2:00

Church, Chapel, Graveside Witness : El Cajon Mortuary Dallas

All Funeral 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 2 Blk/Row _____ Lot 92 Grave 8

| | |
|---|---|
| Grave space & Care Fund | 36125 — |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | E10104 — |
| Burial Container | 275 — |
| Handling Fees | — |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | 21.31 |
| Total | 296.31 |
| Paid receipt number | R 58498 296.31 |
| Balance due | — |

PAID

FEB - 9 2005

MOUNT HOPE CEMETERY

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

I hereby authorize the interment in (or) hold under deed.

Edward B. Stinson
Signature

X Edward B. Stinson
Print Name

X 26444 Traffe Rd.
Address

X Los Altos Hills, CA 94022
City Zip Code

X 650-941-6478
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18933

REA-104 (3-04)

This in... ...ion is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18933

## GRAVE BLIND CHECK FORM

Deceased Name Gladys Manke

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Willard Stinson | Simcox | | | |
| | | | X | Stinson | | |
| | | | Portrait | Tree | | |
| | | | | | | |

Today's Date Feb. 4 05

Interment Date: 12-7-05 Time: 2:00 p.m. Witness

Div: 1 Sect: 2 Blk/Row: ____ Lot: 92 Gr: 8

Flag placed by: Paulette

Grave Laid Out by: KEN

Blind Check Verified by: DAVID N.

Agrees with Map: Initials ____ Verified DN

Agrees with Legal Card: Initials ____ Verified DN

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-18933

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Gladys | Evelyn | Manke | 12/14/1910 | 02/01/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Los Altos | Santa Clara | Edward Stinson, Son<br>26444 Taaffe Lane<br>Los Altos Hills, CA 94022 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT | 8B. DATE SIGNED |
|---|---|---|---|
| TraditionCare Funeral Services<br>2246 Morello Ave., Pleasant Hill, CA 94523 | FD1649 | ▶ [signature] | 02/03/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 02/03/2005 | ▶ 19145 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| 645 S. Bascom Ave.<br>San Jose, CA 95128 | 3851 Rosecrans Street, PO BOX 85222<br>San Diego, CA 92186 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-7-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

At Rud

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date Feb. 4, 05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rogelio Espinoza 228530

in a TS Vault (Type of Burial Container) Funeral, date, time Jus 2/8 10:00

Church, Chapel, Graveside ; CA Burial Mortuary Chandette

All Funeral 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 121 Grave 10

| | |
|---|---|
| Grave space & Care Fund | 985 – |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413 – |
| Burial Container | 275 – |
| Handling Fees | 204 – |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50 – |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |
| Paid receipt number R5847 | 1948.38 |
| Balance due | – .07 |

PAID

FEB 04 2005

MOUNT HOPE CEMETERY

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

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

Signature

Raw Res. address verified by water bill

Print Name X Avaceli Moreno

Address 5870 University Ave #6

City San Diego CA 92115 Zip Code

Telephone (619) 582-4898

cell (619) 602 0026

Invoice # ____

Work Order # E 18934

Acct. # ____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18934

# GRAVE BLIND CHECK FORM

Deceased Name Rogelio Espinoza

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | (Tree) | | | | |
| Hancock | | Barnes | | Gamarro | Gamarro | |
| | X | | Hearn | | | |
| | | | Mashack | | | |

Today's Date Feb. 4 05

Interment Date: Jus 2/8 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 121 Gr: 10

Flag placed by: ____

Grave Laid Out by: KEN & DARREYL

Blind Check Verified by: David Manigo

Agrees with Map: Initials ____ Verified DN

Agrees with Legal Card: Initials ____ Verified DN

Flag

E-1893A

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| ROGELIO | - | ESPINOZA-CONTRERAS | 07/23/1946 | 02/02/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | MARIA ESPINOZA-WIFE<br>3052 K STREET<br>SAN DIEGO, CALIFORNIA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person filing permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE.<br>NATIONAL CITY, CALIFORNIA 91950 | FD-[redacted] | ▶ V. Mitchell | 02/08/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 02/08/2005<br>V. [redacted] | ▶ 2502437 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>2-8-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

Res
At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2/7/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cherolette Swift pin 228544

in a Liner (Type of Burial Container) Funeral, date, time Tues Feb 15th 11:00

Church, Chapel, Graveside ; SD Memorial Mortuary, Joseph

All Funeral 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 80 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58514 | 1833.20 |
| Balance due | Ø |

PAID
FEB 14 2005
MOUNT HOPE CEMETERY

MORT. 2 Pay

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

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

Signature

Paulette

Print Name

Address

City Zip Code

Telephone See attached

Invoice # _____

Work Order # E 18935

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

E 18935

THE CITY OF SAN DIEGO

# MT. HOPE CEMETERY

## FAX TRANSMISSION

| | |
|---|---|
| Date: 2-7 | From: Paulette |
| To: SD Memorial | Telephone #: (619) 527-3400 |
| Telephone #: | Fax #: (619) 527-3403 |
| Fax # | Pages (including this cover sheet): |
| Subject: Information to be filled in by Mortuary | |

***Mt. Hope must receive confirmation of the date, time and/or payment for burial services* with-in 24 hours of receiving this fax or burial will not be scheduled.**

| | |
|---|---|
| Date and time faxed to Mortuary: | 2-7-05 950 AM |
| Burial fee amount due: | 1833.20 |
| Burial service fee for: | Charlotte Swift |
| Date and time of burial service: | Tuesday Feb 15th 11:00 |
| Due date of burial fee to Mt Hope Cemetery: | Friday - 900 AM 11th |
| Prepared by: | Paulette Crawford |
| Signature: | Paulette Crawford |
| Mortuary Approval (print name): | Bonnie [illegible] |
| Signature: | [illegible] |
| Date faxed back to Mt. Hope Cemetery: | 2-8-05 |
| Comments: | |
| | |
| | |

**Mt. Hope Cemetery**
Community Parks I • Park and Recreation • 3151 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2/7/05

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

in a Liner (Casket Burial Container) Funeral, date, time Tues Feb 15th 11:00

Church, Chapel, Graveside SD memorial Mortuary. Joseph

All Funeral 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 80 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases ~ Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |

Mort. 2 pay

Paid receipt number _____

Balance due _____

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

Randall Bailey
First Name

233 Jenna ct
Address

SD Ca 92114
City State Zip Code

Randall Bailey
Telephone

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

Signature _____

Paulette

Invoice # _____

Work Order # E 18935

Acct. # _____

This information is available in alternative formats upon request.

Payment must be brought
Mon & Thursday

MT HOPE CEMETERY E-18935

# GRAVE BLIND CHECK FORM

Deceased Name Charolette Swift

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | ortaff | Garaa | | | | |
| | Lewis | Rubalcava | X | | | |
| | | | Tramel | | | |
| | | | | | | |

Today's Date 2/10/05

Interment Date: 2/15 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 80 Gr: 12

Flag placed by: Paulette

Grave Laid Out by: KEN & CHUCK

Blind Check Verified by: ____

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

Flag

E-18935

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| CHARLOTTE | - | SWIFT | 02/19/1961 | 02/02/2005 | F |

5A. CITY OF DEATH: MORENO VALLEY

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: RIVERSIDE

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: RANDALL BAILEY-SON, 233 JENNA CT. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1575

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Bonnie [illegible]

8B. DATE SIGNED: 02/08/2005

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: 02/10/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: P.O. BOX 7600 RCHD RIVERSIDE, CA 92513

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED: 2-15-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 2/7/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Stratton 228535

in a Liner (Type of Burial Container) Funeral, date, time Feb 11th Fri. 11:00

Church, Chapel, Graveside : SD memorial Mortuary Deph

All Funeral 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 93 Grave b

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R 58502 | 1833.20 |
| Balance due | 0 |

PAID

FEB - 9 2005

MOUNT HOPE CEMETERY

SD Res mort. 2 Pay

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached for signatures

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18936

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Deed

Date 2/7/05

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

in a Liner (Type of Burial Container) Funeral, date, time Feb 11th Fri. 11:00

Church, Chapel, Graveside 50 memorial (Mortuary) Joseph

All Funeral 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 93 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 419.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number | |
| Balance Due | |

SD Res mult. 2 Pay

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

I hereby authorize the interment in lot I hold under deed

Eddie Stratton
Signature

Eddie Stratton
Print name
2807 Golfview Dr.
address
Fallbrook CA 92028
City Zip Code
760-728-0280
Telephone

Paulette

Work Order # E 18936

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18936

# GRAVE BLIND CHECK FORM

Deceased Name Gloria Ali Stratton

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Jackson | Jackson | | |
| | | | X | Walker # | Crawford | |
| | | | | Revilla | | |
| | | | | | | |

Today's Date 2-8-05

Interment Date: 2/11 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 93 Gr: 4

Flag placed by: Paulette

Grave Laid Out by: KEN & DARREYL

Blind Check Verified by: David Noriega

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

Flag

E-18936

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| GLORIA | ALI | STRATTON | 10/13/1930 | 02/04/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | EDWARD STRATTON-SON 2807 GOLFVIEW DR. FALLBROOK, CA 92028 |

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

| 8A. SIGNATURE OF APPLICANT—Person filing permit | 8B. DATE SIGNED |
|---|---|
| ▶ Joseph Lemon Jr. | 02/07/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 02/07/2005 J. LEMON JR. | ▶ 2502415 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY HI. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 2-11-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Noriega | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

TS Vault
PRE-NEED
(male)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Horne, Walter JR. 6mo

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Division 11 Section 1 Blk/Row _____ Lot 92 Grave 7

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS Vault | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | 138.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 2,086.31 |
| Paid receipt number R-58485 | $ 2,086.31 |
| Balance due | ~~2,086.31~~ Ø |

PAID
FEB - 7 2005
MOUNT HOPE CEMETERY

pin #228510

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

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

x Walter Horne Jr
Signature

First Last
x WALTER HORNE, JR
Print Name
x 639-67th ST.
Address
x SAN DIEGO, CA. 92114
City Zip Code
x (619) 263-3941
Telephone

Sandra

Work Order # E 18937

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

© Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT Need

Date 2-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARTIE L. GAINES 228537

in a T. S. VAULT (Type of Burial Container) Funeral, date, time FRI. FEB 11th 1:00

Church, (Chapel), Graveside ; CA. BURIAL Mortuary. MARTIN

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Bldg. PAID Lot 225 Grave 7

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |
| Paid receipt number R-58600 | 1948.31 |
| Balance due | Ø |

FEB 10 2005 MOUNT HOPE CEMETERY

MORT 2. Pay RES. Fee

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

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

Patricia A. Johnson
Signature

Print Name: Patricia A. Johnson

Address: 466 S Nogal St. #C

City: S.D. Ca. Zip Code: 92102

Telephone: 619 266-1387

Paulette

Work Order # E 18938

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18938

# GRAVE BLIND CHECK FORM

Deceased Name ARTIE GAINES

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Missouri | Gillis | Payne | | |
| | mitchell | Jones | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 2-9-05

Interment Date: 2-11-05 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 225 Gr: 7

Flag placed by: P. Crawford

Grave Laid Out by: Ken & Chuck

Blind Check Verified by: ____

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

Flag

E-18938

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 77

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| ARTIE | L. | GAINES | 08/22/1927 | 02/01/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | PATRICIA A. JOHNSON-DAUGHTER<br>4665 NOGAL ST. #C<br>SAN DIEGO, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA BURIAL CHAPEL<br>2200 HIGHLAND AVE.,NATIONAL CITY, CA 91950 | FD-1689 | ▶ [signature] | 02/07/2005 |

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

| PERMIT | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| AUTHORIZATION OF LOCAL REGISTRAR | | $11.00 | 02/07/2005<br>C.RUSS | ▶ 2502410 |

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY<br>[redacted]751 MARKET STEET,SAN DIEGO,CA 92102 | 11B. DATE BURIED<br>2-11-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>— | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>— | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>— | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 2-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KEVIN KENNEDY 286533

in a LINER (Type of Burial Container) Funeral, date, time Thurs. Feb. 10, 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 55 Grave 11

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fees | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58490 R-58724 | 1833.20 |
| Balance due | ∅ |

PAID

FEB – 8 2005

MOUNT HOPE CEMETERY

Resident

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

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

Signature

TYRONE N. BROWN
Print Name

3288 - ELCAJON - BLVD #2
Address

SAN DIEGO - C.A - 92104
City Zip Code

619-640-4477
Telephone

Paulette

Work Order # E 18939

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18939

# GRAVE BLIND CHECK FORM

Deceased Name Kevin Kennedy

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Allen | Bates | Jones | | |
| | | | X | | | |
| | | Glenn | Bogart | Adams | | |
| | | | | | | |

Today's Date 2-8-05

Interment Date: 2-10-05 Time: 11:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 55 Gr: 11

Flag placed by: Paulette

Grave Laid Out by: KEN & DARREL

Blind Check Verified by: [illegible]

Agrees with Map: Initials [illegible] Verified ____

Agrees with Legal Card: Initials [illegible] Verified ____

Flag

E 18939

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| KEVIN | - | KENNEDY | 05/25/1983 | 02/05/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | ANNETTE GATLIN-MOTHER<br>821 CONCEPCION AVE.<br>SPRING VALLEY, CA 91977 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA CREMATION & BURIAL CHAPEL<br>5880 EL CAJON BLVD., SAN DIEGO, CA 92115 | 92[illegible]FD-1357 | ▶ [signature] | 02/02/2005 |

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

**PERMIT**

AUTHORIZATION OF [illegible] REGISTRAR

A[illegible]GE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 02/08/2005<br>J.BENYARD | ▶ 2502434 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-10-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ David Noriega | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

Pre-need
DD crypt
Res fee

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family (Laura Barragan) 228432

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section _____ Blk/Row _____ Lot 85 Grave 6

PAID

FEB 13 2007

P-00693

MOUNT HOPE CEMETERY

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup 2 @ $413.00 | 826.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| Flower vases - Marker setting fee | 138.00 |
| Recording/Filing/Transfer Fees 2 @ $50.00 | 100.00 |
| Sales taxes | 32.40 |
| Total Due | 2,851.40 |
| Paid receipt number R-58491 | 713.00 |
| Balance due | $ 2,138.40 |

Customer paying for both A + B: O/C + Recording Fees
PIN # 228432

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

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

X Laura Barragan
Signature

228432
X Laura Barragan
Print Name
X 6709 Mezin way
Address
X San Diego CA 92114
City Zip Code
X (619) 266-0398
Telephone

Sandra

Work Order # E 18940

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

OFFICIAL RECEIPT

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

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

P 00693

Date: Feb 13, 20 07

From: Laura Barrigan Address: 5709 Mezin Way, SD CA 92114

Ninety-One 40/100 Dollars ($ 91.40)

in Full Payment of Paid in full for pre-need Lot, trust payment #24

Div 12 Sec 2 Blk/Row Lot 55 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE Ø

#6655154257

☐ Pre-Need Lot ☑ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (11-05)

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

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

**PAID**

FEB 13 2007

MOUNT HOPE CEMETERY

ISSUED BY

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| Pre-Need | 63033 | 91. | 40 |
| Trust | 77186 | | |
| TOTAL PAID | | $ 91 | 40 |

OFFICIAL RECEIPT

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

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

P 00643

Date: 1-5- , 2007

From: L. Barragan Address: on record.

Dollars ($ 89- )

in Part Payment of Pre-need Lot, Trust, coupon # 23, -

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $91.40

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

JAN 05 2007

MOUNT HOPE CEMETERY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89. — |
| Trust | 77186 | |

TOTAL PAID $ 89 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 575 ISSUED BY P.C.

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00617

Date: 12/8, 20 06

From: Laura Burragan Address: on record

Eighty-nine Dollars ($ 89 - )

in Part Payment of Pre-need lot + trust. Coupon 22

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E 18940

Acct. No.

W.O.

BALANCE DUE $ 180.40

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

PAID

DEC 08 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 89 — |

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 570

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00565

Date: Nov. 6, 20 06

From: Laura Barragan Address: On record

EIGHTY-NINE and 00 Dollars ($ 89.-)

in part Payment of Pre-need Lot + Trust. Coupon #21

Div 12 Sec 2 Blk/Row W Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $269.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 565

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

PAID

NOV - 2 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89.— |
| Trust | 77185 | |
| TOTAL PAID | $ | 89.— |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00542

Date: Oct 18, 20 06

From: Laura Barragan Address: on record

Eighty-Nine Dollars ($ 89.-)

in part Payment of Pre-need lot, trust.

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E 18940

Acct. No.

W.O.

BALANCE DUE $ 358.40

08-590 524951

☑ Pre-Need Lot ☑ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check

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

PAID

OCT 18 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89.- |
| Trust | 77186 | |
| TOTAL PAID | $ | 89.- |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00483

Date: 9-8, 20 06

From: Laura Barragan Address: on record

Eighty-Nine and 00/60 Dollars ($ 89.-)

in part Payment of Pre-need Lot, Trust: #19

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $ 447.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 556

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

PAID

SEP 08 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89.- |
| Trust | 77186 | |
| TOTAL PAID | | $ 89.- |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00429

Date: 8-4, 20 06

From: Laura Barragan Address: on record

Eighty- Nine Dollars ($ 89- )

in part Payment of Pre- need lot, trust

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E - 18940

Acct. No.

W.O.

BALANCE DUE $536.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 551

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

PAID

AUG 03 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulita

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 89 — |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00380

Date: 7-10, 2006

From: L. Barragan Address: on record

Eighty-Nine Dollars ($ 89.-)

in part Payment of Pre need Lot trust. #17

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E - 18940

Acct. No.

W.O.

BALANCE DUE $ 625.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 546

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

PAID

JUL 10 2006

ISSUED BY MOUNT HOPE Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89.— |
| Trust | 77186 | |
| TOTAL PAID | | $ 89.— |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00334

Date: 6-12, 20 06

From: Laura Barrugan Address: on record

EIGHTY-NINE Dollars ($ 89- )

in part Payment of Pre-need lot, Trust.

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $714.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 840

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

PAID

JUN 12 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89.— |
| Trust | 77186 | |
| TOTAL PAID | | $ 89.— |

AC-212 (11-05)

*This information is available in alternative formats upon request*

OFFICIAL RECEIPT

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

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

P 00274

Date: 5-8, 2006

From: Laura Barragan Address:

Eighty-Nine Dollars ($ 89 - )

in part Payment of Pre need lot & trust

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $ 803.40

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

PAID

MAY 08 2006

MOUNT HOPE CEMETERY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89. - |
| Trust | 77186 | |
| TOTAL PAID | $ | 89 - |

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 534

ISSUED BY Pcrawford

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00214

Date: 4/5, 2006

From: L. Burragan Address:

Dollars ($ 89 - )

in Part Payment of Pre-need Lot, trust

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $ 892 40

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

PAID

APR 04 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 89 — |

☑ Pre-Need Lot
☑ Pre-Need Trust
☐ Money Order
☐ Charge
☑ Check 526

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

OFFICIAL RECEIPT

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

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

P 00163

Date: 3/6, 20 06

From: Laura B. Address: On record

Eighty-Nine Dollars ($ 89—)

in part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E - 18940

Acct. No.

W.O.

BALANCE DUE $ 98.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 519

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

PAID

MAR - 6 2006

ISSUED BY Paulette

MOUNT HOPE CEMETERY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77164 | |
| Pre-Need | 63033 | 89 — |
| Trust | 77166 | |
| TOTAL PAID | | $ 89 — |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00101

Date: 2/6, 20 06

From: Laura Barragan Address: 6709 Mezin Way SD CA 92114

EIGHTY-NINE and 00 Dollars ($ 89.— )

in part Payment of Pre-need lot & trust.

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $1070.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 513

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

PAID

FEB 06 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette e.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89.— |
| Trust | 77186 | |
| TOTAL PAID | | $ 89.— |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00047

Date: 1/12, 20 06

From: Laura Barragan Address: on record

Eighty-nine Dollars ($ 89.- )

in part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $ 1,159.40

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 505

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

PAID

JAN 11 2006

MOUNT HOPE CEMETERY

ISSUED BY pauletta

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 89.- |
| Trust | 77186 | |
| TOTAL PAID | | $ 89.- |

AC-212 (11-05)

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

R-59464

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY E-18940
(619) 527-3400

Date: Dec 6, 20 05

From: Laura Barragan Address: on record

Eighty nine dollars Dollars ($ 89 — )

in Part Payment of Preneed lot + trust

Lot 85 Grave 6 Row Section 2 Division Block 12

Invoice No. E-18945

Acct. No.

W.O.

BALANCE DUE $ 1248.40

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

Pre-need Trust (X) Cash ( ) Check (X) 449

AC-212 (Rev. 10-02)

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

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

PAID

DEC 0 6 2005

ISSUED BY Paulette MOUNT HOPE CEMETERY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 60033 | 89 — |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 89 — |

R-59381

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: November 10, 20 05

From: Laura Jo Barragan Address: on record

Eighty-Nine and 00 Dollars ($ 89.—)

in cash Payment of Pre-need lot + trust

Lot 85 Grave 6 Row — Section 2 Division ~~Block~~ 12

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $1337.40

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

Pre-need Trust (X) Cash ( ) Check (X)

444

AC-212 (Rev. 10-02)

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

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

**PAID**

NOV 07 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | 59. | — |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 59. | — |

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59317

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

Date: 10-14-05 , 20 05

From: Barrasan Address: 6709 Mezin Way SD.

one hundred & seventy - Eight dollars 00/100 Dollars ($ 17800 )

in PART Payment of Pre-Need lot & Trust Coupon #8

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18540

Acct. No.

W.O.

BALANCE DUE 1,426.40

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

MO 4708675 3087

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

PAID

OCT 14 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | 178 | 00 |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 178 | 00 |

AC-212 (Rev. 4-04)

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59440

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

Date: 8-4 , 2005

From: Laura Barragan Address: on record

Eighty-nine Dollars ($ 89.- )

in part Payment of Pre-need Lot/Trust.

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $ 1604.40

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

# 419

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

PAID

AUG 0 4 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | 89.— |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 89.— |

AC-212 (Rev. 4-04)

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59031

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

Date: 7-7, 20 05

From: Laura Barragan Address: on records

Eighty-Nine Dollars ($ 89.- )

in part Payment of Pre-need lot & trust.

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $1,693.40

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

Pre-need Trust [X] Cash [ ] Check [X] 48

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

PAID
JUL 07 2005
MOUNT HOPE CEMETERY

ISSUED BY: Crawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 89.— |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 89.— |

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58949

Date: 6-13-05, 20 05

From: Laura Barragan Address: 6709 McLin Way S.D.

Eighty-Nine 00/100 Dollars ($ 89.00 )

in Part Payment of Pre-Need Lot & Trust

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $1,782.40

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

MO 4615-473223

NOT VALID FOR PURCHASE UNLESS STAMPED "PAID" IN THE BOX

PAID

JUN 13 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | 14 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | 75 | 00 |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 89 | 00 |

AC-212 (Rev. 4-04)

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58844

Date: 5-12-05, 20

From: Laura Barragan Address: 6709 Mezin Way

Eighty-Nine 00/100 Dollars ($ 89.00 )

in Part Payment of Pre-Need Lot/Trust

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $1,871.40

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

M/O 08-32-677384

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

PAID

MAY 12 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | 89 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 89 | 00 |

AC-212 (Rev. 4-04)

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58728

Date: 4-11, 2005

From: Laura Barragan Address: 6709 Mezin Wy SD Ca 92114

Eighty-Nine Dollars ($ 89 —)

in Part Payment of pre-need lot / trust.

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $1,960.40

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐

398

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

PAID

APR 11 2005

MOUNT HOPE CEMETERY

ISSUED BY Pcawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 89 — |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 89 — |

AC-212 (Rev. 4-04)

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58614

Date: 3-10, 20 05

From: Laura Barragan Address: 6709 Mezin Way

Dollars ($ 89.00 )

In Part Payment of Payment PRE-Need LOT+TRUST

Div 12 Sec 2 Blk/Bldg Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $2,049.40

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☐

mo# 08-2505 21403

AC-212 (Rev. 4-04)

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

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

PAID

MAR 10 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | 14 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | 75 | 00 |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust - | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 89 | 00 |

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58491

Pre-Need DDCrypt (619) 266-0398

Date: 2-8-05 20 05

From: Laura Barragan Address: 6709 Mezin Way S.D. CA 92114

Marker Installation Fee Pd. Dollars ($ 713.00)

in PART Payment of Pre-need lot + Trust DDCrypt / For both A&B o/c & Rec Fee's

Div 12 Sec 2 Blk/Row Lot 85 Grave 6

Invoice No. E-18940

Acct. No.

W.O.

BALANCE DUE $2,13840

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☑

mo 4549243501 &
mo 4549243502

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

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" BELOW.

PAID

FEB - 8 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | 713 | 00 |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 713 | 00 |

Barragan, Laura
E-18940

Pre-need Trust Deposits **$ 1,713.40**

**DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PUPROSE**

TRANSFER OF FUNDS FROM THE CEMETERY PRE-NEED TRUST INTO GENERAL FUND.
LAURA BARRAGAN E-18940.

**DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT**

| FUND | DEPT | ORG | ACCOUNT | JOB ORDER | OPER. ACCT | BENEFIT EQUIPT | FACILITY | AMOUNT | |
|---|---|---|---|---|---|---|---|---|---|
| 67007 | 67007 | | 77184 | | | | | (80.00) | Perpetuity |
| 100 | | | 77181 | | | | | (413.00) | Open/Close |
| 100 | | | 77182 | | | | | (418.00) | DD Crypt |
| 100 | | | 77185 | | | | | ($354.00) | Handling Fee |
| 100 | | | 77183 | | | | | (188.00) | Marker & Recording (1st Burial) |
| 60101 | | | 78390 | | | | | (32.40) | Tax on Crypt |
| 63033 | 63033 | | 4226 | | | | | 1,485.40 | |

**** Not enough fund to do Interfund Transfer for 2nd burial**

Pin: 228432 | Monthly Payments: $ 89.00 | E- 18940

| Name | Address | City | Zip Code | Amount |
|---|---|---|---|---|
| BARRAGAN, LAURA | 6709 MEZIN WAY | SD | 92114 | $ 2,851.40 |

DIVISION 12 | SECTION 2 | LOT 85 | GRAVE 6

| | | | | Payment | PERPETUITY 67007 | LOT 100/77184 | PRE-NEED 63033 |
|---|---|---|---|---|---|---|---|
| | Opened Pre-Need Lot & Trust | | | | | | |
| | Trust include: (2) O/C, DD Crypt, H/F, (2) R/F & Marker Inst. | | | | $197.00 | $788.00 | $1,866.40 |
| 2/8/2005 | Downpayment | | R-58491 | $713.00 | | $713.00 | |
| | | | | | | $75.00 | |
| 3/10/2005 | Coupon # | 1 | R-58614 | $89.00 | $14.00 | $75.00 | |
| | | | | | $183.00 | $0.00 | |
| 4/11/2005 | Coupon # | 2 | R-58728 | $89.00 | | $89.00 | |
| | | | | | | ($89.00) | |
| 5/12/2005 | Coupon # | 3 | R-58844 | $89.00 | $89.00 | | |
| | | | | | $94.00 | ($89.00) | |
| 6/13/2005 | Coupon # | 4 | R-58949 | $89.00 | $14.00 | $75.00 | |
| | | | | | $80.00 | ($164.00) | |
| 7/7/2005 | Coupon # | 5 | R-59031 | $89.00 | | $89.00 | |
| | | | | | | ($253.00) | |
| 8/4/2005 | Coupon # | 6 | R-59440 | $89.00 | | | $89 |
| | | | | | | | $1,777.40 |
| 10/14/2005 | Coupon # | 7 & 8 | R-59317 | $178.00 | | | $178.00 |
| | | | | | | | $1,599.40 |
| 11/10/2005 | Coupon # | 9 | R-59381 | $89.00 | | | $89.00 |
| | | | | | | | $1,510.40 |
| 12/9/2005 | Coupon # | 10 | R-59464 | $89.00 | | | $89.00 |
| | | | | | | | $1,421.40 |
| 1/12/2006 | Coupon # | 11 | P-00047 | $89.00 | | | $89.00 |
| | | | | | | | $1,332.40 |
| 2/6/2006 | Coupon # | 12 | P-00101 | $89.00 | | | $89.00 |
| | | | | | | | $1,243.40 |
| 3/6/2006 | Coupon # | 13 | P-00163 | $89.00 | | | $89.00 |
| | | | | | | | $1,154.40 |
| 4/5/2006 | Coupon # | 14 | P-00214 | $89.00 | | | $89.00 |
| | | | | | | | $1,065 |
| 5/8/2006 | Coupon # | 15 | P-00274 | $89.00 | | | $89 |
| | | | | | | | $976.40 |
| 6/12/2006 | Coupon # | 16 | P-00334 | $89.00 | | | $89.00 |
| | | | | | | | $887.40 |
| 7/10/2006 | Coupon # | 17 | P-00380 | $89.00 | | | $89.00 |
| | | | | | | | $798.40 |
| 8/4/2006 | Coupon # | 18 | P-00429 | $89.00 | | | $89.00 |
| | | | | | | | $709.40 |
| 9/8/2006 | Coupon # | 19 | P-00483 | $89.00 | | | $89.00 |
| | | | | | | | $620.40 |
| 10/18/2006 | Coupon # | 20 | P-00542 | $89.00 | | | $89.00 |
| | | | | | | | $531.40 |
| 11/6/2006 | Coupon # | 21 | P-00565 | $89.00 | | | $89.00 |
| | | | | | | | $442.40 |
| 12/8/2006 | Coupon # | 22 | P-00617 | $89.00 | | | $89 |
| | | | | | | | $353 |
| 1/5/2007 | Coupon # | 23 | P-00643 | $89.00 | | | $89.00 |
| | | | | | | | $264.40 |
| 2/13/2007 | Coupon # | 24 | P-00693 | $91.40 | | | $91.40 |
| | | | | | $80.00 | ($253.00) | $173.00 |

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 2-9-05

Pin# 228598

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

in a Asn Vault (Type of Burial Container) Funeral, date, time Weds March 2nd 2:00 p.

Church, Chapel, Graveside witness Wrnment : Ragsdale Mortuary: moe

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 24 Grave 30

| | |
|---|---|
| Grave space & Care Fund | 330.00 |
| Overtime/Late Arrival Fees | ~~16.00~~ |
| Opening/Closing & Setup | 116.00 |
| Burial Container | 61.00 |
| Handling Fees | 66.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 4.73 |
| Total Due | 627.73 |
| Paid receipt number R-58572 | 627.73 |
| Balance due | 0 |

PAID

MAR 01 2005

MOUNT HOPE CEMETERY

Mort. 2 Pay

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

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

X _____ Signature

Paulette

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

(See attach)

Invoice # _____

Work Order # E 18941

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

13:23 SD MT. HOPE CEMETERY → RAGSDALE

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

A1 Need

Date 2-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jacqueline Jefferson # 228598

in a Pen vault (Type of Burial Container) Funeral, date, time Wednesday, 02/28/05 @ 2:0

Church, Chapel, Graveside : Ragsdale Mortuary Witne moe

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

Division 11 Section 2 Site/Row _____ Lot _____ Grave _____

| | |
|---|---|
| Grave space & Care Fund | 330.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 116.00 |
| Burial Container | 61.00 |
| Handling Fees | 66.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 4.73 |
| Total Due | 627.73 |

MD.A. 2-Pay

Paid receipt number _____

Balance due _____

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

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

Eula Rollins

Sign here

Paulette

Eula Rollins 228597
Print Name

404 47th Street #47
Address

SSan Diego, CA 92102
City Zip Code

(619) 262-0067
Telephone

Invoice # _____

Acct # _____

Work Order # E 18941

RE L-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18941

# GRAVE BLIND CHECK FORM

Deceased Name Jacqueline Jefferson

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | X | | | L. shine |
| | | | | | | |
| | | | | | | |

Today's Date 2-22-05

Interment Date: 3-2-05 Time: 2:00p

Div: 11 Sect: 2 Blk/Row: ____ Lot: 24 Gr: 30

Flag placed by: Sandra

Grave Laid Out by: Norman Fey

Blind Check Verified by: [illegible]

Agrees with Map: Initials ____ Verified DW

Agrees with Legal Card: Initials ____ Verified DW

Flag

E 18941

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Jacqueline | Denise | Jefferson | 08/11/1958 | 02/07/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Kieshia Jefferson, Daughter<br>1151 Tesoro Grove Way #128<br>San Diego, CA 92154 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92154 | FD-1329 | ▶ [signature] | 02/09/2005 |

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

**PERMIT** — AUTHORIZATION OF LOCAL REGISTRAR — ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/09/2005<br>B. Campbell | 2502553 ▶ |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-2-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>CSI Cremation Services, Inc.; 2570 Fortune Way; Vista, CA 92083 | 12B. DATE CREMATED<br>2/18/05 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACI<br>▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ |

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

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need
on grave of
marion Cyphers

Date 2-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel Cyphers ⊘ 228604

in a Ash Vault (Type of Burial Container) Funeral, date, time AYD 2/28/05

Church, Chapel, Graveside _____ : Ragsdale Mortuary. Moe

All Funeral 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 Blk/Row _____ Lot 119 Grave 11

Grave space & Care Fund ..... E-11548 ..... Ø

Overtime/Late Arrival Fees ..... —

Opening/Closing & Setup ..... 154.00

Burial Container ..... 81.00

Handling Fees ..... 88.00

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

Recording/Filing/Transfer Fees ..... 66.00

Sales taxes ..... 6.28

Total Due ..... 395.28

Paid receipt number R-58547 395.28

Balance due Ø

PAID
FEB 23 2005
MOUNT HOPE CEMETERY

mort 2 pay

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

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette

Work Order # E 18942

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At need
on grave of
marion Cyphers

Date 2-9-05

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

in a Ash Vault (Type of Burial Container) Funeral, date, time AYD 2/28/05

Church, Chapel, Graveside : Ragsdale Mortuary

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

Division 12 Section 3 Blk/Row ____ Lot 119 Grave 11

| | |
|---|---|
| Grave space & Care Fund E-11548 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.00 |
| Burial Container | 81.00 |
| Handling Fees | 88.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 6.28 |
| Total Due | 395.28 |
| Paid receipt number FEB 23 2005 R-58547 | 395.28 |
| Balance due | 0 |

PAID

MOUNT HOPE CEMETERY

mort 2 family

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. pin # 228605

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

Barbara Stouffer (Signature)

X Barbara Stouffer (Print Name)
X 1951 47th Street #88 (Address)
X San Diego, CA 92102 (City, State, Zip Code)
X (619)501-6783 (Telephone)

Paulette

Invoice # ____

Work Order # E 18942

Acct. # ____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18942

## GRAVE BLIND CHECK FORM

Ingrave of Marian Cypers

Deceased Name Samuel Cypers

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Love | | | |
| | | Vaults | X | Sealey | Evans | |
| | | | | | | |
| | | | | | | |

Today's Date 2/28 No marker on grave

Interment Date: 2/28 Time: AYD

Div: 12 Sect: 3 Blk/Row: ____ Lot: 119 Gr: 11

Flag placed by: Paulette

Grave Laid Out by: Norman Pe[illegible]

Blind Check Verified by: C[illegible]

Agrees with Map: Initials CW Verified ____

Agrees with Legal Card: Initials CW Verified ____

Flag

E-18942

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Samuel | Lloyd | Cyphers | 10/03/1941 | FD 01/28/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Orem | Utah | Barbara Stouffer<br>1951 47th Street #88<br>San Diego, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | Blair Campbell | 02/21/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/22/2005 | 2503222<br>B. Campbell |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-28-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

DD crypt (B)
AT NEED.
12 chairs

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ed B. Taylor 223845

In a DD CRYPT "B" (Type of Burial Container) Funeral, date, time Feb 14th Mon 11:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 42 Grave 2

| | |
|---|---|
| Grave space & Care Fund ..... E-7740 ← 1988 | 0 |
| Overtime/Late Arrival Fees ..... | — |
| Opening/Closing & Setup ..... | 413.00 |
| Burial Container ..... | — |
| Handling Fees ..... | — |
| Flower vases – Marker setting fee ..... | — |
| Recording/Filing/Transfer Fees ..... | 50.00 |
| Sales taxes ..... | — |
| Total Due ..... | 463.00 |
| Paid receipt number R55509 | 463.00 |
| Balance due | 0 |

PAID
FEB 14 2005
MOUNT HOPE CEMETERY

Mort. 2 Pay

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

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

Signature _____

Print Name 223913

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette engrave & Heather Taylor

Work Order # E 18943

REA-104 (3-04)

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

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

E-18943

Date 11/10/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pin 78027 Reather Mae Taylor

in a Double Crypt - Vault/Lines Funeral, date, time 11 AM - 11/15/ Tues -

Church, Chapel, Graveside Church & Thor Ragsdal Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 42 Grave 2 Row — Section 2 Division/~~Block~~ 11

| | |
|---|---|
| Grave space & Care Fund | 300.00 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 320.00 |
| Burial Container Concrete Double Crypt | 330.00 |
| Handling Fees Labor | 320.00 |
| Flower vases - Marker setting fee | — |
| Recording and filing fee | 35.00 |
| Sales taxes | 21.45 |
| Total Due | 1326.45 |
| Paid receipt number 37081 | 1326.45 |
| Balance due | — |

30 day rate

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

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

Signature of recorded holder of deed

Ed B. Taylor
Signature

4944 monomnt St
Address

San Diego Ca 92113
City State Zip Code

619-264-7426
Telephone

Invoice # _____

Work Order # E 7740

Acct. # _____

PY-593 (REV. 8-86)

MT HOPE CEMETERY E-1843

## GRAVE BLIND CHECK FORM

In grave of Reather M. Taylor

Deceased Name ED B. TAYLOR

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Crawford | Crawford | X | Miller | Taylor | |
| | | Orozco | | Walker | | |
| | | | | | | |

Today's Date 2-10-05

Interment Date: 2-14-05 Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 42 Gr: 2

Flag placed by: Paulette

Grave Laid Out by: KEN

Blind Check Verified by: [illegible]

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

Flag

12 x 24

marker on grave with wife name
there is room for husbands name

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-10-05

AT NEED. 12 CHAIRS

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

of Ed B. TAYLOR

in DD CRYPT "O" Funeral, date, time Feb 14th Mon.

Church, Chapel, Graveside Ragsdale ; January.

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

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row ____ Lot 42 Grave 2

| | |
|---|---|
| Grave space & Care Fund E-T140 | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | 50.00 |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |
| Total Due | 463.00 |
| Paid receipt number | |
| Balance due | |

Mark. 2 Pay

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

Katherine Thompson
First Name Signature

416 Pesca Court
Address

Spring Valley, CA 91977
City Zip Code

(619) 475-5145
Telephone

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

Katherine Thompson
Signature

Invoice # ____

Acct. # ____

Paulette

Work Order # E 18943

This information is available in alternative formats upon request.

E-18943

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Ed | Busick | Taylor | 08/20/1928 | 02/09/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Katherine Thompson, Daughter w/DPOA<br>416 Pesca Court<br>Spring Valley, CA 91977 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ [signature] | 02/09/2005 |

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

**PERMIT**

AUTHORIZATION OF REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/14/2005<br>B. Campbell | 2502783 ▶ |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2 14 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

AT NEED

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 02/10/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Naomi Jackson ~~x~~

In a ASH VAULT (Type of Burial Container) Funeral, date, time Mon Feb 14, 10:00

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 B Section 1 Blk/Row _____ Lot 1118 Grave 1

| | | |
|---|---|---|
| Grave space & Care Fund | C-7041 ← 1969 | 0 |
| Overtime/Late Arrival Fees | | — |
| Opening/Closing & Setup | E-18904 ← 2005 | — |
| Burial Container | " | — |
| Handling Fees | " | — |
| Flower vases – Marker setting fee | | — |
| Recording/Filing/Transfer Fees | " | — |
| Sales taxes | " | — |
| Total Due | | — |
| Paid receipt number | | — |
| 2005 → E-18904 Balance due | | 0 |

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

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

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

See attached signatures

Invoice # _____

Work Order # E 18944

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

Pre-need
in grave
w/Esther
Fowler

MT. HOPE CEMETERY

# INTERMENT ORDER

E-18944

City of San Diego

209303

Date 1-12-05

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

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

Church, Chapel, Graveside : Mortuary.

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

will be applied and billed to undersigned.

Division 8 Section 1 Blk/Row Lot 1118 Grave 1

| | |
|---|---|
| Grave space & Care Fund C-7041 | -0- |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116 — |
| Burial Container | 61 — |
| Handling Fees | 666 — |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50 — |
| Sales taxes | 4 73 |
| Total Due | 297 73 |
| Paid receipt number R# 58406 | 297 73 |
| Balance due | -0- |

PAID
JAN 12 2005
MOUNT HOPE CEMETERY

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

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

X Signature

X Print Name RUTH E VASQUEZ

X Address 3648 35TH ST

X City SAN DIEGO CA Zip Code 92104

X Telephone (619) 563-4515

Invoice #

Work Order # E 18904

Acct. #

REA-104 (9-04)

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

© Printed on recycled paper

E-18944

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

DATE 3-30-1969

CHARGE Naomi Jackson 92103

ADDRESS 3717-4th ave., S.D. Calif. apt #2

NAME OF DECEASED Pre-need

OWNER above

ADDRESS

MORTUARY

| | | |
|---|---|---|
| LOT 1118 GR ROW SEC 1 DIV 8 | $ 200 | 00 |
| OPENING TIME DAY DATE Opening | 90 | 00 |
| VAULT SIZE Pre-need | 105 | 00 |
| REMOVAL OR FOUNDATION VET. | | |
| TOTAL | $ 395 | 00 |
| PAID RECEIPT NUMBER 16190 | 395 | 00 |
| BALANCE | $ | |

Regulation flush marker only

PAID
MAR 30 1969
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

#4264

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY Naomi Jackson ORDER TAKEN BY D. O'Phelps

W.O. NO. C 7041 INVOICE NO. CASH

FORM PR-974 REV.

E-18944 MT HOPE CEMETERY

# GRAVE BLIND CHECK FORM

Deceased Name Naomi Jackson

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Pettit | Pettit | McCoy | |
| White | Lowe | | X | | | |
| | | | Baldwin | | | |
| | | | | | | |

Today's Date 2-10-05

Interment Date: Mon. 2/14 Time: 10:00 G.S.

Div: 8 Sect: 1 Blk/Row: ____ Lot: 118 Gr: 1

Flag placed by: P Crawford

Grave Laid Out by: ____

Blind Check Verified by: ____

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

Flag
NO MARKER

E-18944

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18430

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| CLOTILDE | NAOMI | JACKSON | 12/05/1912 | 01/20/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| NATIONAL CITY | SAN DIEGO | RUTH VASQUEZ (GREAT NIECE)<br>3648 35TH STREET<br>SAN DIEGO, CA 92104 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| HUMPHREY CHULA VISTA MORTUARY<br>753 BROADWAY, CHULA VISTA, CA 91910 | FD 964 | | 01/26/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 01/26/2005 | 2501685<br>SANDRA PENA |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-14-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>OCEANVIEW CREMATORY<br>1625 GISLER AVE, COSTA MESA, CA 92626 | 12B. DATE CREMATED<br>JAN 28 2005 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

At Need
chairs

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia North 220937

in a Liner (Type of Burial Container) Funeral, date, time Feb. 15th Tues. 11:00

Church, Chapel, Graveside _____ : Pacific Beach 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 2 Blk/Row _____ Lot 48 Grave 7

| | |
|---|---|
| Grave space & Care Fund B-6232 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup per David Lugo | 413.00 |
| Burial Container Liner/Use Recycled liner | — |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | — |
| | 623.00 |
| Paid receipt number R-58506 | 623.00 |
| Balance due | 0 |

PAID

FEB 11 2005

MOUNT HOPE CEMETERY

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

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

Signature

Paulette

Guyton North - PIN 228556
Print Name

10000 Buena Vista Ave. Sp. #68
Address

Santee, CA 92071
City Zip Code

619-449-8141
Telephone

Invoice # _____

Work Order # E 18945

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

E-18945

When Customer Calls per David Lugo, Mt Hope will be giving her a liner, Do Not Charge her for A liner, for decease Virginia North

Div 7 Sec 2 Lot 48 Gr 7

2-10-05
3:25 p.

POS
2-15-05
11:00AM

Use a recycled liner that Kevin has behind the barn - David

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E-18945

DATE / TIME RECEIVED CALL: 2/10/05 10:50

CALL TAKEN BY: Paulette

**RECEIVED CALL FROM:**

☒ MORTUARY NAME: Pacific Beach - Douglas
☒ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Suzanne Goodwich
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

**NAME OF DECEASED:**

LAST NAME: NORTH
FIRST NAME: VIRGINIA INITIAL: E
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

**FUNERAL SERVICE:**
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE:
DATE OF SERVICE: 2/15 TIME OF SERVICE: 11:00 - 1:00
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

**CEMETERY PROPERTY:** ☐ A/N ☐ P/N ☐ P/N Trust

DIV: 7 SECT: 2 BLK/ROW: LOT: 28 GR: 8
☐ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

**CEMETERY SERVICE:**
TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: # B 006232

Inter
William H. North

$463

463.00
160.00

413 — ✓
~~209~~ — ✓
160 — ✓
.50
~~15.20~~ Tax

549
278
213
66
21.54

Suzanne La Grittch
951-301-9992

MT HOPE CEMETERY E-18945

## GRAVE BLIND CHECK FORM

In grave ~~to~~ next to William North

Deceased Name Virginia North

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Matsuhara | | | | |
| | Doherty | William North | X | Mattice | Mattice | |
| | | | Reagan | | | |
| | | | | | | |

Today's Date 2-11-05

Interment Date: 2-15-05 Time: 11:00

Div: 7 Sect: 2 Blk/Row: ____ Lot: 48 Gr: 7

Flag placed by: Paulette

Grave Laid Out by: Ken

Blind Check Verified by: ____

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

Flag

marker on grave

E-18945
p-13

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| VIRGINIA | ELIZABETH | NORTH | 07/20/1911 | 02/08/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| LA MESA | SAN DIEGO | GUYTON NORTH - SON<br>10000 BUENA VISTA AVE # 68<br>SANTEE CA 92071 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT — Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| ECM PACIFIC BEACH CHAPEL 4710 CASS ST<br>SAN DIEGO CA 92109 | FD-815 | ▶ [signature] | 02/10/2[illegible] |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 02/11/2005<br>L CASTRO | 2502698<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGOCCA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>2-15-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
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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.

E-18945

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| VIRGINIA | ELIZABETH | NORTH | 07/20/1911 | 02/08/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| LA MESA | SAN DIEGO | GUYTON NORTH - SON<br>10000 BUENA VISTA AVE # 68<br>SANTEE CA 92071 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| ECM PACIFIC BEACH CHAPEL 4710 CASS ST<br>SAN DIEGO CA 92109 | FD-815 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT — Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ | 02/10/2[illegible] |

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 02/11/2005<br>L CASTRO | 2502698 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGOCCA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

In grave of John Labeta

Date 2-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Labeta 228542

in a D.D. Crypt 'B' (Type of Burial Container) Funeral, date, time Weds. Feb 16th 12:00

Church, Chapel, Graveside Conrad Donna Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 141 Grave 2

| | |
|---|---|
| * Grave space & Care Fund ..... E-13488 | 0 |
| Overtime/Late Arrival Fees ..... | — |
| * Opening/Closing & Setup ..... | 413.00 |
| Burial Container ..... | — |
| Handling Fees ..... | — |
| Flower vases – Marker setting fee ..... | |
| Recording/Filing/Transfer Fees ..... | 50.00 |
| Sales taxes ..... | — |
| Total Due ..... | 463.00 |
| Paid receipt number R-58570 | 463.00 |
| Balance due | 0 |

PAID

FEB 14 2005

MOUNT HOPE CEMETERY

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 211449

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

John M Labeta
Signature

JOHN LABETA
Print Name

1203 MISSOURI ST
Address

SAN DIEGO 92109
City Zip Code

858-270-0651
Telephone

Paulette

Work Order # E 18946

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

Pre need
Lot & Trust

MT. HOPE CEMETERY

# INTERMENT ORDER

E-18946

City of San Diego

Veteran

Date 3-13-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John R. Labeta & Lillian Labeta

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 141 Grave 2 Row _____ Section 1 Division/Block 11

| | |
|---|---|
| Grave space & Care Fund | 895.00 |
| Additional spaces and care fund | — |
| Opening/Closing & Setup | 375.00 |
| Burial Container | 380.00 |
| Handling Fees | 320.00 |
| Flower vases – Marker setting fee | — |
| Recording and filing fee | 45.00 |
| Sales taxes | 29.45 |
| Total Due | 2044.45 |
| Paid receipt number R-48380 | 2044.45 |
| Balance due | 0 |

PAID
MAR 13 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

Rudolph Labeta
Signature
122 Beachwood Ln
Address
Oceanside, CA 92054-5403
City Zip Code
(619) 439-9671
Telephone

Invoice # _____

Work Order # E 13488

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18946

# GRAVE BLIND CHECK FORM

Deceased Name Lillian Labeto

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Palmer, | | | | |
| | | | X | Jones | | |
| | | | Jackson | Jemmott | | |
| | | | | | | |

Today's Date _____

Interment Date: Weds Feb 16th Time: 12:00 G.S.

Div: 11 Sect: 1 Blk/Row: _____ Lot: 141 Gr: 2

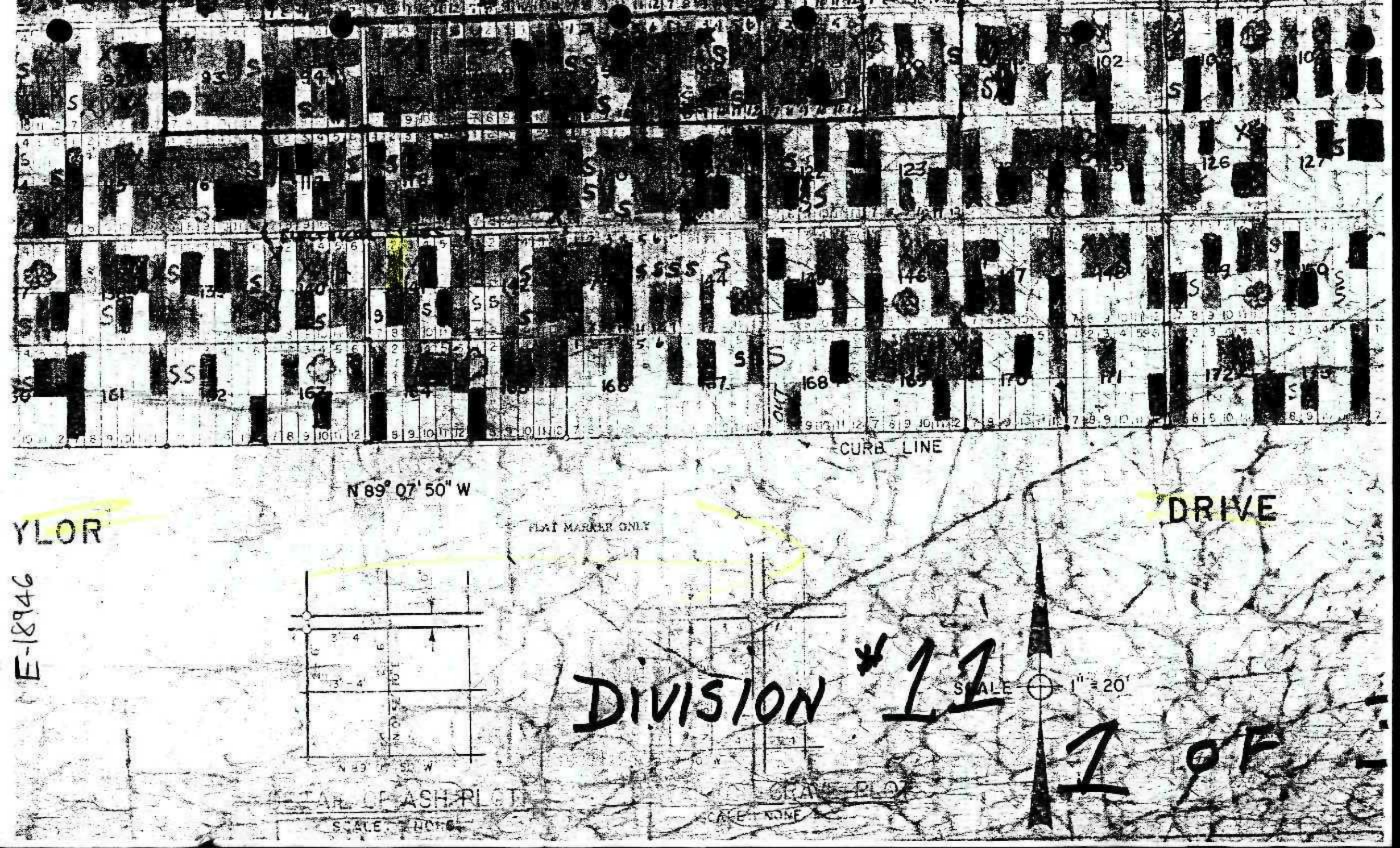
Flag placed by: _____

Grave Laid Out by: [illegible]

Blind Check Verified by: _____

Agrees with Map: Initials _____ Verified _____

Agrees with Legal Card: Initials _____ Verified _____


CURB LINE
N 89° 07' 50" W
DRIVE
YLOR
FLAT MARKER ONLY
E-18946
DIVISION #11
1 OF 1
SCALE 1" = 20'
SCALE NONE

FORM 61 LEGA

LOT 141 SECTION 1 DIVISION 11

| | DECEASED | OWNER |
|---|---|---|
| 1 | FERGUSON, Homer L. | FERGUSON, Richard G. |
| 2 | E-18946<br>LABETA, JOHN R. | Labeta, John & Lillian |
| 3 | JONES, Jesse | Estalita Jones |
| 4 | JONES, Dorothy | Estalita Jones |
| 5 | | |
| 6 | PETERSON, Rayburn T. | Est. of |
| 7 | | JOHN JACKSON |
| 8 | JACKSON, DELORES MAE | JOHN JACKSON |
| 9 | JEMMOTT, LORETTA | Jemmott, Theodore |
| 10 | | Kiah, Myron |
| 11 | KIAH, JOSEPHINE M. | KIAH, MYRON |
| 12 | Cassard, Evelyn Mae<br>CASSARD, Marcel M. | CASSARD, Evelyn M. |

TAYLOR SY

E-18946

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| LILLIAN | - | LABETA | 03/17/1918 | 02/11/2005 | F |

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
John M. Labeta - Son
1203 Missouri Street
San Diego, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Conrad Lemon Grove Mortuary
7387 Broadway - Lemon Grove, CA 91945-1533

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD941

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Kim Beaulieu

8B. DATE SIGNED: 02/15/2005

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: Kim Beaulieu 02/15/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2502863 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES
VITAL RECORDS P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mount Hope Cemetery<br>3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-16-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

E-18946

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| LILLIAN | - | LABETA | 03/17/1918 | 02/11/2005 | F |

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: John M. Labeta - Son, 1203 Missouri Street, San Diego, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Conrad Lemon Grove Mortuary, 7387 Broadway - Lemon Grove, CA 91945-1533

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD941

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Kim Beaulieu

8B. DATE SIGNED: 02/15/2005

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: Kim Beaulieu 02/15/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2502863 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES, VITAL RECORDS P.O. BOX 85222, SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mount Hope Cemetery, 3751 Market Street, San Diego, CA 92102 | 11B. DATE BURIED: 2-16-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ David Flores | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

Ash Vault in the grave with Lyman, Ellsworth

City of San Diego

Date 2-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ells worth, Clara J (A) 228559

in a Ash Vault (Type of Burial Container) Funeral, date, time Feb 22nd 2:00 p.m. Tues

Church, Chapel, Graveside _____ : Aztlan (619) 337-8100 Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1864 Grave _____

| | |
|---|---|
| Grave space & Care Fund C-0018 | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 154.00 |
| Burial Container Ash vault | 81.00 |
| Handling Fees | 88.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes Tax on vault | 6.28 |
| Total Due | 395.28 |
| Paid receipt number R58533 | 395.28 |
| Balance due | 0 |

PAID
FEB 14 2005
MOUNT HOPE CEMETERY

mortuary To pd per John 2-16-05

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

228560

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

X _____ Signature

X LYMAN J. ELLSWORTH Print Name

X 9457 DOHENY ROAD Address

X SANTEE 92071 City Zip Code

X 619 448-6602 Telephone

Invoice # _____

Work Order # E 18947

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18947

# GRAVE BLIND CHECK FORM

Deceased Name ELLSWORTH, Clara J ⊗
Last

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Willie mae Cook | Sam Clarence | | |
| | | Jew Len | 1864 X | Hom Shee Kun | | |
| | | | Tom Bing Koon | | | |
| | | | | | | |

Today's Date 2-18-05

Interment Date: Tues Feb 22nd Time: 2:00 P.m

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1864 Gr: 1

Flag placed by: Sandra

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: [illegible]

Agrees with Map: Initials ____ Verified DN

Agrees with Legal Card: Initials ____ Verified DN

E-18947

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Clara | Jeanette | Ellsworth | 03/18/1915 | 02/13/2005 | F |

5A. CITY OF DEATH: Santee

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Lymon Joseph Ellsworth, Son, 9457 Doheny Rd., Santee, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Funeraria Aztlan Mortuary, 7856 La Mesa Bl., La Mesa, CA 91941

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: Fd-1658

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 02/18/2005

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: J.L. GAJON JR. 2/20/05

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ NANCY L. BOWEN M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: P.O. Box 85222, San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: ---

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mount Hope Cemetery, 3751 Market St., San Diego, CA 92102 | 11B. DATE BURIED: 2-22-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [signature] |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: Southern California Crematory, 601 Crane St., Lake Elsinore, CA 92530 | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶ [signature] |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶ |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

AT-Need
Res
Baby/5 months

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barraza, Alexis 228546

in a Liner D (Type of Burial Container) Funeral, date, time ~~[illegible]~~ Friday Feb 18th 11:30

Church, Chapel, Graveside _____ ; Aztlan 337-8100 Mortuary.

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1841 Grave _____

| | |
|---|---|
| Grave space & Care Fund | $ 110.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 138.00 |
| Burial Container Liner (12L x 12h x 14w) | 77.00 |
| Handling Fees | 28.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 5.97 |
| Total Due | $ 408.97 |
| Paid receipt number R-58512 | 408.97 |
| Balance due | Ø |

PAID
FEB 14 2005
MOUNT HOPE CEMETERY

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

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

X Carlos M Barraza M.
Signature

Carlos M Barraza M
Print Name
3580 Madison AVE
Address
San Diego CA 92116
City Zip Code
619 723 15 38
Telephone

Invoice # _____

Work Order # E 18948

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

per Luis at Aztlan 2-14-05 9:15
Baby's casket is ~~30 in long~~, 12 in. high, 14 in wide
No handles 32 in long 14-

MT HOPE CEMETERY E-18948

# GRAVE BLIND CHECK FORM

Deceased Name Barraza Alexis

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Timothy Mann 1840 | 1841 X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 2-14-05

Interment Date: Friday Feb 18, 05 Time: 11:30

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1841 Gr: ____

Flag placed by: ____

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: David Moriga

Agrees with Map: Initials ____ Verified DN

Agrees with Legal Card: Initials ____ Verified DN

E-18948

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Alexis | - | Torres Barraza | 09/01/2004 | 02/15/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Carlos Barraza, Father<br>3580 Madison Ave.,<br>San Diego, CA 92116 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Funeraria Aztlan Mortuary,<br>7856 La Mesa Bl., La Mesa, CA 91941 | Fd-1658 | ▶ for [illegible] | 02/17/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | J.L.GAJON JR.<br>02/17/2005 | ▶2503060 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

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

COPY 2 IS RETAINED BY 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-18948

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Alexis | - | Torres Barraza | 09/01/2004 | 02/15/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Carlos Barraza, Father<br>3580 Madison Ave.,<br>San Diego, CA 92116 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Funeraria Aztlan Mortuary,<br>7856 La Mesa Bl., La Mesa, CA 91941 | Fd-1658 | ▶ [illegible] | 02/17/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | J.L.GAJON JR.<br>02/17/2005 | ▶ 2503060 |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

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

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

Rec
TS Vault

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sylvester Clark 228541

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs. Feb. 17 11:00

Church, Chapel, Graveside _____ ; Rafsdale 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 _____ Blk/Row _____ Lot 69 Grave 5

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 209.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |
| Paid receipt number R-58529 | 1948.31 |
| Balance due | Ø |

PAID
FEB 16 2005
MOUNT HOPE CEMETERY

Mortuary 2-pay

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

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Paulette

Work Order # E 18949

Invoice # _____

Acct. # _____

REA-104 (3-04)

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

* Printed on recycled paper

02/14/2005 10:49 SD MT. HOPE CEMENTERY → RAGSDALE

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

E-18949

At Need

Date 2-14-05

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

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs. Feb. 17 11:00

Church / Chapel, Graveside _____ Ragsdale Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 69 Grave 5

| | |
|---|---|
| Grave Space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 209.00 |
| Flower vases – Marker setting fee | — |
| Recording /Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |

MORTUARY 21-PAY

Paid receipt number _____

Balance due _____

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

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

X Donna Carter
Print Name

X Donna L. Carter 2-15-05
Date

125 Playa Del Rey
Oceanside, CA 92054
(760) 757-1248

MT HOPE CEMETERY E-18949

# GRAVE BLIND CHECK FORM

Deceased Name Sylvester Clark

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Buono Jr. | | | |
| | Green | | | | | |
| | | | X | | | |
| | | Huff | | | | |
| | | | | | | |

Today's Date 2-14-05

Interment Date: 2-17-05 Time: 11:00 church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 69 Gr: 5

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: David Neringer

Agrees with Map: Initials ____ Verified DN

Agrees with Legal Card: Initials ____ Verified DN

Flag

E-18949

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Sylvester | - | Clark | 08/05/1936 | 02/11/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Donna Carter, Daughter<br>125 Playa Del Rey<br>Oceanside, CA 92054 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd.<br>San Diego, CA 92102 | FD-1329 | ▶ [signature] | 02/14/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/15/2005<br>V. Davis | 2502914 ▶ |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. HOpe Cemetery; 3751 Market Street<br>San Diego,.CA 92102 | 11B. DATE BURIED<br>2-17-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

~~At need~~ pre-need trust.

Date 2-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carrie Mae Moss &

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

Church, Chapel, Graveside ; Ragsdale Mortuary. moe.

All Funeral 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 Blk/Row Lot 79 Grave 10

| | |
|---|---|
| Grave space & Care Fund | — |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.— |
| Burial Container | 81.— |
| Handling Fees | 88.— |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 66.— |
| Sales taxes | 6.28 |
| Total Due | 395.28 |
| Paid receipt number R-58545 | 395.28 |
| Balance due | 0 |

PAID FEB 23 2005 MOUNT HOPE CEMETERY

MORT. 2 Pay

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

See attached signature

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

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

Invoice #

Work Order # E 18950

Acct. #

REA-104 (3-04) This information is availa

Printed on recycled paper

E-18950 3/2 Pending Per moe. family has not paid Ragsdale yet. 3/9 moe is still waiting on $

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-14-05

At Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carrie Mae Moss

Only

Funeral, date, time Memorial Services, Sat, 02/19/2005 @ 2:30P

in a Cash vault (Type of Burial Container) ; Ragsdale 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.

Division 12 Section 3 Blk/Row Lot 79 Grave 10

| | |
|---|---|
| Grave space & Care Fund | |
| Overtime/Late Arrival Fees | 154.- |
| Opening/Closing & Setup | 81.- |
| Burial Container | 88.- |
| Handling Fees | |
| Flower vases – Marker setting fee | 66.- |
| Recording/Filing/Transfer Fees | 6.28 |
| Sales taxes | |
| Total Due | 395.28 |

Paid receipt number

Balance due

PART. 2 Pay

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

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

Signature

Charlotte

Print Name CHARLES MOSS

Address 500 Rancheres Drive #82

City San Marcos, CA 92069 Zip Code

Telephone (760) 744-3980

Invoice #

Acct. #

Work Order # E 18950

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Deed
12 CHAIRS

Date 2-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cleveland Valentino Hart 228548

in pc. ~~Liner~~ Type of Burial Container Funeral, date, time Feb 18th Fri. 10:00

Church, Chapel, Graveside Anderson/Rasche Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 80 Grave 2

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| * Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| * Burial Container Liner | 209.00 |
| Handling Fees | 162.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total | 1833.20 |
| Paid receipt number R-58528 | 1833.20 |
| Balance due | Ø |

PAID
FEB 16 2005
MOUNT HOPE CEMETERY

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

Mortuary to pay

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

x Bennie R. Hart
Signature

Sandra/Rachette

228547

x BENNIE R. HART
Print Name

x 266 DOLO ST.
Address

x SAN DIEGO, CA 92114
City Zip Code

x Bennie R. Hart
Telephone

Invoice # _____

Work Order # E 18951

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

MT HOPE CEMETERY E-18951

# GRAVE BLIND CHECK FORM

Deceased Name Cleveland V. Hart

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Edwards | Acosta | | Stephen |
| | | | X | | Price | |
| | | | | Brinker | Brinker | |
| | | | | | | |

Today's Date 2-16-05

Interment Date: 2-18-05 Time: _____

Div: 11 Sect: 1 Blk/Row: ____ Lot: 86 Gr: 2

Flag placed by: _____

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: David Lovingo

Agrees with Map: Initials _____ Verified DN

Agrees with Legal Card: Initials _____ Verified DN

AT-Need
Res/per mo

FRI 11:45 AM

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E 18951

DATE / TIME RECEIVED CALL: 2-15-04

CALL TAKEN BY: Sandra

RECEIVED CALL FROM: per mol

☒ MORTUARY NAME: Anderson / Ragsdale
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON:
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED:

LAST NAME: Cleveland Valentino Hart
FIRST NAME: INITIAL:
D.O.D. D.O.B.
VETERAN: ☒ yes BRANCH OF SERVICE: Marine
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

FUNERAL SERVICE:
TYPE OF SERVICE: ☐ CHURCH ☒ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE: Sgt Anderson
DATE OF SERVICE: Fri 2/18 TIME OF SERVICE:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

CEMETERY PROPERTY: ☒ A/N ☐ P/N ☐ P/N Trust

DIV: SECT: BLK/ROW: LOT: GR:
☒ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:
TYPE OF SERVICE: ☒ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: Mortuary 2 pay.

Div 11-1 is the main Veteran
also the first two rows

Linir

1833.20

E 18951

LEGEND. Insert N/A in the items below which are not applicable

**PERSONAL DATA**

1. LAST NAME - FIRST NAME - MIDDLE NAME: HART, Cleveland Valentino
2. SERVICE NUMBER: 1891752
3a. GRADE, RATE OR RANK: Cpl (E-4)
b. DATE OF RANK (Day, Month, Year): 10ct61
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: USMC
5. PLACE OF BIRTH (City and State or Country): Edgecombe, County, North Carolina
6. DATE OF BIRTH: DAY 31 MONTH Dec YEAR 39
7a. RACE: Negroid
b. SEX: Male
c. COLOR HAIR: Black
d. COLOR EYES: Brown
e. HEIGHT: 170
f. WEIGHT: 69#
8. U.S. CITIZEN: [X] YES [ ] NO
9. MARITAL STATUS: Single
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: High School - 4
b. MAJOR COURSE OR FIELD: Commercial

**TRANSFER OR DISCHARGE DATA**

11a. TYPE OF TRANSFER OR DISCHARGE: Released from active duty
b. STATION OF INSTALLATION AT WHICH EFFECTED: MCRDep San Diego, California 92140
c. REASON AND AUTHORITY: #205-Termination of active duty. Marine Corps Order 1900.2D
d. EFFECTIVE DATE: DAY 10 MONTH Dec YEAR 63
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: ServCo H&SBn MCRDep San Diego, California
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: DD Form 217-MC

**SEL. SERV. DATA**

14. SELECTIVE SERVICE NUMBER: Not Applicable
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: Not Applicable
16. DATE INDUCTED: DAY MONTH YEAR Not Applicable
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: Not Applicable

**SERVICE DATA**

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY MONTH YEAR Not Applicable
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: [X] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER:
b. TERM OF SERVICE (Years): 4
c. DATE OF ENTRY: DAY 29 MONTH Dec YEAR 59
20. PRIOR REGULAR ENLISTMENTS: None
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: Private (E-1)
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Baltimore, Maryland
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): 2914 11th Street NW Washington, D. C.
25a. SPECIALTY NUMBER AND TITLE: 3041- Supply Admin Clerk
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: Procurement Clerk 1-19.11

| 24. STATEMENT OF SERVICE | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 03 | 11 | 12 |
| | (2) OTHER SERVICE | 00 | 00 | 00 |
| | (3) TOTAL (Line (1) + line (2)) | 03 | 11 | 12 |
| b. TOTAL ACTIVE SERVICE | | 03 | 11 | 12 |
| c. FOREIGN AND/OR SEA SERVICE | | 01 | 01 | 24 |

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Good Conduct Medal (First Award)
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): None
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

| SCHOOL OR COURSE a | DATES (From - To) b | MAJOR COURSES c |
|---|---|---|
| None | N/A | N/A |

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: None

**VA DATA**

30a. GOVERNMENT LIFE INSURANCE IN FORCE: [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: N/A
c. MONTH ALLOTMENT DISCONTINUED: N/A
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type): None
b. VA CLAIM NUMBER: C-N/A

**AUTHENTICATION**

32. REMARKS
Recommended for reenlistment
No time lost current active duty
Good conduct medal period commences - 29Dec62
Lump-sum leave settlement paid for (39) days
No periods in an excess leave status
Social Security No. 241-64-2634

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): Rt #2 Box 348 Rocky Mount, Edge, North Carolina
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: [signature]
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: G. L. SALINGER 1stLt USMCR ExecO
b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: [signature]

FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 53 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

INDIV-1

E-18951

DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3280 RUSSELL ROAD
QUANTICO, VIRGINIA 22134-5103

IN REPLY REFER TO:
1821
MMSR-5
17 Apr 01

From: Commandant of the Marine Corps
To: Chief Warrant Officer 4 Cleveland V. Hart 241 64 2634 USMCR (Ret.), 266 Dolo Street, San Diego, CA 92114

Subj: TRANSFER TO THE RETIRED LIST WITH PAY

Ref: (a) Title 10, U.S.C, Section 12731

Encl: (1) Certificate of Retirement
(2) RAPIDS Sites
(3) Data for Payment of Retired Personnel
(4) College Statement
(5) Reserve Retirement Benefits
(6) Retirement Pin

1. The Secretary of the Navy approved your request for retired pay, per the reference. Your retired pay will start on 1 February 2001. Enclosure (1) reflects your change of status in the Marine Corps Reserve.

2. Our records reflect:

a. Your 60th birthday was 31 December 1999.

b. Your grade for retired pay is chief warrant officer 4.

c. On transfer to the Retired Reserve you:

(1) Will have 3,509 points credited for computing your retired pay.

(2) Will have completed 28 years, 6 months, 20 days of qualifying federal service.

d. When you become eligible for retired pay, you will have completed 31 years, 6 months, 19 days of accumulative service.

e. On 20 February 1996, you elected Option C under the Reserve Component Survivor Benefit Plan (RCSBP).

3. To establish your pay account, you must complete the Data for Payment of Retired Personnel (DD Form 2656) contained at enclosure (3). Promptly fill out and **forward** this form to: DFAS-Cleveland Center, P.O. Box 99191, (FRAA) Cleveland, OH 44199-1126. Ensure you retain a copy for your records.

E-18951

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Cleveland | Valentino | Hart | 12/31/1939 | 02/13/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| National City | San Diego | Bennie Hart, Wife<br>266 Dolo Street<br>San Diego, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ Blan Campbell | 02/16/2005 |

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

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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

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

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/17/2005<br>B. Campbell | 2500024 ▶ |

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONOR'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-18-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Daniel Flores | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

pre-need with payments

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF RYAPUSOV

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 71 Grave 34849

| | | |
|---|---|---|
| Grave space & Care Fund | 3 @ $985.00 | $2,955.00 |
| Overtime/Late Arrival Fees | | |
| Opening/Closing & Setup | 3 @ $413.00 | 1,239.00 |
| Burial Container Liner | 3 @ 209.00 | 627.00 |
| Handling Fees | 3 @ 160.00 | 480.00 |
| Flower vases – Marker setting fee | | |
| Recording/Filing/Transfer Fees | 3 @ $50.00 | 150.00 |
| Sales taxes | 3 @ $16.20 | 48.60 |
| | Total Due | $5,499.60 |
| | Paid receipt number m/c | $1,374.90 |
| | Balance due | $4,124.70 |

PAID

pd in full for lots/trust by MC DEC 15 2006 AP027423

Deed MOUNT HOPE

Un

all

3 given to Natasha

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

pin # 525

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

X _____ Signature

X NATASHA Ryapusov Print Name

X 8894 Highwood DR #A Address

X SD CA 92119 City Zip Code

X (619) 466-3860 Telephone

Sandra

Invoice # _____

Work Order # E 18952

Acct. # _____

REA-104 (3-04)

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

Printed on recycled paper

Pin # 525 Two year contract
contract Expires Feb 2007
Due 14th each month

83 [illegible] to 800, 254 [illegible] to 591.01 to 2092 Due 14th

monthly 172.00
Final 168.70

RYAPUSOV, NATASHA 8894 Highwood Dr. #A SD CA. 92119 Phone 619 466-3860 E-1895 (729 2398)

DIV 12 SEC 2 BLK/ROW LOT 71 GR 3&8&9

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 14-05 | Opened Pre-Need Lot & Trust for 3 grave sites (Down 1374.90) | 5,499.60 | 1,374.90 | 4,124.70 |
| | with 25% down paid downpayment with M/C R-58632 Mar 05 | | 172.00 | 3952.70 |
| | Trust to include 3 O/C, 3 B/C, 3 H/F, 3 R/F R-58775 April may | | 344.- | 3608.70 |
| 6/7/05 | 3 Sales Tax. (3 liners) TOTAL $5,499.60 R-58922 June, July | | 344.- | 3264.70 |
| 8-17-05 | R-59089 2 Coupons 6+7 Aug, Sept 05 | | 344.- | 2920.70 |
| 10-12-05 | R 59298 3 Coupons 8, 9, 10 Oct, Nov, Dec 05 | | 516.- | 2404.70 |
| 1-5-06 | P 00039 2 Coupons 11+12 Jan 06 Feb 06 | | 344.- | 2060.70 |
| 4-10-06 | mailed last dating letter | | | |
| 4-24-06 | P-00247 3 Coupons 13, 14, 15 Mar, Apr, May 06 | | 516.- | 1544.70 |
| 5/11/06 | P-00284 2 Coupons 16, 17 June, July 06 | | 344.- | 1200.70 |
| 8-24-06 | P-00458 1 Coupon Aug 06 18 | | 200.- | 1000.70 |
| 9-26-06 | P-00502 1 " Sept 06 19 coupon | | 200.- | 800.70 |
| 11/07/06 | P-00569 #20 Oct 2006 | | 220.- | 580.70 |
| 12-[illegible]-06 | P-00610 #21, 22, 23 Nov, Dec | | 408.70 | 172.00 |
| 12/15/06 | MC Payment AP 021423 Paid in Full | | 172.00 | 0 |

DEC 15 2006

E-18952

20.0

0.00

200.00 +
172.00 -
28.00

+28
56

2 payment not equal to the monthly of 172-

220.00 +
172.00 -
48.00

0.0

408.70 +
172.00 -
172.00 -
64.70 +

2 payment

0.0

1,374.60

28.00 +
28.00 +
40.00 +
64.70 +
168.70 +

0.0

168.70 +
172.00 -
3.30-

0.0

E-18952

0.0

172.00 +
172.00 +
172.00 +
0.0

0.00

200.00 +
200.00 +
220.00 +
408.70 +
1,028.70

1,028.70 +
172.00 -
172.00 -
172.00 -
172.00 -
172.00 -
172.00 -
3.30

E 18952 0.0

0.00 +

1,374.50 +
172.00 +
344.00 +
344.00 +
344.00 +
516.00 +
344.00 +
516.00 +
344.00 +
200.00 +
200.00 +
220.00 +
4,978.50 +

0.0

5,499.50 +
4,918.50 −
580.70

0.0

580.70 +
408.70 −
172.00

0.0

OFFICIAL RECEIPT

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

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

P 00610

Date: December 6, 20 06

From: Natasha Ryapusov Address: On record

Four Hundred, Eight and 70 Dollars ($ 408.70)

in part Payment of Pre-need lot, trust. Coupons ~~21, 22, 23, 24~~

Div 12 Sec 2 Blk/Row Lot 71 Grave 3, 8, 9

Invoice No. E 18952

Acct. No.

W.O.

BALANCE DUE $172.00

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1284

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

PAID

DEC 0 6 2006

MOUNT

ISSUED BY Paulette

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| Pre-Need | 63033 | 408. | 70 |
| Trust | 77186 | | |
| TOTAL PAID | | $ 408. | 70 |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00569

Date: 11/7, 20 06

From: Natusha Ryapusov Address: on record

Two Hundred Twenty and 00 Dollars ($ 220 - )

in part Payment of Pre-need Lot / Trust.

Div 12 Sec 2 Blk/Row Lot 71 Grave 3, 8, 9

Invoice No. E-189952

Acct. No.

W.O.

BALANCE DUE $ 580.70

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 12978

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

NOV - 7 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 220 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 220 — |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P00502

Date: 9/26, 2006

From: Natasha Ryapusov Address: on record

Two Hundred Dollars ($ 200 — )

in part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 71 Grave 3,8,9

Invoice No. E 18952

Acct. No.

W.O.

BALANCE DUE $ 800.70

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 9/20

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

PAID

SEP 28 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 200 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 200 — |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00458

Date: 8/24, 20 06

From: Natasha Ryapusov Address: on record

Two Hundred Dollars ($ 200 —)

in part Payment of Pre-need lot + trust

Div 12 Sec 2 Blk/Row Lot 71 Grave 3+8+9

Invoice No. E- 18952

Acct. No.

W.O.

BALANCE DUE Ø

☑ Pre-Need Lot

☑ Pre-Need Trust

☐ Money Order

☐ Charge 1095

☒ Check

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

PAID

AUG 24 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 200 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 200 — |

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00284

Date: 5/11, 2006

From: Natusha Ryapuzov Address: On record

Three hundred forty-four ( ) Dollars ($ 344.—)

in part Payment of Pre-need lot / Trust, coupons 16 & 17.

Div 12 Sec 2 Bk/Row Lot 71 Grave 3, 8, 9

Invoice No. E-18952

Acct. No.

W.O.

BALANCE DUE $ 1,200.70

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

PAID

MAY 10 2006

MOUNT HOPE CEMETERY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 344.— |
| Trust | 77186 | |
| TOTAL PAID | | $ 344.— |

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2549 ISSUED BY Paulette C.

AC-212 (11-05)

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

OFFICIAL RECEIPT

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

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

P 00039

Date: 1-5, 2006

From: Natasha Rysgusor Address: on record

Three Hundred Forty-four Dollars ($ 344.—)

in part Payment of Pre-need lot & trust

Div 12 Sec 2 Blk/Row Lot 71 Grave 3, 8, 9

Invoice No. E-18452

Acct. No.

W.O.

BALANCE DUE $2060.40

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

PAID

JAN - 5 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 344.— |
| Trust | 77186 | |
| TOTAL PAID | | $ 344.— |

☑ Pre-Need Lot
☑ Pre-Need Trust

☐ Money Order
☐ Charge
☑ Check

2449

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

OFFICIAL RECEIPT

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

CITY OF SAN DI[redacted]LIFORNIA

59298

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

Date: OCTOBER, 20 05

From: Natasha Ryzapuson Address: on record

Five Hundred ~~One Hundred~~ Seventy ~~two~~ Dollars ($ ~~172~~ 516 —
Sixteen in part Payment of pre-need lot / trust, Coupons 8, 9, 10

Div 12 Sec 2 Blk/Row Lot 71 Grave 3, 8, 9

Invoice No. E-18952

Acct. No.

W.O.

BALANCE DUE $ 2404.70

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2356

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

PAID

OCT 12 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | 451.10 |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | 139.90 |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 516.— |

AC-212 (Rev. 4-04)

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59089

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

Date: 8/17, 20 05

From: Natasha Rasmussen Address: on record

Three Hundred Forty-Four Dollars ($ 344.00 )

*in part Payment of Pre-need lot & Trust

Div 12 Sec 2 Blk/Row Lot 71 Grave 3,8,9

*Invoice No. E-18952

Acct. No.

W.O.

BALANCE DUE $2920.70

Pre-Need Lot ✗ At Need ☐ On Acct ☐

Pre-need Trust ✗ Cash ☐ Check ✗ 2317

AC-212 (Rev. 4-04)

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

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

PAID

AUG 17 2005

MOUNT HOPE CEMETERY

ISSUED BY Deborah Ford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 344 — |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 344 — |

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58922

Date: 6/7 , 20 05

From: Natasha Ryzpusov Address: On record

Three Hundred Forty-Four Dollars ($ 344.00 )

in part Payment of Pre-need Lot + Trust for 3 grave sites

Div 12 Sec 2 Blk/Row Lot 71 Grave 3, 8, 9

Invoice No. E-189520

Acct. No.

W.O.

BALANCE DUE $ 3264.70

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2251

AC-212 (Rev. 4-04)

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

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

**PAID**

JUN - 7 2005

MOUNT HOPE CEMETERY

ISSUED BY Prayford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 344.— |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 344.— |

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58775

Date: 4/25, 20 05

From: Natasha Ryapusov Address: on record

three hundred forty-four Dollars ($ 344.00)

in Part Payment of Pre-need lot & trust.

Div 12 Sec 2 Blk/Row Lot 71 Grave 3,8,9

Invoice No. E-18952

Acct. No.

W.O.

BALANCE DUE $3608.70

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2206

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

**PAID**

APR 25 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 344.— |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 344.— |

AC-212 (Rev. 4-04)

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

58632

Date: 3/15, 20 05

From: Natasha Ryapusov Address: on record.

One Hundred Seventy-two Dollars ($ 172.— )

in Part Payment of Pre need lot/trust

Div 12 Sec 2 Blk/Row Lot 71 Grave 3,8,9

Invoice No. E-18952

Acct. No.

W.O.

BALANCE DUE $ 3,952.70

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2171

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

**PAID**

MAR 15 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 172.00 |

AC-212 (Rev. 4-04)

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

E-18952

# THE CITY OF SAN DIEGO

## MOUNT HOPE CEMETERY
## CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-18952 DATE: 12/15/2006

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Natasha Ryapusov and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $985.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 71 GRAVE(s): 9
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 15th day of December, 2006.

Signature / Date

Cemetery Manager

DIVERSITY

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

E-18952

# THE CITY OF SAN DIEGO

## MOUNT HOPE CEMETERY
## CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-18952 DATE: 12/15/2006

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Natasha Ryapusov and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $985.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 71 GRAVE(s): 8
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 15th day of December, 2006.

Signature / Date

Cemetery Manager

DIVERSITY BRINGS US ALL TOGETHER

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

E-18952

# THE CITY OF SAN DIEGO

## MOUNT HOPE CEMETERY
## CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-18952 DATE: 12/15/2006

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Natasha Ryapusov and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $985.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 71 GRAVE(s): 3
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 15th day of December, 2006.

Signature / Date

Cemetery Manager

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

DIVERSITY

Pre-AT-need lot

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lloyd Gentle - pin 228538

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 81 Grave 7

| | |
|---|---|
| Grave space & Care Fund | 1310 — |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |

Delinquent Refer to collections on 12-15-05

Pin # 228527

Total Due 1310 —

Paid receipt number M/C 328 —

Balance due 982 —

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Lloyd Gentle

PAM

+ Lloyd Gentle (Print Name)
+ 7171 View crest dr. (Address)
+ SD. 92114 (City, Zip Code)
+ (619) 469 1199 (Telephone)

Invoice # 437377 12-15-05

Acct. # 128252

Work Order # E 18953

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Name

E-18953

Address

PURCHASER

x Lloyd Gentle
Print Name

x Lloyd Gentle
Signature

x 7171 Viewcrest dr.
Street Address (Mail)

x SD Ca 92114
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Pam Hetzel

pin 228527

GENTLE, LLOYD 7171 View Crest Dr. SD CA 92114 Phone 619 469-1199 F-18953

DIV 12 SEC 2 Blk/Row Lot 81 GR 7

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 02-15-05 | Opened Pre-Need Lot with 25% down, pd with M/C | 1,310.00 | 328.00 | 982.00 |
| 7-28-05 | mailed Delinquent Notice | | | |
| 8-[illegible]-05 | mailed 2nd Certified delinquent notice | | | |

Never has made payment

12-15-05 (ARIS)

Account # 128252

Invoice 432377

Delinquent

Refer To Collections

U.S. Postal Service
# CERTIFIED MAIL RECEIPT
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001 0360 0000 9024 6835

## OFFICIAL USE

E-18953

| | |
|---|---|
| Postage | $ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ |

Postmark Here

*Sent To* Gentle Lloyd

*Street, Apt. No.; or PO Box No.* 7171 View Crest Dr.

*City, State, ZIP+4* San Diego, CA. 92114

PS Form 3800, January 2001 See Reverse for Instructions

E-18953

THE CITY OF SAN DIEGO

August 23, 2005

**CERTIFIED MAIL**
**RECEIPT NO. 7001 0630 0000 9024 6835**

Lloyd Gentle
7171 View Crest Drive
San Diego, CA 92114

Reference: E-18953

Dear Mr. Lloyd,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since the original down payment of 02/15/2005. Your contract specified that your first payment of $41.00 was due April 2, 2005, and every month thereafter. To bring your account to a current status, you need to pay **$246.00.** Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by **September 24, 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-18953, issued 02/15/2005. Cemetery location: Division 12, Section 2, Lot 81, Grave 7.

Sincerely,

David Lugo
Cemetery Manager

Attachments:

Interment Order
Contract Entry Verification

DIVERSITY

**Mt. Hope Cemetery**
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E-18953

THE CITY OF SAN DIEGO

July 28, 2005

Gentle Lloyd
7171 View Crest Dr.
San Diego, CA. 92114

Reference: Customer Contract

Dear Mr. Lloyd,

Subject: Pre-Need Cemetery Account

The current status of your Pre-Need payment account has not been received. Our records indicate your first payment was due on April 4, 2005.

Therefore leaving a balance of $982.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue, with monthly payments of $41.00.

Your original receipt contains the following contract information: Contract number E-18953, date issued February 15, 2005 cemetery location Division 12, Section 2, Block/Row , Lot 81, Grave 7 .

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400. This will be your last notification. If payments are not kept up on a monthly basis your account will be referred to collections.

Sincerely,

David Lugo
Cemetery Manager

DIVERSITY

**Mt. Hope Cemetery**
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

pur [illegible]

GENTLE, LLOYD 7171 View Crest Dr. SD CA 92114 Phone 619 469-1199 F-18953

DIV 12 SEC 2 Blk/Row Lot 81 GR 7

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 02-15-05 | Opened Pre-Need Lot with 25% down, pd with M/C | 1,310.00 | 328.00 | 982.00 |
| 7-28-05 | mailed Delinquent Notice | | | |
| 8-23-05 | mailed 2nd Certified delinquent Notice | | | |
| | Forwarded to [illegible] | | | |
| | [illegible] | | | |

| ACTION | OPTION | ACCOUNT | EDI CODE |
|---|---|---|---|
| A | 1 | 128252 | _ |

| CUSTOMER NAME | SHORT NAME |
|---|---|
| GENTLE LLOYD | GENTLE |

ADDRESS: 7171 VIEW CREST DR

| CITY | STATE | ZIP | COUNTRY |
|---|---|---|---|
| SAN DIEGO | CA | 92114 | |

| CUSTOMER CONTACT - NAME | PHONE | ORIG DEPT |
|---|---|---|
| SANDRA BROLLINI | 619 527 3400 | 072 |

| STATEMENTS | UPD BY | LAST UPDATED |
|---|---|---|
| N | SSB | 12/15/05 |

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.

E-18953

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: SSB ACCOUNT: 128252 INVOICE: 432377 INV DATE: 12 15 05

NAME: GENTLE LLOYD

1) 7171 VIEW CREST DR 2)

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY:

DEPT: 072 CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400

REFER NO: E-18953 DAYS DUE: 015 INV TYPE: GE TYPE CHG: NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: ACCRUAL CODE:

TIME PAYM CODE: STD DESC CODE: INVOICE TOTAL: 982.00

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| PRE-NEED LOT | 982.00 |
| DIVISION 12 SECTION 2 | |
| LOT 81 GRAVE 7 | |

TOTAL DUE 982.00

LATE CHARGE #1 - DAYS DUE: AMOUNT: AND/OR PCT CODE:

#2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E-18953

| ACTION | BY | ACCOUNT | INVOICE | INVOICE TOTAL |
|---|---|---|---|---|
| A | SSB | 128252 | 432377 | 982.00 |

| ACT | FUND | DEPT | ORG | ACCT | J/O | OPER | BN/EQ | FACILI | AMOUNT |
|---|---|---|---|---|---|---|---|---|---|
| | 63033 | | | 77186 | | | | | 982.00 |

ADD COMPLETE. HIT PA1 FOR A NEW REQUEST.

pre-need

E-18953

# AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 15th day of February, 2005 between Lloyd Gentle, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 81, Grave 7 14, Row ____, Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $1310 -, payable as follows:

Down payment ← $328 - cash herewith, the receipt of which is hereby acknowledged;
$328 - on the 15th day of February, 2005; and the balance
23 months $41.00 in installments of $41.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

last payment $39.00

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E-18953

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E-18953

WITNESS our hands this day and year above written.

Deed to be issued to:

Name

Address

2 @ 41.00
1 @ 39.00

PURCHASER

x Lloyd Gentle
Print Name

x Lloyd Gentle
Signature

x 7171 Viewcrest dr.
Street Address (Mail)

x SD Ca 92114
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Pam Hetzel

SLW:st(62-1)
1-23-90

At-Mb

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego 02-15-05A11:23 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Josephine Gentle - pin 228539

in a Liner (Type of Burial Container) Funeral, date, time Thurs 2/17 10:00

Church, Chapel, Graveside _____ ; Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 81 Grave 8

| | |
|---|---|
| Grave space & Care Fund | 1310 - |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 549 - |
| Burial Container | 278 - |
| Handling Fees | 213 - |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 166 - |
| Sales taxes | 21.54 |
| Total Due | 2437.54 |
| Paid receipt number MC | 2437.54 |
| Balance due | -0- |

PAID

FEB 15 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. NR

Signature: Lloyd Gentle

Pin 228537

Print Name: LLoyd Gentle

Address: 7171 Viewcrest Dr

City: San Diego, CA Zip Code: 92114

Telephone: 619-469-1199

Invoice # _____

Work Order # E 18954

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18954

# GRAVE BLIND CHECK FORM

Deceased Name Josephine Gentile

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| LAKAWA | | | X | Jefferson | | |
| | | | | | | |
| | | | | | | |

Today's Date 2/15/04

Interment Date: Thur 2/17 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 81 Gr: 8

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: David Flanigan

Agrees with Map: Initials ____ Verified DN

Agrees with Legal Card: Initials ____ Verified DN

E-18954

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Josephine | - | Gentle | 11/05/1941 | 01/31/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Little Rock | Arkansas | Lloyd Gentle, Husband<br>211 West 8th Street<br>North Little Rock, AR 72114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ Lilian Campbell | 02/15/20[illegible] |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | 11.00 | 02/15/2005 | 2502887<br>B. Campbell ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| - | Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-17-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ David Morigan | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need
Res
Liner

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irvine Smith-228561 in a Liner (Type of Burial Container) Funeral, date, time weds 23 Feb-, 2005 11:00 A Church, Chapel, Graveside ; CA Burial Mortuary.

Clausette Fine arrive 1:30 pm

All Funeral 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 248 Grave 7

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1,833.20 |
| Paid receipt number R-58532 | 1833.20 |
| Balance due | 0 |

PAID
FEB 17 2005
MOUNT HOPE CEMETERY

TO Be pd by mortuary

I hereby certify I am the x Dorothy Smith, wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Dorothy Smith

I hereby authorize the interment in lot I hold under deed.

Signature

Sandra

Dorothy Smith-228562
Print Name
5389 Bonita Drive
Address
San Diego CA 92114
City Zip Code
619 264-7204
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18955

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18955

# GRAVE BLIND CHECK FORM

Deceased Name Irvine Smith

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | X | | | Chamber |
| | | | | Barley | | |
| | | | | | | |

Today's Date ~~2-15-05~~ 2-22

Interment Date: Weds 23rd Feb Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 248 Gr: 7

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: [illegible]

Agrees with Map: Initials [illegible] Verified ____

Agrees with Legal Card: Initials [illegible] Verified ____

[illegible]

E-18955

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| IRVINE | BERNARD | SMITH | 02/23/1960 | 02/14/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | DOROTHY SMITH-WIFE<br>5389 BONITA DRIVE<br>SAN DIEGO CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA BURIAL CHAPEL<br>2200 HIGHLAND AVE. NATIONAL CITY CA 91950 | FD-1689 | ▶ [signature] | 02/16/2005 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 02/17/2005<br>V MITCHELL | ▶ 2503023 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED<br>2-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At need (RES)

Date 2-16-05

per Valerie Ragsdale arrival 2:45

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ivan A. WALLACE 228569

in a Liner (Type of Burial Container) Funeral, date, time Weds Feb 23 12:00

Church Chapel Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ MOC

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 250 Grave 10

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases - Marker setting fee (Iron Vase) | 50.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1,883.20 |
| Paid receipt number R-58531 | 1,883.20 |
| Balance due | 0 |

PAID

FEB 17 2005

MOUNT HOPE CEMETERY

Res. Fee

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228568

I hereby authorize the interment in lot I hold under deed.

Signature: Florencia C Fuller

Print Name: FLORENCIA C FULLER

Address: 5343 Rex ave

City: San Diego Ca Zip Code: 92105

Telephone: 619 287-6202

Paulette

Work Order # E 18956

Invoice #

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18956

# GRAVE BLIND CHECK FORM

Deceased Name Ivan A. WALLACE

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| Cattle | | Roses | X | | | |
| | | Moreno | | | | |
| | | | | | | |

Today's Date 2-22

Interment Date: Wed Feb 23 Time: 12:00 chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 260 Gr: 10

Flag placed by: Paulette

Grave Laid Out by: Norman Lee

Blind Check Verified by: [signature]

Agrees with Map: Initials [signature] Verified ____

Agrees with Legal Card: Initials [signature] Verified ____

Flag

E-18956

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Ivan | Agustus | Wallace | 12/02/1927 | 02/16/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Florencia Fuller, Daughter<br>5303 Rex Avenue<br>San Diego, CA 92105 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ Blair Campbell | 02/22/200[illegible] |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/23/2005<br>B. Campbell | 2503315 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-23-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At-Need
Non-Res
Liner

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Beatrice Holloway 228552

in a Liner. (Type of Burial Container) Funeral, date, time Friday Feb 18, 05 11:00

Church, Chapel, Graveside _____ ; Humpheys 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 72 Grave 3

| | |
|---|---|
| Grave space & Care Fund | 1,310.00 |
| Overtime/Late Arrival Fees | Ø |
| Opening/Closing & Setup | 549.00 |
| Burial Container Liner | 278.00 |
| Handling Fees | 213.00 |
| Flower vases – Marker setting fee | Ø |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 21.54 |
| Total Due | 2,437.54 |
| Paid receipt number R-58523 | 1,319.56 |
| Balance due | 1,117.98 |
| | $1,117.98 |

PAID FEB 16 2005 MOUNT HOPE CEMETERY

per chad 2-16-05 mortuary To pd Balance / pd 2-16-05 #R-58527

I hereby certify I am the Willie B. Holloway of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Balance Ø

I hereby authorize the interment in lot I hold under deed

Signature

Sandra

x Renita Wafer 228551 (Print Name)

x 1778 Sunny Crest Lane (Address)

x Bonita CA 91902 (City) Zip Code

x 392-3027 Telephone

Invoice # _____

Work Order # E 18957

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18957

# GRAVE BLIND CHECK FORM

Deceased Name Willie Beatrice Holloway
LAST

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | ~~Terry~~ | | | |
| | YOUNG ~~[illegible]~~ | HART | X | HAYWOOD | | |
| | | | TERRY ~~[illegible]~~ | | | |
| | | | | | | |

Today's Date 2-16-05

Interment Date: FRI Feb 18th 2005 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 72 Gr: 3

Flag placed by: ____

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: ____

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

E-18957

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| WILLIE | BEATRICE | HOLLOWAY | 08/25/1922 | 02/15/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| CHULA VISTA | SAN DIEGO | RENITA A. WAFER (GRAND DAUGHTER)<br>1778 SUNNY CREST LANE<br>BONITA, CA 91902 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| HUMPHREY CHULA VISTA MORTUARY<br>753 BROADWAY, CHULA VISTA, CA 91910 | FD 964 | | 02/17/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $13.00 | 02/17/2005<br>SANDRA PENA | 2503064 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| SAN DIEGO CO: P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-18-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Kum F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

NON-RES

TS Vault

At need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter Earl Jones PIN 228550

in a TS Vault (Type of Burial Container) Funeral, date, time Tues. Feb. 22 11:00

Church, Chapel, Graveside St. Stephens : Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row _____ Lot 85 Grave 2

| | |
|---|---|
| Grave space & Care Fund | 1,310.00 |
| Overtime/Late Arrival Fees | - |
| Opening/Closing & Setup | 549.00 |
| Burial Container | 366.00 |
| Handling Fees | 271.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 28.37 |
| Total Due | 2,590.37 |
| Paid receipt number R-58526 | |
| Balance due | 0 |

PAID TS Vault FEB 16 2005 MOUNT HOPE CEME

I hereby certify I am the x Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

PIN 228549

I hereby authorize the interment in lot I hold under deed.

x Yvonne J. Jones
Signature

Paulette

x Yvonne Jones
Print Name

x PO Box 2431
Address

x Alpine CA 91903
City Zip Code

x 619 445-1398 HM
Telephone

619-987-1398 CELL

Invoice # _____

Work Order # E 18958

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18958

# GRAVE BLIND CHECK FORM

Deceased Name Walter Earl Jones

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | Russell | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 2-~~16~~ 17-05

Interment Date: Tues ~~Feb~~ 22nd Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 85 Gr: 2

Flag placed by: Paulette Cr.

Grave Laid Out by: Paulette

Blind Check Verified by: ____

Agrees with Map: Initials ____ Verified ____

Agrees with Legal Card: Initials ____ Verified ____

Flag

E-18958

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Walter | Earl | Jones | 08/30/1945 | FD 02/14/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Lakeside | San Diego | Yvonne J. Jones, Wife<br>P.O. Box 2431<br>Alpine, CA 91903 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd.<br>San Diego, CA 92102 | FD-1329 | ▶ [signature] | 02/17/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/18/2005<br>V. Davis | 2503111 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-22-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLIC |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT Need

Date 2-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ronald Charles Perkins 428593

in a T.S. VAULT (Type of Burial Container) Funeral, date, time March 3 Thurs 2:00

Church, Chapel, Graveside : FEATHERGILL 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 103 Grave 5

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 319.00 |
| Handling Fees | 184.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |
| Paid receipt number R-58566 | 1948.31 |
| Balance due | 0 |

PAID

FEB 28 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

2285 88

I hereby authorize the interment in lot I hold under deed.

Signature: Margaret Perkins

Print Name: Margaret Perkins

Address: 4648 Kansas Street #9

City: San Diego CA Zip Code: 92116

Telephone: 619-282-1832

Paulette

Invoice # _____

Work Order # E 18959

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18959

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Roberts | Wigfall | | Becker | |
| | | | X | MANSON | | |
| | | | DAY | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3-1

Interment space for: Ronald Perkins

Interment Date: 3-3-05 Time: 2:00 G.S.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 103 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morris Date: 3-1-05

E-18959

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Ronald | Charles | Perkins | 01/17/1949 | 02/13/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Margaret Perkins (Mother)<br>4648 Kansas St.<br>San Diego, CA 92116 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Featheringill Mortuary: 6322 El Cajon Bl.<br>San Diego, CA 92115 | FD-1083 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ M. Dongs

8B. DATE SIGNED: 02/15/2005

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/17/2005 | 2503072<br>N. Dominguez ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery: 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-3-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 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

pre-need lot & trust

Date 2-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Margaret Perkins 228588

in a T.S. VAULT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row — Lot 103 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |
| Paid receipt number R-58566 | 1948.31 |
| Balance due | Ø |

PAID

FEB 28 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Margaret Perkins

Paulette

Work Order # E 18960

228588

Print Name Margaret Perkins

Address 4648 Kansas Street #9

City San Diego, CA Zip Code 92116

Telephone 619-282-1832

Invoice #

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

Attd

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

02-18-05P02:26 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose A. Perez

in a ~~DD~~ 1st linen Type of Burial Container Funeral, date, time Thurs. 2/24

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 119 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 1310 - |
| Overtime/Late Arrival Fee | |
| Opening/Closing & Setup | 549 - |
| Burial Container | 278 - ~~556~~ |
| Handling Fees | 213 ~~468~~ |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 16 - |
| Sales taxes | 21.54 ~~43.09~~ |
| Total Due | 2437.54 ~~2490.09~~ |
| Paid receipt number R 58536 | 1833.20 |
| Balance due | 604.34 |

VOID

I hereby certify I am the XBROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

(NR)

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: XAlberto Gonzalez

Address: X2131 Franklin Ave

City: San Diego Zip Code: 92113

Telephone: X733-2900 428-0860

Invoice # _____

Work Order # E 18961

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

A+ Rec'd

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

02 18 05 P01:13 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Kay Hunter 228571

In a linen (Type of Burial Container) Funeral, date, time Thurs 2/24 11:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 2 Blk/Row _____ Lot ~~48~~ 34 Grave ~~12~~ 1 10

Grave space & Care Fund ..... C0843 10 ..... ~~0~~

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... 413 –

Burial Container ..... 209 –

Handling Fees ..... 160 –

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... 50 –

Sales taxes ..... 16.20

Total Due ..... 848.20

Paid receipt number R-585444 848.00

Balance due –.20

PAID

FEB 23 2005

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary to pay

I hereby authorize the interment in lot(s) _____ hold under deed.

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

(see attach)

_____ Signature

Pam / Sandra

Invoice # _____

Work Order # E 18962

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

A+ Rec'd

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego 02 18 05 P01:13 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Kary Hunter in a linen Funeral, date, time Thurs 2/04 11:00

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 7 Section 2 Blk/Row _____ Lot ~~48~~ 34 Grave ~~10~~ 1

| | |
|---|---|
| Grave space & Care Fund C0843 | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413 |
| Burial Container | 209 |
| Handling Fees | 160 |
| Flower vases – Marker setting fee | |
| Record ng/Filing/Transfer Fees | 50 |
| Sales taxes | 16.20 |
| Total Due | 848.20 |
| Paid receipt number | |
| Balance due | |

I hereby certify I am the X _____ of the above named decedent and it is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary to pay

I hereby authorize the interment in lot hold under deed.

Signature Irene Healing by Hunter

Fern Sandra

X EARL MEALING
Print name

X 5215 CHURCHWARD STREET
Address

X SAN DIEGO, CA 92114
City Zip Code

X (6 19) 264-7959
Telephone

Invoice # _____

Work Order # E 18962

Acct. # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18962

# GRAVE BLIND CHECK FORM

Deceased Name Dorothy K. Hunter

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | | Garrett Arlington | | | |
| | | Blacquer | X | Rodriguez | mining |
| | | | | Jones | |
| | | | | | |

Today's Date 2-23-05

Interment Date: 2-24 Time: 11:00 G.S.

Div: 7 Sect: 2 Blk/Row: ____ Lot: 34 Gr: 1

Flag placed by: Paulette

Grave Laid Out by: [illegible]

Blind Check Verified by: [illegible]

Agrees with Map: Initials [illegible] Verified ____

Agrees with Legal Card: Initials [illegible] Verified ____

Flag

E-18962

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| DOROTHY | VELMA | HUNTER | 06/24/1916 | 02/17/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | PEARL MEALING, FRIEND<br>5215 CHURCHWARD ST.<br>SAN DIEGO, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT — Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD.<br>SAN DIEGO, CA 92102 | FD-1329 | ▶ | 02/22/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/23/2005<br>V. DAVIS | 2503387 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS, P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY; 3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>2-24-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 2-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katie Jones Pin 228591

In a Liner (Type of Burial Container) Funeral, date, time Thurs. Feb 24 Noon

Church/Chapel, Graveside _____ : Ragsdale Mortuary, Skipper

All Funeral 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 Blk/Row _____ Lot 70 Grave 11

| | |
|---|---|
| Grave space & Care Fund ..... E-11313 | 0 |
| Overtime/Late Arrival Fees ..... | — |
| Opening/Closing & Setup ..... | 413.00 |
| Burial Container ..... | 209.00 |
| Handling Fees ..... | 160.00 |
| Flower vases – Marker setting fee ..... | — |
| Recording/Filing/Transfer Fees ..... | 50.00 |
| Sales taxes ..... | 16.20 |
| Total Due ..... | 848.20 |
| Paid receipt number R-58546 | 848.20 |
| Balance due | 0 |

PAID

FEB 23 2005

MOUNT HOPE CEMETERY

Mult. 2 pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See Attached for signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18963

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Jeed

Date 2-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katie Jones Funeral, date, time Thurs. Feb 24 Noon in a Liner (Type of Burial Container) : Ragsdale 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.

Division 12 Section 3 Blk/Row _____ Lot 70 Grave 11

E-11313

| | |
|---|---|
| Grave space & Care Fund | 413.00 |
| Overtime/Late Arrival Fees | 209.00 |
| Opening/Closing & Setup | 160.00 |
| Burial Container | |
| Handling Fees | 60.00 |
| Flower vases – Marker setting fee | 163 |
| Recording/Filing/Transfer Fees | 848.2 |
| Sales taxes | |
| Total Due | |

Mt. Lt. 2 pay

Paid receipt number _____ Balance due _____

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

pin # 219376

I hereby authorize the interment in lot I hold under deed.

Signature Josephine M. Smith

Paulette

Print Name Josephine Smith

Address 230 S. Gregory Street

City San Diego, CA 92113

Telephone (619) 264-1645

Invoice # _____

Acct. # _____

Work Order # E 18963

[illegible] information is available in alternative formats upon req[illegible]

MT HOPE CEMETERY E-18963

# GRAVE BLIND CHECK FORM

Deceased Name Katie Jones

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Solomon | | | | |
| | Cuevas | Jones | X | | | |
| | | | Taylor | | | |
| | | | | | | |

Today's Date 2-22

Interment Date: Thurs 24th Time: NOON -Church

Div: 12 Sect: 3 Blk/Row: — Lot: 70 Gr: 11

Flag placed by: PCullen

Grave Laid Out by: Norman Fey

Blind Check Verified by: _____

Agrees with Map: Initials _____ Verified _____

Agrees with Legal Card: Initials _____ Verified _____

Flag

# ANDERSON-RAGSDALE MORTUARY

E-18963

CA LICENSE NO. FE-1329

**FACSIMILE TRANSMITTAL SHEET**

| | |
|---|---|
| TO: Cemetery Staff | FROM: H. W. "Skipper" Ragsdale, III, CFSP |
| COMPANY: Mt. Hope Cemetery | DATE: February 19, 2005 |
| FAX NUMBER: (619) 527-3403 | TOTAL NO. OF PAGES INCLUDING COVER: 1 |
| PHONE NUMBER: (619) 527-3400 | SENDER'S REFERENCE NUMBER: |
| RE: Schedule of Service for Katie Jones | YOUR REFERENCE NUMBER: |

X URGENT X FOR REVIEW ☐ PLEASE COMMENT X PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# For Mt. Hope Staff

I met with the family of Katie Jones on Friday afternoon. They have requested a funeral service on Thursday at Noon at Bethel Baptist Church. I called about her grave on Friday morning. The mortuary will bring the check for $848.20 (Liner).

Please forward the Interment Order for her grave: S3 D12 L70 G11

If there are any problems with this schedule or if anything else is needed please call us.

Thank you again for your assistance.

5050 FEDERAL BOULEVARD
SAN DIEGO, CALIFORNIA 92102
(619) 263-3141 FAX (619) 263-1507

E-18963

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Katie | Porter | Kones | 11/30/1907 | 02/17/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Josephine Smith, Daughter<br>230 S. Gregory Street<br>San Diego, CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ [signature] | 02/21/2005 |

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/23/2005<br>B. Campbell | B503411 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-24-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need
In Grave
with Robert
Yamauchi
(X) Ashes @ bottom of grave

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kurt Shigeru Yamauchi pin 228600 (X)

in a Ash vault (Type of Burial Container) Funeral, date, time ayo 2/28

Church, Chapel, Graveside _____ ; Community C/V 426-2006 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4306 Grave _____

| | |
|---|---|
| Grave space & Care Fund E-4340 | Ø |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116.00 |
| Burial Container Ash vault | 61.00 |
| Handling Fees | 66.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 4.73 |
| Total Due | $297.73 |
| Paid receipt number R-58537 | |
| Balance due | Ø |

PAID
FEB 22 2005
MOUNT HOPE C

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X SUMIKO YAMAUCHI
Print Name
X 606 DEL MAR AVE #2
Address
X CHULA VISTA, CA 91910
City Zip Code
X 619-420-0274
Telephone

Invoice # _____

Work Order # E 18964

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

05 09:32 SD MT. HOPE CEMENTERY → COMMUNITY E-18964

| | |
|---|---|
| Grave space & Care Fu[redacted] | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116.00 |
| Burial Container ASH | 61.00 |
| Handling Fees | 66.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 4.73 |
| Total Due | $297.73 |
| Paid receipt number R-58537 | |
| Balance due | 0 |

PAID

FEB 22 2005

MOUNT HOPE C-

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

SUMIKO YAMAUCHI
First Name

1606 DEL MAR AVE #2
Address

X CHULA VISTA CA 91910
City Zip Code

X 619-420-0274
Telephone

Invoice # _____

Work Order # E 18964

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

In grave with Robert Yamauchi

MT HOPE CEMETERY E-18964

# GRAVE BLIND CHECK FORM

Deceased Name Kurt Shigeru Yamauchi (X)

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Helen Ward | 4306 X | Booker Nash | | |
| | | | | Vella Lewis | | |
| | | | | | | |

Today's Date 2-22-05

Interment Date: 2/28 Time: AM

Div: 10 Sect: 1 Blk/Row: Lot: 4306 Gr:

Flag placed by: Sandra

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: CW Warren

Agrees with Map: Initials CW Verified

Agrees with Legal Card: Initials CW Verified

Flag

E-18964

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Kurt | Shigeru | Yamauchi | 10/08/1954 | 01/30/2005 | M |

| 5A. COUNTY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Chula Vista | San Diego | Sumiko Yamauchi - Mother<br>606 Del Mar Avenue #2<br>Chula Vista, CA 91910 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Community Mortuary<br>855 Broadway<br>Chula Vista, CA 91911 | FD1682 | ▶ | 02/01/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 02/04/2005 | 2502299<br>N. DePina ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| San Diego County<br>Dept. of Vital Records P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery<br>3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>Cremation Services Inc.<br>2570 Fortune Way<br>Vista, CA 92083 | 12B. DATE CREMATED<br>-1/1/05 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 2-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Galina Gladkoff 225602 10:00

in a Liner (Type of Burial Container) Funeral, date, time Sat. Feb 26 10:00

Church, Chapel, Graveside St. Nicolas ; Conrad Mortuary. Gary

All Funeral 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 Blk/Row 4 Lot — Grave 25

Grave space & Care Fund ..... C-5546 ← 1968 ..... 0

Overtime/Late Arrival Fees ..... ← SAT FEE VISA ..... 878.00

Opening/Closing & Setup ..... ← 549.00

Burial Container ..... 278.00

Handling Fees ..... 213.00

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... 66.00

Sales taxes ..... 21.54

Total Due ..... ~~$2,228.54~~ 878.00

Paid receipt number VISA 257.81 N 1,735.81 pd. 41,735.81 R-58553

Balance due 869.73 ~~869.73~~

PAID

FEB 24 2005

MOUNT HOPE CEMETERY

mort to pay Balance $869.73

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228595

I hereby authorize the interment in lot I hold under deed.

X Tania Boorjakin
Signature

X TANIA BOORIAKIN
Print Name

X 11840 E. Chama Rd.
Address

X Scottsdale, AZ 85255
City Zip Code

X 480-585-9560
Telephone

Invoice # _____

Work Order # E 18965

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E-18965 (Rev.)

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

DATE 3 - 8 1968

CHARGE Leonid Gladkoff

ADDRESS 4225 Arista St. S.D. 92103

NAME OF DECEASED Pre-need

OWNER Leonid and Galina Gladkoff

ADDRESS Same 297-1283

MORTUARY

| | | |
|---|---|---|
| LOT 25 26 GR ROW 4 SEC 3 DIV 2 | 200 | 00 |
| OPENING TIME DAY DATE | | |
| VAULT BOX SIZE | | |
| REMOVAL OR FOUNDATION VET | | |
| TOTAL $ | 200 | 00 |
| PAID RECEIPT NUMBER 15195 | | |
| BALANCE | — | |

PAID

MAR 8 1968

MT. HOPE CEMETERY
CITY of SAN DIEGO, CAL.

#3571

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY Rev. Leonid Gladkoff ORDER TAKEN BY K Gilbert

W.O. NO. C 5546 INVOICE NO. Cash

FORM PR-974 REV.

MT HOPE CEMETERY E-18965

# GRAVE BLIND CHECK FORM

Deceased Name Galina GladoFF

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Howard | | | |
| | | nee ValoFF | X | George Young | Lange | |
| | | | Nellie Rush | | | |
| | | | | | | |

Today's Date

Interment Date: SaT Feb 26th Time: 10:00 A.m

Div: 2 Sect: 3 Blk/Row: 4 Lot: Gr: 25

Flag placed by: Norman Ferg

Grave Laid Out by:

Blind Check Verified by: Kenneth Collins

Agrees with Map: Initials Verified KC

Agrees with Legal Card: Initials Verified KC

E-18965

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| GALINA | - | GLADKOFF | 07/10/1905 | 02/21/2005 | F |

5A. CITY OF DEATH: Scottsdale

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: Arizona

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Tania Booriakin - Daughter, 11840 E. Chama Road, Scottsdale, AZ 85255

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Conrad Lemon Grove Mortuary, 7387 Broadway - Lemon Grove, CA 91945-1533

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD941

8A. SIGNATURE OF APPLICANT—Person taking permit: Kim Beaulieu

8B. DATE SIGNED: 02/25/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: Kim Beaulieu 02/25/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2503527

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: -

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: Co. of San Diego Dept. of Health Services, Vital Records P.O. Box 85222, San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mount Hope Cemetery, 3751 Market Street, San Diego, CA 92102 | 11B. DATE BURIED: 2/26/05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: Kenneth Collins | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Non Res
At NEED
on grave of
Hazel Helen
Christensen

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANN CHRISTENSEN ~~X~~ Pin# 278621

in a ASH VAULT (Type of Burial Container) Funeral, date, time (AYD) 3-10-05

Church, Chapel, Graveside Delivery only FEATHERGILL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

| | |
|---|---|
| Division 8 Section 5 Blk/Row — Lot 622 Grave 622 | |
| Grave space & Care Fund E-7683 (1988) | Ø |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.00 |
| Burial Container | 81.00 |
| Handling Fees | 88.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 6.28 |
| Total Due | 395.28 |
| Paid receipt number Visa Card | 395.28 |
| Balance due | Ø |

PAID
FEB 22 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X (see attach) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X (see attach) SB
Signature

Paulette

X (see attach)
Print Name

912 SOUTH WEST MOSS ST
Address

PORTLAND OR 97219
City Zip Code

503 977 0152
Telephone

Invoice # _____

Work Order # E 18966

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

[redacted]

in a ASH VAULT Funeral, date [redacted]
Type of Burial Container

Church, Chapel, Graveside _____ GATHERCYLL Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 8 Section 5 Blk/Row — Lot 622 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.00 |
| Burial Container | 81.00 |
| Handling Fees | 88.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 6.28 |
| Total Due | 395.28 |
| Paid receipt number Visa Card | 395.28 |
| Balance due | 0 |

PAID
FEB 22 2005
MOUNT HOPE CEMETERY

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

pin# 228622

I hereby authorize the interment in lot I hold under deed.

x Suesan Klimowicz
Signature

Paulette

x Suesan Klimowicz
First Name

912 SOUTH WEST MOSS ST
Address

PORTLAND OR 97219
City Zip Code

503 977 0152
Telephone

Work Order # E 18966

Invoice # _____

Asst. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18966

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. *please look at Legal Description 16 Deep
* Double crypt is to the Space, under marker area

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | David Mills | | | |
| | Jon Christensen | Alan Christensen X | | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: Ann Christensen ⊗

Interment Date: _____ Time: _____

Div: 8 Sect: 5 Blk/Row: _____ Lot: 622 Gr: 1

Grave Laid out by: _____

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 3-10-05

E-18966

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Ann | Judith | Christensen | 01/16/1934 | 02/21/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Longview | WA | Suesan Klimowicz (Daughter)<br>912 SW Moss Street<br>Portland, OR 97219 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Weatheringill Mortuary: 6322 El Cajon Bl.<br>San Diego, CA 92115 | FD-1083 |

| 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|
| M. Dominguez | 03/09/2005 |

**ACKNOWLEDGEMENT OF APPLICANT** I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 03/09/2005 | 2504239<br>M. Dominguez |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| — | P.O. Box 85222<br>San Diego, CA 92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery: 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-10-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Harold L. Tomlin | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 13C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2/22/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERTO MENDEZ 228528

in a T. S. vault (Type of Burial Container) Funeral, date, time FRI. Feb 25 9:00

Church, Chapel, Graveside ; Guadalupana Mortuary, (619) 544-933 & Jose

All Funeral 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 102 Grave 10

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fe | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |
| Paid receipt number R58541 | (948.3) |
| Balance due | 0 |

PAID

FEB 2 2 2005

MOUNT HOPE CEMETERY

MORT. 2 pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Paulette

Work Order # E 18967

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2/22/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERTO MENDEZ Pin # 228588

in a T. S. vault (Type of Burial Container) Funeral, date, time Fri. Feb. 25 9:00

Church, Chapel, Graveside Guadalupana Mortuary Jose (619) 544-933

All Funeral 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 102 Grave 10

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.3 |
| Total Due | 1948.3 |

MORT. 2 pay

Paid receipt number _____ Balance due _____

I hereby certify I am the _____ of the above named decede and this is your authority to make disposition of remains as above indicated. I certify and represe that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless fro any liability on account of said authorization and interment. Pin # 228587

Maria Irma Mende

Print Name

I hereby authorize the interment in lot 1 hold under deed

2387 E. Bayer Blvd. Apt #

Address

San Ysidro CA 92

City

Signature (MOTHER)

Telephone

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18967

...formation is available in alternative formats upon re

MT HOPE CEMETERY E 18967

# GRAVE BLIND CHECK FORM

Deceased Name Roberto Mendez

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Terry | Miller | | | |
| | | | X | Daniel | Smith | |
| | | | | | | |
| | | | | | | |

Today's Date 2/22

Interment Date: 2-25 Time: 9:00 Mass

Div: 12 Sect: 2 Blk/Row: ____ Lot: 102 Gr: 10

Flag placed by: Paulette

Grave Laid Out by: Norman Fer

Blind Check Verified by: David Moriega

Agrees with Map: Initials ____ Verified DN

Agrees with Legal Card: Initials ____ Verified DN

Flag

E-18967

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| ROBERTO | - | MENDEZ-JUAREZ M | 04/11/1978 | 02/18/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| CHULA VISTA | SAN DIEGO | MARIA IRMA MENDEZ-MOTHER<br>2387 E BEYER BLVD.APT#B<br>SAN YSIDRO,CA.92173 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| GUADALUPANA MORTUARY,2601 IMPERIAL AVE.<br>2601 IMPERIAL AVE | FD-1425 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 102055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | Selene Chavez | 02/24/2005 |

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | SELENE CHAVEZ 02/24/2005 | 2503445 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO,CA.92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL<br>SAN DIEGO | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNTHOPE CEMETERY,3751 MARKET ST.<br>SAN DIEGO,CA.92102 | 11B. DATE BURIED<br>2-25-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>David Morrison | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rel
DD CRYPT
(RES)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2/18/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose A. Perez 228567

in a DD 1st (Type of Burial Container) Funeral, date, time Thurs 2/24 9:00

Church, Chapel, Graveside ; Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 119 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985- |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413- |
| Burial Container | 418- |
| Handling Fees | 352- |
| Flower vases – Marker setting fee | 50.- |
| Recording/Filing/Transfer Fees | 50- |
| Sales taxes | 32.40 |
| Total Due | ~~2350.40~~ |
| Paid receipt number R 58536 | 1888.20 |
| Balance due | 417.20 |

PAID

PC: TRION MSE

FEB 2 2 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Mother Amalia Durazo R 58539 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228566

I hereby authorize the interment in lot I hold under deed. (R)

Signature Pam | Sandra

Print Name Amalia Durazo

Address 1875 Lashlee Lane

City San Ysidro Zip Code 92173

Telephone (619) 733 2900

Invoice # _____

Work Order # E 18968

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Attd

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

E-18968

02-18-05P02:26 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose A. Perez

in a ~~DD~~ 1st line Type of Burial Container Funeral, date, time Thurs. 2/24

Church, Chapel, Graveside ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 119 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 1310 – |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 549 – |
| Burial Container | 278 – ~~554.00~~ |
| Handling Fees | 213 ~~468~~ |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 66 – |
| Sales taxes | 21.54 ~~43.09~~ |
| Total Due | 2437.54 ~~2442.09~~ |
| Paid receipt number R 58536 | 1833.20 |
| Balance due | 604.34 |

I hereby certify I am the XBROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

(NR)

I hereby authorize the interment in lot I hold under deed.

Signature

XAlberto Gonzalez
First Name

X2131 Franklin Ave
Address

X San Diego 92113
City Zip Code

X 733-2900
Telephone 428-0860

Invoice # _____

Work Order # E 18961

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18968

# GRAVE BLIND CHECK FORM

Deceased Name Jose A. Perez

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Dee Edward Cook | Reynaldo Gonzales | | |
| | | | X | Holmes Clifford | | |
| | | | | | | |
| | | | | | | |

Today's Date

Interment Date: Thurs Feb 24th Time: 9:00 A

Div: 12 Sect: 2 Blk/Row: Lot: 119 Gr: 4

Flag placed by: Sandra

Grave Laid Out by: Norman Ferguson

Blind Check Verified by:

Agrees with Map: Initials Verified

Agrees with Legal Card: Initials Verified

P.A. 228367 E 12968

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

age 44

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Jose | Alfonso | Perez | 02/17/1961 | FD 02/17/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| National City | San Diego | Maria Cruz, Wife<br>1875 Lashlee Lane<br>San Ysidro, CA 92173 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd.<br>San Diego, CA 92102 | FD-1329 | ▶ V. Ruiz | 02/21/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 02/22/2005<br>V. Davis | ▶ 2503214 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | – |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>2-23-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. Jones | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>– | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>– | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>– | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>– | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Last Wasylyk, Daniel P.N. 228573

in a Liner (Type of Burial Container) Funeral, date, time 3-4-05 10:00 A.M

Church, Chapel, Graveside No witness ; Markley-Mitchell 295-2177 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 15 Grave 3

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container Liner | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker settling fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,833.20 |
| Paid receipt number R-58543 | 1,833.20 |
| Balance due | 0 |

PAID
FEB 7 2 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Signature see attach

X Print Name

X Address see attach

X City Zip Code

X Telephone

Sandra

Work Order # E 18969

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WASYLYK, Daniel (Last)

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 15 Grave 3

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container Liner | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,833.20 |
| Paid receipt number R-58543 | 1,833.20 |
| Balance due | 0 |

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 278572

I hereby authorize the interment in lot I hold under deed.

X Cletus G. Kowalski
Signature

X CLETUS G. KOWALSKI
Print Name

X 3335 CROMWELL DRIVE
Address

X OREGON OH 43616-2329
City Zip Code

X 419-693-3003
Telephone

Invoice # _____

Work Order # E 18969

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18969

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Mamie Bates | | | |
| | Davis Freddy | Lester Charles Baker | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 2-28-05

Interment space for: WASYLYK, Daniel

Interment Date: _____ Time: _____

Div: 12 Sect: 1 Blk/Row: _____ Lot: 15 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

7 bag

Blind Check & Verified By: David Noriega Date: 3-1-05

E-18969

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| DANIEL | - | WASYLYK | 01/26/1924 | 02/16/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | CLETUS KOWALSKI - NEPHEW<br>3335 CROMWELL DRIVE<br>OREGON, OH 43616 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| MERKLEY-MITCHELL MORTUARY<br>3655 FIFTH AVENUE<br>SAN DIEGO, CA 92103 | #D119 | ▶ [illegible] | 02/28/2005 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | B.A. ELLANO<br>02/28/2005 | 2503645 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-4-5 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 2-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sheryl Williams - Pin # 228590

in a Liner (Type of Burial Container) Funeral, date, time Sat. Feb. 26. 11:00am

Church, Chapel, Graveside _____ ; Preferred Mortuary MARK

All Funeral 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 81 Grave 2

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees SAT. O.T. TIME | 660.00 |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases - Marker setting fee ONE VASE | 25.85 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 2519.05 |
| Paid receipt number R-58549 | 2519.05 |
| Balance due | 0 |

PAID
FEB 24 2005
MOUNT HOPE CEMETERY

Fax (619) 584-7037

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

All attached for signature

Paulette

Work Order # E 18970

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18970

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 | Vihrur | Newell | |
| | | | | Jefferson | | |
| | | | | | | |

Blind Check Initiated By: P Crawford 2-24-05 Date: _____

Interment space for: Sheryl Williams

Interment Date: Sat 2/26 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 81 Gr: _____

Grave Laid out by: Norman Tempe

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Noriega Date: 2-25-05

E-18970

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Sheryl | Denise | Williams | 08/06/1958 | 02/21/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Jesse Claude Williams - Husband<br>5336 Geneva Avenue<br>San Diego, California 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Preferred Cremation and Burial<br>3094 El Cajon Boulevard Ste, A<br>San Diego, California 92104 | FD-1746 | ▶ [signature] | 02/24/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 02/25/2005<br>$11.00 | 02/25/2005<br>Mark Jenkins | ▶ 250<br>2503571 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. Box 85222<br>San Diego, California 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery<br>3731 Market StreetSan Diego, Ca. 92102 | 11B. DATE BURIED<br>2-26-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-18970

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Sheryl | Denise | Williams | 08/06/1958 | 02/21/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Jesse Claude Williams - Husband<br>5336 Geneva Avenue<br>San Diego, California 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Preferred Cremation and Burial<br>3094 El Cajon Boulevard Ste, A<br>San Diego, California 92104 | FD-1746 | ▶ | 2/24/05 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 02/25/2005<br>$11.00 | 02/25/2005<br>Mark Jenkins | ▶ 250 2503571 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. Box 85222<br>San Diego, California 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery<br>3731 Market StreetSan Diego, Ca. 92102 | 11B. DATE BURIED<br>2-24-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 2-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sheryl Williams in a Liner (Type of Burial Container) Funeral, date, time Sat. Feb. 26. 11:00am

Church, Chapel, Graveside Preferred Mortuary MARK

All Funeral 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 81 Grave 2

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime Late Arrival Fees ... JAT. O.T. TIME | 660.00 |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases - Marker setting fee ... GAL. VASE | 35.85 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 2519.05 |
| Paid receipt number R-58549 | 2519.05 |
| Balance due | 0 |

Fax 584-7030
(619)

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

X EMMA NELLAR
Print Name
619-264-0367
Address
X SAN DIEGO CA 92114
City Zip Code
X 1151 Bollenbacher St
Telephone

Paulette

Work Order # E 18970

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

(NON Res) Ash vault

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 2-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 228660 Raul Arturo Sandoval-Morlet

in a ASH VAULT (Type of Burial Container) Funeral, date, time Fri. March 25 2005 12:00 Noon

Church, Chapel, Graveside : Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 24 Grave 38

| | |
|---|---|
| Grave space & Care Fund | 439.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.00 |
| Burial Container ASH VAULT | 81.00 |
| Handling Fees | 88.00 |
| Galv. Flower vases - Marker setting fee | 219.16 |
| Recording/Filing/Transfer Fe | 16.00 |
| Sales taxes | 6.28 |
| Total Due | 1053.44 |
| Paid receipt number R-58559 | 1053.44 |
| Balance due | 0 |

PAID

FEB 25 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

474-2009 Tim Sandoval

I hereby authorize the interment in lot I hold under deed.

Signature

Sandra Paulette

228662

Leticia S. Gonzales
Print Name

1325 Santa Rita Rd. #105
Address

Chula Vista 91913
City Zip Code

619-271-8130
Telephone

Invoice # _____

Work Order # E 18971

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 18971

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

~~Non vet's (closer to fence)~~

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3-1-05

Interment space for: Raul Morlet

Interment Date: 3-4-05 FRI Time: 12:00 GS.

Div: 1 Sect: 2 Blk/Row: ____ Lot: 24 Gr: 38

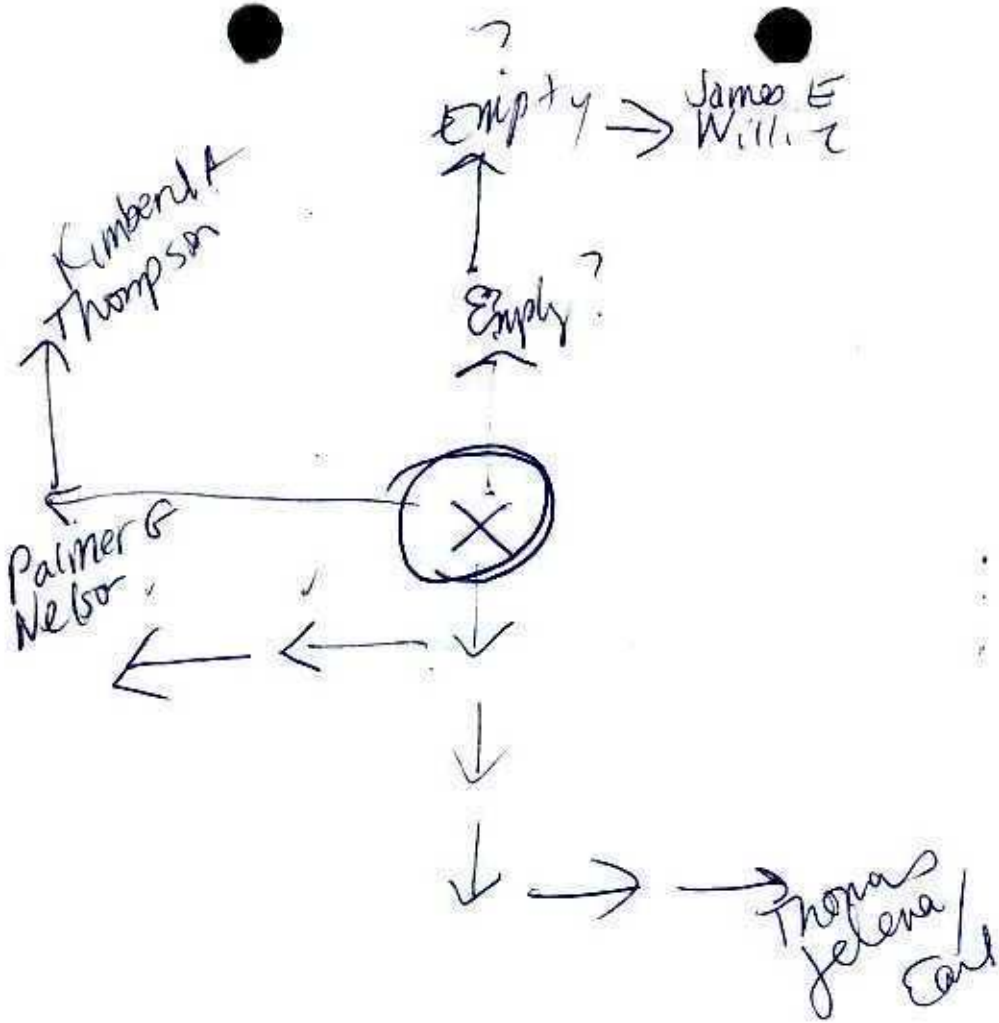
Grave Laid out by: Norman Ferguson

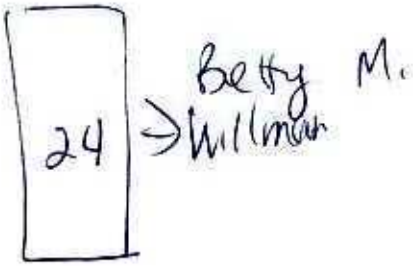
Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Neuiger Date: 3-2-05


Empty ?
James E Will
Kimberly A Thompson
Empty ?
Palmer G Nelson
Thomas Jelena Earl


24
Betty M. Hillman

828339

DHS 183702

S183702 (06/04)

E-18971

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

age 59

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Raul | Arturo | Sandoval-Morlet | 07/27/1945 | 01/30/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Tijuana | Mexico | Jose Sandoval - Father<br>1415 D Avenue #605<br>National City, CA 91950 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Community Mortuary<br>855 Broadway<br>Chula Vista, CA 91911 | Fd1682 | ▶ | 02/25/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 02/25/2005 | N. DePina ▶ 2503549 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| | San Diego County<br>Dept. of Vital Records P.O. Box 85222<br>San Diego, CA 92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery<br>3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-25-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim E. Lopez | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At NEED

Date 2-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLEN BURNETT ⊗ 228511

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 3/9/05

Church, Chapel, Graveside Delivery : Telephase Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 729 Grave 1

| | |
|---|---|
| Grave space & Care Fund C-3062 | Ø |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.00 |
| Burial Container | 81.00 |
| Handling Fees | 88.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 6.28 |
| Total Due | 395.28 |
| Paid receipt number R-58596 | 395.28 |
| Balance due | Ø |

PAID

MAR - 8 2005

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See the attached

Paulette

Work Order # E 18972

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At NEED (NON RES)

Date 2-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLEN BURNETT ∅

in a ASH VAULT (Type of Burial Container) Funeral, date, time AYD 3/9/05

Church, Chapel, Graveside Delivery : Telephase Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 729 Grave 1

| | |
|---|---|
| Grave space & Care Fund | C-3062 ∅ |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.00 |
| Burial Container | 81.00 |
| Handling Fees | 88.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 6.28 |
| Total Due | 395.28 |
| Paid receipt number R-58596 | 395.28 |
| Balance due | ∅ |

PAID

MAR - 8 2005

MOUNT HOPE CEMETERY

I hereby certify I am the HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 228612 hold undersigned.

Signature

WESLEY J BURNETT (Print Name)

29 ROLLINGWOOD LN (Address)

FALLBROOK 92028 (City, Zip Code)

760-731-2552 (Telephone)

Paulette

Work Order # E 18972

Invoice # E-18972

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18972

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| Joe Smith | Iris Smith | Pallock Jr. | | Pallock | Roach | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/8

Interment space for: ELLEN BURNETT

Interment Date: 3/9/05 Time: AYD

Div: 8 Sect: 1 Blk/Row: ____ Lot: 729 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: David Noriega Date: 3-9-05

E-18972

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| ELLEN | LUROSE | BURNETT | 03/09/1916 | 01/13/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| NATIONAL CITY | SAN DIEGO | MARCI KALBFELL - NIECE<br>29 ROLLING WOOD LANE<br>FALLBROOK CA 92028 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| TELOPHASE CREMATION SOCIETY 7851 MISSION CENTER CT #104 SAN DIEGO CA 92108 | FD1272 | Karen Offs | 01/21/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 01/26/2005<br>ksweet | Nancy L Bowen MD |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| PO BOX 85222<br>SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY 2751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-9-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>LENEDA INC 14065 HWY 8 BUSINESS<br>EL CAJON CA 92021 | 12B. DATE CREMATED<br>2/8/05 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

pre need
~~AT NEED~~

Date 2/28/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence McClanahan Pin# 229794

in a ASH VAULT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 7 Section 17 Blk/Row Lot 44 Grave 8

| | |
|---|---|
| Grave space & Care Fund C-87 | — |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.00 |
| Burial Container | 81.00 |
| Handling Fees | 88.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 6.28 |
| Total Due | 395.28 |
| Paid receipt number R-58563 | 395.28 |
| Balance due | 0 |

PAID
FEB 28 2005
MOUNT HOPE CEMETERY

I hereby certify I am the SISTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin# 229793

I hereby authorize the interment in lot I hold under deed.

Signature

RAMONA McCLANAHAN
Print Name

P.O. BOX 152322
Address

San Diego 92195
City Zip Code

619-303-9481
Telephone

Paulette

Work Order # E 18973

Invoice #

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E-18973

DATE / TIME RECEIVED CALL: 1/28/05

CALL TAKEN BY: ~~[illegible]~~ Sandra Flan

**RECEIVED CALL FROM:**

☒ MORTUARY NAME: Leathingill
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON:
TELEPHONE NUMBER: 817 563 9511
RELATIONSHIP TO DECEASED:

**NAME OF DECEASED:**

LAST NAME: McClanahan
FIRST NAME: Clarence INITIAL: R
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

**FUNERAL SERVICE:**
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE:
DATE OF SERVICE: TIME OF SERVICE:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

**CEMETERY PROPERTY:** ☐ A/N ☐ P/N ☒ P/N Trust

DIV: 7 SECT: 17 BLK/ROW: LOT: 44 GR: 8
☐ SINGLE GRAVE ☒ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

**CEMETERY SERVICE:**
TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: $395.28 (NR)

pre need Trust
waiting on check

McC[illegible]nahan- Richard [illegible]

June 1970

div 7

sec 17 Lot 44 Gr-8

MT. HOPE CEMETERY

# INTERMENT ORDER

O/C & R/F on 2nd Burials has NOT been paid

pre-Need Lot + Trust for Two grave sites DD Crypt

City of San Diego

Date 2-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Norris

in a 2 - DD Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Two grave sites

Division 12 / 12 Section 1 / 1 Blk/Row _____ Lot 7 / 8 Grave 6 / 1

| | | | |
|---|---|---|---|
| Grave space & Care Fund | 2 @ | $985.00 | $~~1970.00~~ ~~985.00~~ |
| Overtime/Late Arrival Fees | | | ~~826.00~~ |
| Opening/Closing & Setup | 2 @ | $413.00 | ~~413.00~~ ~~826.00~~ |
| Burial Container DD Crypt | 2 @ | $418.00 | ~~418.00~~ ~~836.00~~ |
| Handling Fees | 2 @ | $352.00 | ~~704.00~~ ~~352.00~~ |
| Flower vases – Marker [illegible] | | | ~~100.00~~ |
| Recording/Filing/Transfer Fees | 2 @ | $50.00 | ~~50.00~~ |
| Sales taxes | 2 @ | $32.40 | ~~64.80~~ ~~32.40~~ |
| | | Total Due | $4,500.80 |

PAID

FEB 28 2005

MOUNT HOPE CEMETERY

Paid receipt number R-58567

Balance due 0

I hereby certify I am the X Family of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Charles Norris
Signature

X CHARLES NORRIS
Print Name

X 7106 PETER PAN Ave
Address

X SD, CA 92114
City Zip Code

X (619) 2629294
Telephone

Invoice # _____

Work Order # E 18974

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58567

Date: 2-28-05, 20 05

From: Charles Norris Address: 7106 Peter Pan S.D. 92114

Four thousand five hundred dollars 80/100 Dollars ($ 4,500.80)

in Full Payment of Pre Need Lot + Trust For Two brave sites

Div 12 Sec 1 Blk/Row 2 Lot 7 8 Grave 6 1

Invoice No. E-18974

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ✓ At Need | | On Acct | |

Pre-need Trust ✓ Cash | | Check ✓

2493

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THE BOX.

PAID

FEB 28 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | 394 | 00 |
| 80% Sales of Lots | 100 77184 | 1,576 | 00 |
| Opening/ Closing | 100 77181 | 20 413 | 00 |
| Burial Containers | 100 77182 | 20 418 | 00 |
| Handling Fee | 100 77185 | 20 352 | 00 |
| Recording & Misc. Fees | 100 77183 | 20 50 | 00 |
| Pre-Need Trust | 63033 77186 | | |
| Sales Tax | 60101 78390 | 20 32 | 40 |
| TOTAL PAID | | $ 4,500 | 80 |

DD CRIPT

RES
in grave of Lemmon Williams
AT Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/1/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie Williams 226608

in a DD. Crypt "B" (Type of Burial Container) Funeral, date, time Tues. March 8 12:30

Church, Chapel, Graveside _____ : Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 75 Grave 2

| | |
|---|---|
| Grave space & Care Fund ..... E-011328 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | ~~463.00~~ |
| Total Due | 463.00 |
| Paid receipt number R-38594 | 463.00 |
| Balance due | 0 |

PAID
MAR - 8 2005
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code

Telephone _____

See attached signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18975

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

in grave of Lemon Williams
AT Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/1/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie Williams in a DD Crypt "B" (Type of burial container) Funeral, date, time Tues. March 8 12:30 Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row ____ Lot 75 Grave 2

| | |
|---|---|
| Grave space & Care Fund E-011328 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 462.00 |
| Total Due | |
| Paid receipt number | |
| Balance due | |

MORTUARY TO BRING CHECK

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Stella Baxter
Print Name
6835 Deep Valley Road
Address
San Diego, CA 92120
City Zip Code
(619) 263-3141
Telephone

Paulette

Work Order # E 18975

Invoice # _____

Acct. # _____

B-A-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18975

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. MARKER W/ Lemmon's name:

| | | | | | | |
|---|---|---|---|---|---|---|
| | | DLASK | Parr | | | |
| | | Halcomb | Lyford | | | |
| | Badgley | | X | Whittie | Bennett | |
| | | | Prairty | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3-3-05

Interment space for: Minnie Williams

Interment Date: 3/8/05 Time: 12:30 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 75 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Joe Gonzales Date: 3-3-05

E 18975

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Minnie | Claire | Williams | 04/15/1918 | 02/18/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Estella Baxter, Daughter<br>6835 Deep Valley Road<br>San Diego, CA 92120 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ [illegible] | 03/02/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11/00 | 03/04/2005 | 2503912<br>B. Campbell ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-2-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LaVerne Barnes Pin 228607

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Mar. 4th 11:00

Church, Chapel, Graveside _____ : Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 101 Grave 9

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 32.40 |
| Total Due | 2250.40 |
| Paid receipt number R--58574 | 2250.40 |
| Balance due | 0 |

PAID
MAR 0 2 2005
MOUNT HOPE CEMETERY

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin 228606

I hereby authorize the interment in lot I hold under deed.

Sandra M. Ashe
Signature

Sandra M. Ashe
Print Name

1624 Canyon Rd. #78
Address

Spring Valley, CA 91977
City Zip Code

(619) 461-3492
Telephone

Paulette

Invoice # _____

Work Order # E 18976

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18976

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Fowler | | | | | |
| | | | X | | | |
| | | | smedly | | CRCIER | Anderson |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3-2

Interment space for: Laverne Barnes

Interment Date: 3/4/05 Time: 11:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 101 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 3-2-05

E-18976

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| La Verne | Walden | Barnes | 03/12/1927 | 02/25/2005 | F |

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Sandra Ashe - Niece
1624 Canyon Road#8
Spring Valley, California 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Preferred Cremation and Burial
3094 El Cajon Boulevard
San Diego, California 92104

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1746

8A. SIGNATURE OF APPLICANT—Person taking permit ▶ [signature] 8B. DATE SIGNED

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: 03/02/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Mark Jenkins ▶ 2503822

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
P.O. Box 85222
San Diego, California 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY
- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery<br>3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED<br>3 4 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At preneed lot & trust

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Exzale Byas 228580

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 90 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58575 | 1,833.20 |
| Balance due | 0 |

PAID
MAR 02 2005
MOUNT HOPE CEMETERY

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

(228579)

I hereby authorize the interment in lot I hold under deed.

G Byas
Signature

paulette

George BYAS
Print Name

4642 oregon st. #9
Address

SAN DIEGO, CA 92116
City Zip Code

619-291-2512
Telephone

Invoice #

Work Order # E 18977

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 3-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pernella W. Smith 219421

in a Liner (Type of Burial Container) Funeral, date, time Tues. Mar. 8th 10:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4500 Grave 1

| | | |
|---|---|---|
| Grave space & Care Fund | E-276 (1979) | Θ |
| Overtime/Late Arrival Fees | " | — |
| Opening/Closing & Setup | " | — |
| Burial Container | E-2637 (1981) | Θ |
| Handling Fees | " | — |
| Flower vases – Marker setting fee | | — |
| Recording/Filing/Transfer Fees | " | — |
| Sales taxes | " | — |
| Total Due | | Θ |
| Paid receipt number | | — |
| Balance due | | Θ |

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

See attached signature

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Work Order # E 18978

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

09:28 SD MT HOPE CEMENTERY → RAGSDALE

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 3-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pernella W. Smith

In a liner (Type of Burial Container) Funeral, date, time Tuesday, 03/08/05 @ 10:00A

(Church) Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 4500 Grave 1

| | |
|---|---|
| Grave Space & Care Fund E-276 | 0 |
| Overtime/Late Arrival Fees " | — |
| Opening/Closing & Setup " | — |
| Burial Container E-2637 | 0 |
| Handling Fees " | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees " | — |
| Sales Taxes " | — |
| Total Due | 0 |
| Paid receipt number | — |
| Balance due | 0 |

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Willie Mae Lacey

Paulette

Work Order # E 18978

Print Name: Willie Mae Lacey

Address: 2551 K Street

City: San Diego, CA 92102 Zip Code

Telephone: (619) 239-4905

Invoice # _____

Acct. # _____

MT.A-1 (3-04) This information is available in alternative formats upon request.

E-18978

# ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-30 1979

CHARGE Bernella Smith

ADDRESS 2551 K St. 92102

NAME OF DECEASED Pre need

OWNER

ADDRESS

MORTUARY

| | | |
|---|---|---|
| LOT 4500 GR ROW SEC BLK DIV 10 | 230 | 00 |
| OPENING TIME DAY DATE | | |
| VAULT BOX SIZE | | |
| REMOVAL OR FOUNDATION VET. | | |
| TOTAL | 230 | 00 |
| PAID RECEIPT NUMBER 027172 | | |
| BALANCE | | |

Fled Marker Ares

PAID
APR 30 1979
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

#9874

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON / PHONE BY Mrs Smith

ORDER TAKEN BY [illegible]

W.O. NO. E 222276

INVOICE NO. Cash

PR-974 (REV. 9-78)

E-18978

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/5 19 81

CHARGE Pernella Smith

ADDRESS 2551 K St CSD, CA 92102

NAME OF DECEASED Pre-Need Services

OWNER

ADDRESS

MORTUARY

| | | |
|---|---|---|
| LOT 4500 GR ROW SEC DIV 10 | | |
| OPENING TIME DAY DATE | 230 | 00 |
| BOX Bell SIZE | 12 | 00 |
| | 200 | 00 |
| REMOVAL OR FOUNDATION VET. | | |
| TOTAL | 442 | 00 |
| PAID RECEIPT NUMBER 29802 | 442 | 00 |
| BALANCE | — | |

PAID

OCT 05 1981

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY Sutton

W.O. NO. E № 2637

INVOICE NO. CASH

PR-974 (REV. 9-78)

MT HOPE CEMETERY E-18978

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. NO MARKER

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | Simpson | | |
| Ruth | Wheeling for | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/2

Interment space for: Pernella W. Smith

Interment Date: 3-8-05 Time: 10:00 Church

Div: 1D Sect: ____ Blk/Row: ____ Lot: 4500 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flat

Blind Check & Verified By: ____ Date: ____

E-18978

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Pernella | Wheelington | Smith | 02/15/1906 | 03/01/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Willie Mae Lacey, Daughter<br>2551 "K" Street<br>San Diego, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd.<br>SanbDiego, CA 92102 | FD-1329 | ▶ [signature] | 03/03/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | V. Davis | ▶ 2503893 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-8-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need
Intrigent

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/3/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 228616 Stan Gregory P.A.# 20051135

in a D.D CRYPT "A" (Type of Burial Container) Funeral, date, time Weds. Mar. 9th 1030

~~Church, Chapel, Graveside~~ Delivery Only: Conrad Mortuary.

Deanne fax 281-7587

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 13 Section _____ Blk/Row _____ Lot 19 Grave 38A

| | |
|---|---|
| Grave space & Care Fund | 131.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 454.00 |
| Burial Container | 132.00 |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 49.00 |
| Sales taxes | 10.23 |
| Total Due | 776.23 |
| Paid receipt number CK#4252096 | 776.23 |
| Balance due | Ø |

PAID
APR 20 2005
MOUNT HOPE CEMETERY

PA. Ida Commerford
858-694-3500

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette 4/20 sent to Flo ms 5/1

Billed PA on 3-18-05 SB CK# 4252096

Work Order # E 18979

Invoice # 416738

Acct. # 000952

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

IDA COMERFORD

At Need Intagent

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/3/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stan Gregory P.A.# 20051135 in a DD CRYPT (Type of Burial Container) Funeral, date, time Weds. Mar. 9th 1030 MAYER MORTUARY (Mortuary) Grave, Crypt, Niche Delivery Only: ~~Genie~~ Genie box 281-7587

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 18 Grave 3B

| | |
|---|---|
| Grave space & Care Fund | 131.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 454.00 |
| Burial Container | 132.00 |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 49.00 |
| Sales taxes | 10.23 |
| Total Due | 776.23 |
| Paid receipt number | |
| Balance due | |

PA. Ida Cumerford
858-694-3500

I hereby certify I am the Deputy Public Administrator SD County of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Ida M Comerford DPA
Signature
Paulette

Ida M. Comerford DPA
First Name
5201 A Ruffin Rd
Address
La Mesa, CA 92123
City Zip Code
(858) 694-3506
Telephone

Invoice # _____

Work Order # E 18979

Acct. # _____

RSA-104 (3-04) This information is available in alternative formats upon request.

Mt. Hope Fax (619) 527-3403
Mayer Mort (619) 281-7587

.E-18979

# MESSAGE CONFIRMATION

03/04/2005 09:16
ID=SD MT. HOPE CEMENTERY

| DATE | S.R-TIME | DISTANT STATION ID | MODE | PAGES | RESULT | |
|---|---|---|---|---|---|---|
| 03/04 | 00'26" | 16192817587 | CALLING | 01 | OK | 0000 |

03/04/2005 09:15 SD MT. HOPE CEMENTERY → 92817587 NO.631 P01

MT. HOPE CEMETERY

## INTERMENT ORDER

City of San Diego

At Need Intrigent

Date 3/3/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stan Gregory P.A.# 20051135

in a D.D CRYPT (Type of Burial Container) Funeral, date, time Weds, Mar. 9th 10:30

~~Church, Chapel, Graveside~~ Delivery Only: Conrad Beanne fax 281-7587 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 13 Section _____ Blk/Row _____ Lot 18 Grave 38

| | |
|---|---|
| Grave space & Care Fund | 131.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 454.00 |
| Burial Container | 132.00 |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 49.00 |
| Sales taxes | 10.23 |
| Total Due | 776.23 |

PA. Ida Commerford
619-594-3500

Paid receipt number _____

E-18979

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| STAN | - | GREGORY | 05/09/1959 | 01/28/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | DONOVAN KOLEMAN - SON<br>2120 ALPINE BLVD.<br>ALPINE, CA 91901 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| MAYER MORTUARY, 2859 ADAMS AVE.,SAN DIEGO, CA 92116 | FD-1424 | ▶ | |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/03/2005 | 2503903<br>R.MARTINEZ ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO, CA 92901 | -- |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-4-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nellie Edwards PIN 225524

in a Liner (Type of Burial Container) Funeral, date, time Tues March 8th 10:30AM

Church, Chapel, Graveside ____ : Cypress View (Rulon) 264-3168 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Division 11 Section 1 Blk/Row ____ Lot 155 Grave 12

| | |
|---|---|
| Grave space & Care Fund E-8346 | Ø |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 848.20 |
| Paid receipt number Visa | 848.20 |
| Balance due | ~~848.20~~ Ø |

PAID

MAR - 4 2005

MOUNT HOPE CEMETERY

Res Fees

P.C.

I hereby certify I am the X-SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Robert E. Swanson
Signature

X ROBERT E. SWANSON
Print Name

X P.O. Box 428
Address

X CONCHO 85924
City Zip Code

X 928 521 0121
Telephone

Paulette

Work Order # E 18980

Invoice # ____

Acct. # ____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Rev
3119 Grim ST
S.D. CA.

MT HOPE CEMETERY E-18980

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Booker | | Murray | | |
| | | Robert Edwards | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3-7-05

Interment space for: Nellie Edwards

Interment Date: 3-8-05 Time: 10:30 G.S.

Div: 11 Sect: 1 Blk/Row: _____ Lot: 155 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKLEY Flay Date: 3-7-05

E-18980

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| NELLIE | NANCY | EDWARDS | 04/05/1914 | 03/04/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | ROBERT SWANSON - SON<br>PO BOX 428<br>CONCHO AZ 85924 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT — person filing permit | 8B. DATE SIGNED |
|---|---|---|---|
| ECM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113 | FD-670 | ▶ [signature] | 03/08/200 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/08/2005 | 2504102<br>L CASTRO ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO CA 92186-5222 | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-18980

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| NELLIE | NANCY | EDWARDS | 04/05/1914 | 03/04/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | ROBERT SHANSON - SON<br>PO BOX 428<br>CONCHO AZ 85924 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF LICENSE NUMBER — IF APPLICABLE |
|---|---|
| ECM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113 | FD-670 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT — Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ | 03/08/2005 |

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/08/2005 | 2504102<br>L CASTRO ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO CA 92186-5222 | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-8-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 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.

(RES)
PRE-Need
TS Vault

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-4-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARion E. NELSON PIN 228581

in a TS-VaulT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1050 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 1,535.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS VaulT | 275.00 SD |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee (Bronze) | 149.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $ 2,647.31 |
| Paid receipt number R58584 | 2,647.31 |
| Balance due | 0 |

PAID

MAR - 4 2005

MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Paul B. Nelson
Signature

X Paul B. Nelson 228578
Print Name

X 1654 Hilton Hd. Ct. 2207
Address

X El Cajon CA 92019
City Zip Code

X 619-579-1721
Telephone

Invoice # _____

Work Order # E 18981

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

# MOUNT HOPE CEMETERY

(619) 527-3400

58504

Date: 3-4 , 20 05

From: Lynn Ann Simpson Address: 4906 La Cuenta Dr. Apt 116, S.D. CA 92124-2626

Two Thousand six hundred Forty-seven dollars 31/100 Dollars ($ 2,647.31 )

in Full Payment of PRE-Need LOT + TRUST FOR marion E. Nelson

Div 8 Sec 3 Blk/Row ____ Lot 1050 Grave 1

Invoice No. E-18981

Acct. No. ____

W.O. ____

BALANCE DUE 0

Pre-Need Lot ✓ At Need | | On Acct | |

Pre-need Trust ✓ Cash | | Check ✓

AC-212 (Rev. 4-04) 684353518

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 307 | 00 |
| 80% Sales | 100 | | |
| of Lots | 77184 | 1,228 | 00 |
| Opening/ | 100 | | |
| Closing | 77181 | 413 | 00 |
| Burial | 100 | | |
| Containers | 77182 | 275 | 00 TS Vault |
| | 100 | 204 | 00 |
| Handling Fee | 77185 | | |
| Recording & | 100 | 179 | 00 |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | 21 | 31 |
| | 78390 | | |
| TOTAL PAID | $ | 2,647 | 31 |

E-18981

499156243920 499157 REV1 11/03 813538743

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

# OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

**Washington Mutual Bank, FA**

18-3717/1220 **684353518**

MATCH THE AMOUNT IN WORDS WITH THE AMOUNT IN NUMBERS

WASHINGTON MUTUAL

*Mar 4, 2005 TWO THOUSAND SIX HUNDRED FORTY SEVEN DOLLARS AND 31 CENTS *

4556 (10/99)

PAY TO THE ORDER OF MT. HOPE CEMETERY

DRAWER: Washington Mutual Bank, FA

AUTHORIZED SIGNATURE

REMITTER

LYNN SIMPSON

1410 110

Issued by Integrated Payment Systems Inc., Englewood, Colorado Wells Fargo Bank Ltd, N.A., Los Angeles, CA

⑈054086⑈ ⑆122037171⑆ 6800068435351 8⑈

At-Need
(ReS)
TS-Vault

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-4-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucina Aguilar 228619 12:00 Noon

in a TS-Vault (Type of Burial Container) Funeral, date, time Weds March 9th, 2005

Church, Chapel (Graveside) ; Guadalupana Jose 544-9333 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 44 (E.M.M) Grave 2 (E.M.M)

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS-V | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Mortuary To pay Total Due | $1,948.31 |
| Paid receipt number R-58591 | 1,948.31 |
| Balance due | Ø |

PAID
MAR - 7 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X Son-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228618

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X Franklin M Mendoza. Print Name

X 654 Stork #4. Address

X SN Dieg CA. 92114 City Zip Code

X (619) 527-8612 Telephone

Invoice # _____

Work Order # E 18982

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18982

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Rice | | x | | | |
| | Starles | Ponce | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3-7

Interment space for: Lucina Aguilar

Interment Date: 3-9-05 Time: 12:00 Noon

Div: 12 Sect: 1 Blk/Row: ____ Lot: 44 Gr: 2

Grave Laid out by: Norm Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARREYL Date: 3-7-05

E-18982

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| LUCINA | - | AGUILAR | 06/30/1936 | 03/03/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | MARIA GONZALEZ-DAUGHTER<br>658 STORK ST.APT#4<br>SAN DIEGO,CA.92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| GUADALUPANA MORTUARY,2601 IMPERIAL AVE.<br>SAN DIEGO,CA.92102 | FD-1425 | ▶ Selene Chavez | 03/08/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | SELENE CHAVEZ 03/08/2005 | 2504154 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO,CA.92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY,3751 MARKET ST.<br>SAN DIEGO,CA.92102 | 11B. DATE BURIED<br>3-9-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Jose Corrales | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 3-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cedell Hill 228627 mon. APPROX TIME 3:17

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time March 14, 2005 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row Lot 158 Grave 6

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup 2 @ 413.00 | 826.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| Ground Trip, Flower vases, Marker setting fee 51.63 / 138.00 | 189.63 |
| Recording/Filing/Transfer fees @ 50.00 | 100.00 |
| Sales taxes | 32.40 |
| Total Due | 2903.03 |
| Paid receipt number R-58592 | 2903.03 |
| Balance due | 0 |

PAID

MAR - 7 2005

Res. Fee

MOUNT HOPE CEMETERY

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228628

I hereby authorize the interment in lot I hold under deed.

Jimmye Hill
Signature

Jimmye Hill
Print Name

3256 Logan Ave
Address

San Diego CA 92113
City Zip Code

619-264-9118
Telephone

Paulette

Billed late arrival 3-15-05

4-1-05 pd late arrival

Invoice #

Work Order # E 18983 fee

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

# Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E-18983

**STATEMENT**

TELEPHONE: 264-3151

| DATE | YOUR ORDER NO. |
|---|---|
| 03-15-05 | E-18983 |

TO:
Jimmye L. Hill
3756 Logan Avenue
San Diego, CA 92113

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| Late arrival fees for the service of Cedell Hill on Monday March 14th 2005 | $165.00 |

Due within 30 days of receipt

Billed family
on 3-15-05
SB

4-1-05
R-58692
pd late arrival fee
in full
Balance Ø

MT HOPE CEMETERY E-18983

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/10

Interment space for: Gedell Hill

Interment Date: 3-14-05 Time: 1:00 church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 158 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 3-10-05

E-18983

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Cedell | - | Hill | 04/01/1933 | 03/04/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| National City | San Diego | Jimmye L. Hill, Wife<br>3756 Logan Avenue<br>San Diego, CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ [signature] | 03/09/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 03/09/2005<br>B. Campbell | 2504265 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3/14/3 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Res
At Need
18 CHAIRS

Date 3-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CRAIG, WILLIE B. Pin#228623

in a Liner (Type of Burial Container) Funeral, date, time March 10th 2005 (Thurs) 11:00

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 44 Grave 3

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Galv. vase — Flower vases – Marker setting fee | 163.85 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1997.05 |
| Paid receipt number R-58611 | 1,997.05 |
| Balance due | 0 |

PAID
MAR - 7 2005
MOUNT HOPE CEMETERY

Res.
MUST 2 pay

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin#228624

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Johanna Newton

Address: 4439 Euclid Ave #12

City: San Diego, CA Zip Code: 92115

Telephone: 619-583-3215

Paulette

Work Order # E 18984

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18984

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| Rice | | | X | | | |
| Starks | Ponce | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/9

Interment space for: Willie B. Craig

Interment Date: 3-10-05 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 44 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flat

Blind Check & Verified By: David Norris Date: ____

E 18984

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Willie | - | Craig | 03/27/1927 | 03/05/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Johanna Newton daughter w/DPOA<br>4439 Euclid Avenue #12<br>San Diego, CA 92115 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | [signature] | 03/09/2005 |

| PERMIT | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | 11.00 | 03/09/2005<br>B. Campbell | 2504251 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP-IN-TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3 10 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>[signature] |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

LOT + Trust
PRE-Need
DD Crypt
(Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family

in a DD Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 49 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 485.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup 2 @ $413.00 | 826.00 |
| Burial Container DD crypt | 418.00 |
| Handling Fees | 352.00 |
| Flower vases – (Marker setting fee) | 138.00 |
| Recording/Filing/Transfer Fees 2 @ $50.00 | 100.00 |
| Sales taxes | 32.40 |
| Total Due | 2,851.40 |
| Paid receipt number R-58593 | 713.00 |
| Balance due | $2,138.40 |

Pd in full 4-20-06 $1020.40 Visa AP 468942

mailed Deed 4/28/06

Family paying for both A+B; O/C & R/F

I hereby certify I am the X Family of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

PIN 228584

I hereby authorize the interment in lot I hold under deed.

X Andres Ebrada
Signature

X ANDRES EBRADA
Print Name

X 252 SWEETWOOD ST.
Address

X SAN DIEGO, CA 92114
City Zip Code

X (619) 262-1420
Telephone

Sandra

Invoice # _____

Work Order # E 18985

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58593

Date: 3-7-05, 20 05

From: Andres Ebrada Address: 252 Sweetwood ST. SD CA 92114

marker Installation FEE pd Dollars ($ 713.00 )

in Part Payment of PRE-Need LOT + Trust with DD crypt/ OC & P/F For both A+B

Div 12 Sec 2 Blk/Row Lot 49 Grave 1

Invoice No. E-18985

Acct. No.

W.O.

BALANCE DUE $2,138.40

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

#107

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR - 7 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | 713 | 00 |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 713 | 00 |

---

**ANDRES EBRADA**
619-262-1420
252 SWEETWOOD ST.
SAN DIEGO, CA 92114

90-7162-3222

107

Feb. 07 20 05

Lady TRAMP

Pay to the ORDER of Mt Hope Cemetery $ 713.00

Seven Hundred Thirteen Dollars 00/100 Dollars

DISNEY CLASSICS

**WASHINGTON MUTUAL BANK, FA**
College Grove Financial Center 1408
3490 College Ave
San Diego, CA 92115
1-800-788-7000
24 Hour Customer Service

for

Andres Ebrada

[redacted]

©DISNEY

Pin # 228584 contact Expires march 2007 payment due 7th each month monthly $89.00 E-18985

EBRADA, ANDRES 252 SWEETWOOD ST. SD CA 92114 ph 619 262-1420 E-18985 Pin# 228584

DIV 12 SEC 2 BLK/ROW LOT 49 GR 1

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 03-07-05 | Opened Pre-Lot& Trust W/ 25% down R-58593 | 2,851.40 | 713.00 | 2,138.40 |
| | Trust to include 2 O/C, DD Crypt B/C, H/F, | | 1068.00 | 1070.40 |
| | 2 R/F, Taxes, Marker setting Fee | | 1070.40 | 0 |
| 3-10-06 | 12 payments Coupons (1-12) pd thru march 2006 | | visa card | |
| 4-20 06 | Pd by visa card AP468942 13-24 | | | |
| | Remainder to Trust | | | |

RECEIVED
APR 20 2006
MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 3/7/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALBERT R. PRIEST 222879

in a D.D CRYPT "B" (Type of Burial Container) Funeral, date, time THURS. MAR. 10th 12:00

Church, Chapel, Graveside BAYVIEW 858-277-7800 Mortuary. Angela

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MAS Section L Blk/Row _____ Lot 22 Grave 63

| | |
|---|---|
| Grave space & Care Fund B-2443 (1957) E-16531 (1st Burial 2001) | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container E-15905 (2000) | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number _____ | — |
| Balance due | 0 |

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached per signature

Paulette

Invoice # _____

Work Order # E 18986

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 3/7/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALBERT R. PRIEST

In a D.D CRYPT "B" Funeral, date, time THURS MAR. 10th 12:00

Church, Chapel, Graveside BAYVIEW 858-277-7800 Mortuary Angela

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division MAS Section L Blk/Row ____ Lot 22 Grave 63

| | |
|---|---|
| Grave space & Care Fund ... E-16531 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container ... E-15905 | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number | — |
| Balance due | 0 |

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Elon Z. Abrams
Signature

Elon Abrams
Print name
P.O. Box 261478
Address
San Diego CA 92196
City Zip Code
858-663-4326
Telephone

Paulette

Work Order # E 18986

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E-18986

# ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-25 1957

CHARGE Albert R. Priest

ADDRESS 1633 Glenwood Dr. D

NAME OF DECEASED

OWNER Ora Reid

ADDRESS

MORTUARY

| | | |
|---|---|---|
| LOT 22 GR 63 ROW SEC MAS BLK DIV L | 75 | 00 |
| OPENING TIME DAY DATE | | |
| VAULT BOX SIZE | | |
| REMOVAL OR FOUNDATION | | |
| TOTAL | 75 | 00 |
| PAID RECEIPT NUMBER * 9288 | | |
| BALANCE | | |

PAID
OCT 25 1957
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY [illegible]

W.O. NO. B 2443

INVOICE NO. 46210

FORM 974 (REV.)

Pre-Need Trust

MT. HOPE CEMETERY

# INTERMENT ORDER

E-18986

City of San Diego

Date 8-28-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Priest, Albert R.

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

*will be applied and billed to undersigned.* _____

Lot 22 Grave 63 Row — Section MAS Division/Block L

| | | |
|---|---|---|
| Grave space & Care Fund | | |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | 375 x 2 | 750- |
| Burial Container | | 380- |
| Handling Fees | | 320- |
| Flower vases – Marker setting fee | | |
| Recording and filing fee | 45 x 2 | 90- |
| Sales taxes | | 29.45 |
| Total Due | | 1569.45 |
| Paid receipt number | R-52805 | 1569.45 |
| Balance due | | 0 |

PAID

AUG 28 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

A R Priest Jr.
Signature
10971 Black Mountain Rd.
Address
San Diego Cal 92126
City Zip Code
(858) 566-7058
Telephone

Invoice # _____

Work Order # E 15905 -

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

E-18986

City of San Diego

1st Burial

Date 7-30-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARNESTINE Dixon, John 3:00

In a Double Depth (Type of Burial Container) Funeral, date, time Wed 8-1

Church, Chapel, Graveside _____ : Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 22 Grave 63 Row _____ Section MAS Division/Block L

| | | |
|---|---|---|
| Grave space & Care Fund | Pre-Need B-9443 | 0 |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | Pre-Need (E-15905) | 0 |
| Burial Container | | 0 |
| Handling Fees | | 0 |
| Flower vases – Marker setting fee | | |
| Recording and filing fee | | 0 |
| Sales taxes | | 0 |
| Total Due | | 0 |
| Paid receipt number | | |
| Balance due | | |

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Douglas C. Sohn

Signature

I hereby authorize the interment in lot I hold under deed.

X Albert Pratt

Signature of recorded holder of deed

X 13738 Freeport Rd

Address

X San Diego

City Zip Code

X (858) 484-3300

Telephone

Invoice # _____

Work Order # E 16531

Acct. # _____

REA-104 (7-98)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18986

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Diann Sonn / Albert marker on grave

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Fife | | | | | |
| | Stewart | Burnett Foster | X | Priest | Spaulding | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/8

Interment space for: ALBERT R. PRIEST

Interment Date: 3-10-05 Time: 11:00 G.S.

Div: MAS Sect: L Blk/Row: ____ Lot: 22 Gr: 63

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREN Date: 3-8-05

E-18986

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| ALBERT | R. | PRIEST, JR. | 02/27/1926 | 03/05/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | ELON ABRAMS - NEPHEW<br>P.O. BOX 261478<br>SAN DIEGO, CA 92196 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| BAYVIEW CREM. & BURIAL, 7510 CLAIREMONT MESA BLVD. # 109, SAN DIEGO, CA 92111 | FD-1661 |

| 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|
| ▶ | |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/08/2005 | 2504159<br>R.MARTINEZ ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O..BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>NATIONAL CITY, CA 92950 | 11B. DATE BURIED<br>3 10 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At NEED
Intigent burial
pin#2 - PA

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Susan Huffman RA # 20051050 pin #228615

in a D.D. CRYPT "B" (Type of Burial Container) Funeral, date, time Weds 1030-1100 03-09 2005

Church, Chapel, Graveside DELIVERY ONLY : Merkley Mitchell Mortuary. Lomita (619) 295-2177

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 19 Grave 3B

| | |
|---|---|
| Grave space & Care Fund | 131.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 454.00 |
| Burial Container | 132.00 |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 49.00 |
| Sales taxes | 10.23 |
| Total Due | 776.23 |
| Paid receipt number CK#4252096 | 776.23 |
| Balance due | Ø |

PAID
APR 20 2005
MOUNT HOPE CEMETERY

Pa. Ida Commerford 858-694-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Billed PA on 3-18-05 S.B

Paulette 4/22/05 Sent ck via interoffice to Flo

Invoice # 416658

Work Order # E 18987 MS SIT

Acct. # 000952

CK# 4252096

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Beardsley
223-7181

E-18987

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| SUSAN | UNKNOWN | HUFFMAN | 07/04/1949 | 01/29/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | IDA COMERFORD - PUBLIC ADMINISTRATOR<br>5201-A RUFFIN ROAD<br>SAN DIEGO, CA 92123 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| BERKLEY-MITCHELL MORTUARY<br>[illegible]55 FIFTH AVENUE<br>SAN DIEGO, CA 92103 | FD119 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ | 03/08/2005 |

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | B.A. ELLANO | 2504164 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING (Name and Address) REMAINS LOCATED AT

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-9-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT NEED

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/8/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NATHELL MC INTOSH Pin # 228625

in a LINER (Type of Burial Container) Funeral, date, time Friday Mar. 11 11:00

Church, (Chapel) Graveside CA BURIAL : Mortuary. CLAUDETTE 229-2747

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 84 Grave 8

PAID

MAR - 9 2005

MOUNT HOPE CEMETERY

| | |
|---|---|
| Grave space & Care Fund | 985- |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413- |
| Burial Container | 209- |
| Handling Fees | 160- |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50- |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58606 | 1833.20 |
| Balance due | 0 |

30 RES.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18988

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 3/8/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NATHELL MC INTOSH

in a LINER (Type of Burial Container) Funeral, date, time Friday Mar. 11 11:00

Church, Chapel, Graveside CA BURIAL Mortuary, CLAIRETTE 229-2747

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 84 Grave 8

| | |
|---|---|
| Grave space & Care Fund | 985- |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413- |
| Burial Container | 209- |
| Handling Fees | 160- |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50- |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |

SD RES.

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. PIN # 228626

I hereby authorize the interment in lot 1, held under deed.

Gwenette Smith

Signature

Gwenette Smith

Print Name

821 So. 33rd St.

Address

San Diego, CA 92113

City, State, Zip Code

(619) 696-3416

Telephone

Paulette

Work Order # E 18988

Invoice # _____

Acct. # _____

REA-10a (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E - 18988

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | MacIntosh | Dennis | | | |
| | Harris | Harris | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/10/05

Interment space for: Nathell McIntosh

Interment Date: 3-11-05 Fri. Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 84 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY/Flagg Date: 3-10-05

E-18988

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| NATHELL | - | McINTOSH | 12/16/1950 | 03/04/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF, ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| LA JOLLA | SAN DIEGO | GWENETTE McINTOSH-WIFE 821 S 33RD. ST., SAN DIEGO CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115 | FD-1[redacted] | ▶ [signature] | 03/09/[redacted]5 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/09/2005 V MITCHELL | ▶ 2504211 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O. BOX 85222 SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED: 3-11-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Joe Gonzales | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHA[redacted] OF PLACING WITH THE CARRIER: ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE: - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need (NON-Res) Grave side

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Lomax 22 8630 SB ~~239-2747~~ T4e5 3-15-05

in a Liner (Type of Burial Container) Funeral, date, time 11:00

Church, Chapel, Graveside : Calif Cremation Janetty Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 98 Grave 6 SB

| | |
|---|---|
| Grave space & Care Fund | 1,310.00 ~~1,456.00~~ |
| Overtime/Late Arrival Fees | 549.00 ~~549.00~~ |
| Opening/Closing & Setup | 278.00 ~~278.00~~ |
| Burial Container Liner | 212.00 ~~212.00~~ |
| Handling Fees | 66.00 ~~66.00~~ |
| Flower vases – Marker setting fee | 26.54 ~~26.54~~ |
| Recording/Filing/Transfer Fees | 2,437.54 ~~2,583.54~~ |
| Sales taxes | |
| Total Due | |

Mortuary To pay

MAR 11 2005

MOUNT HOPE CEMETERY

Sale receipt number R-58616 2,437.54

Balance due 0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

Sandra

X _____ Print Name

X _____ Address

X _____ City

X _____ Telephone

Zip Code

see attach

Invoice # _____

Work Order # E 18989

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

AT- Need NON-RES grave side

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-9-05

Tuesday March 15, 2005 Service 11:00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Lomax

in a Liner (Type of Burial Container) Funeral, date, time Fri March 11 11:00 AM

Church, Chapel, Graveside _____ : Calif Crematorium Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 98 Grave 6

| | |
|---|---|
| Grave space & Care Fund | A 1,310.00 SB ~~1,456.00~~ |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 549.00 |
| Burial Container Liner | 278.00 |
| Handling Fees | 213.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 6.00 |
| Sales taxes | A ~~76.32~~ SB |
| Mortuary To pay | Total Due ~~2,583.54~~ A 2,437.54 |
| | Paid receipt number R-58616 A 2,437.54 SB |
| | Balance due 0 |

I hereby certify I am the x Rosie L Ford of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228631

I hereby authorize the Interment in lot I hold under deed.

x Rosie L. Ford
Signature

x Rosie L. Ford
Print Name
x3635 So. Barcelona #2
Address
xSpring Vly CA 91977
City Zip Code
x619 667-0714
Telephone

Invoice # _____

Work Order # E 18989

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 18989

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Jenell Austin | | X | LOT 99 GR-1 | crub | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 3-11-05

Interment space for: Mary Lomax

Interment Date: Tues 3-15-05 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 98 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Warren Date: 3-14-05

Flagged

E-18989

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| MARY | LEE | LOMEX | 11/29/1923 | 03/08/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SPRING VALLEY | SAN DIEGO | ROSKE EORD-DAUGHTER<br>3835 S. BARCELONA #2<br>SPRING VALLEY CA 91977 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA CREMATION & BURIAL<br>5880 EL CAJON BLVD. SAN DIEGO CA 92115 | FD-1357 | ▶ Matthew Mitchell | 03/10/20[illegible] |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/14/2005<br>V MITCHELL | ▶ 2504458 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-15-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need

DD Crypt (B) 2nd Burial

In Grave w/ Hayward Martin

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugenia Martin 228639

in a DD Crypt (B) (Type of Burial Container) Funeral, date, time Thurs March 17th 1:00 (C)

Church/ Chapel, Graveside ; Skipper Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 53 Grave 4

| | |
|---|---|
| Grave space & Care Fund E-8383 | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 0 |
| Handling Fees | 0 |
| Flower vases – Marker setting fee | 0 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 0 |
| Total Due | 463.00 |
| Paid receipt number R-58630 | 463.00 |
| Balance due | 0 |

PAID

MAR 15 2005

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228638

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

(See attach)

Sandra/Paulette

Invoice # _____

Work Order # E 18990

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

AT-Need
DD crypT (B)
and Burial

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugenia Martin in a DD crypT (B) (Type of Burial Container) Funeral, date, time Thurs March 17th 1:00 (C)

Church, Chapel, Graveside _____ ; Skipper Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned _____

Division 11 Section 2 Blk/Row _____ Lot 53 Grave 4

| | |
|---|---|
| Grave space & Care Fund E-9383 | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 0 |
| Handling Fees | 0 |
| Flower vases – Marker setting fee | 0 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 0 |
| Total Due | 463.00 |
| Paid receipt number _____ | |
| Balance due | |

MORTUARY TO BRING CHECK

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Jimmie L Martin
Signature

X Jimmie Martin
Print Name

X 6782 Tiffin Avenue
Address

X San Diego, California 92114
City Zip Code

X (619) 262-1836
Telephone

Invoice # _____

Work Order # E 18990

Acct. # _____

REA 104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18990

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| Harold Poppell | | | X | | | willey Ellis |
| | | | Raymond Turner | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 3-15-05

Interment space for: Lugenia Martin

Interment Date: 3-17-05 Thurs Time: 1:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 53 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3-16-05

THE CITY OF SAN DIEGO

E-18990

# MT. HOPE CEMETERY

FAX TRANSMISSION

| | |
|---|---|
| Date: 3-23-05 | From: Sandra |
| To: Blair | Telephone #: (619) 527-3400 |
| Telephone #: | Fax #: (619) 527-3403 |
| Fax #: | Pages (including this cover sheet): |
| Subject: Eugenia MARTIN | |

COMMENTS: Blair at your convenience can you please fax us the Internet order with family's signature ~~fax~~ from March 17th

Thank you
Sandra

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E-18990

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Lugenia | - | Martin | 09/07/1922 | 03/09/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Jimmy L. Martin, Son<br>6782 Tiffin Avenue<br>San Diego, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ [signature] | 03/12/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 03/14/2005<br>B. Campbell | 2504437<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-17-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need
Pg. Grave of margaret Dix
Pg. Nee Lot
4/12 ST

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/10/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (Johns Mark NLX) L 230819

in a "B" Funeral, date, time Friday March 18th 9:00 pm

Type of Burial Container

Church, Chapel, Graveside Delivery Only : Mayer Mortuary.

Deanne

All Funeral 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 NR Section 2 Blk/Row _____ Lot 79 Grave 2

| | | |
|---|---|---|
| Grave space & Care Fund | E-15754 | 0 |
| Overtime/Late Arrival Fees | | — |
| Opening/Closing & Setup | | — |
| Burial Container | Double Crypt E-17936 | — |
| Handling Fees | | — |
| Flower vases – Marker setting fee | | — |
| Recording/Filing/Transfer Fees | | — |
| Sales taxes | | — |
| Total Due | | — |
| Paid receipt number | E-15754 | — |
| Balance due | | 0 |

fax 619) 281-7587
281-7055

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

See attached

Invoice #

Acct. #

Paulette

Work Order # E 18991

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

E-18991

AT Need

Date 7-22-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Nix

in a DD Crypt (A) (Type of Burial Container) Funeral, date, time ~~Tues. July 29 10:30~~ 29th 8:45 30th 2:00

Church, Chapel, Graveside Delivery ; S.D. Memorial (Mortuary) P.C. SHELLA

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 35 Grave 2 Row _____ Section 1 Division/Block 12

| | | |
|---|---|---|
| Grave space & Care Fund | E-15754 | 0 |
| Additional spaces and care fund | | — |
| Opening/Closing & Setup | E-15754 | — |
| Burial Container | E-15754 | — |
| Handling Fees | " | — |
| Flower vases – Marker setting fee | | — |
| Recording and filing fee | E-15754 | — |
| Sales taxes | " | — |
| Total Due | | 0 |
| Paid receipt number | | — |
| Balance due | | 0 |

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Paulette

Signature: See Attached

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 17936

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

Printed on recycled paper

PRE-NEED
LOT & TRUST

MT. HOPE CEMETERY

# INTERMENT ORDER

E-18991

City of San Diego

Date 6-7-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN & MARGARET NIX

In a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; MAYER JOHN Mortuary.

All Funeral cars must arrive before 3 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned.

Lot 35 Grave 2 Row Section 1 Division/~~Block~~ 12

| | |
|---|---|
| Grave space & Care Fund | 895.00 |
| Additional spaces and care fund | — |
| Opening/Closing & Setup 2 @ 375.00 | 750.00 |
| Burial Container | 380.00 |
| Handling Fee | 320.00 |
| Flower vases—Marker setting fee | — |
| Recording and filing fee 2 @ 45.00 | 90.00 |
| Sales taxes | 29.45 |
| Total Due | 2464.45 |
| Paid receipt number R-52549 | 2464.45 |
| Balance due | — |

PAID
JUN 09 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO

GREG BROWN - PUBLIC GUARDIAN

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X Address See attached

X City Zip Code

X Telephone

Invoice #

Work Order # E 15754

Acct. #

REA-104 (7-96)

*This information is available in alternative formats upon request.*

Printed on recycled paper

At need
[illegible]

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/10/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Mu

in a D.D. Cert B Funeral, date, time Friday March 18th

Church, Chapel, Graveside Delivery Only Mayer Mortuary

All Funeral data must arrive before 2:00 p.m. of regular work day or an extra charge of $ Deanne

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row ____ Lot 35 Grave 2

Grave Space & Care Fund E-15784 0

Overtime/Late Arrival Fees ____

Opening/Closing & Setup ____

Burial Container Double Caypt E-17996 ____

Handling Fees ____

Flower vases – marker setting fee ____

Recording/Filing/Transfer Fees ____

Sales taxes ____

Total Due ____

fax (619) 281-7587

Paid receipt number E-1

Balance due 0

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228641

I hereby authorize the interment in lot ____ held under deed.

GREG BROWN
Print Name
5201-A RUFFIN RD
Address
SAN DIEGO, CA 92123
City, State, Zip Code
(858) 694-3500
Telephone

Signature

Paulette

Invoice # ____

Work Order # E 18991

Acct. # ____

SPA-114 (8/01)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18991

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Walker | Harrison | | |
| | | Aren | X | Lovette | | |
| | | Brown | Valdez | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/16

Interment space for: John Nix

Interment Date: Friday March 18 Time: 9:00 pc. Delivery

Div: 12 Sect: 1 Blk/Row: ____ Lot: 35 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Nerison Date: 3-16-05

E-18991

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| JOHN | - | NIX | 02/02/1914 | 03/09/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| CHULA VISTA | SAN DIEGO | SHIRLEY IANSON - DAUGHTER<br>38703 N. SHERIDAN RD.LOT 96<br>BEACH PARK, IL 60099 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| MAYER MORTUARY, 2859 ADAMS AVE.,SAN DIEGO,CA 92116 | FD-1424 | ▶ | 03/15/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/15/2005 R.MARTINEZ | 2504536 ▶ |

| 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 |
|---|---|
| VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | -- |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 6751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

BXLiner (RES)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kaire Newton (8 months old) 228632

in a BX Liner (Type of Burial Container) Funeral, date, time Tues March 15 11:00 (GS)

Church, Chapel, Graveside : CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 2144 Grave _____

| | |
|---|---|
| Grave space & Care Fund | 110.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 138.00 |
| Burial Container BX-Liner | 77.00 |
| Handling Fees | 28.00 |
| Flower vases – Marker setting fee | 88.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 5.97 |
| Total Due | 496.97 |
| Paid receipt number R-58618 | 496.97 |
| Balance due | 0 |

PAID MAR 11 2005 MOUNT HOPE

I hereby certify I am the x Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Velvie Best
Signature

x Velvie Best 228633
Print Name

x 2078 Yellowtail Way
Address

x San Diego CA 92139
City Zip Code

x (619) 439-4004
Telephone

Sandra

Invoice # _____

Work Order # E 18992

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E 18992

DATE / TIME RECEIVED CALL: 3/9/06 3:10

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: CA Burial
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Victoria
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

NAME OF DECEASED:

LAST NAME: Newton
FIRST NAME: Kaore INITIAL: A
D.O.D. D.O.B. 8 months
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

FUNERAL SERVICE: Tues March 15 11:00 G.S.
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE:
DATE OF SERVICE: TIME OF SERVICE:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

CEMETERY PROPERTY: ☒ A/N ☐ P/N ☐ P/N Trust
DIV: 9 SECT: 1 BLK/ROW: LOT: 2144 GR: 1
☒ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:
TYPE OF SERVICE: ☒ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: Size of casket ? ~~casket measurements~~

Res. fee (BX) Liner 408.97 – 628.13

casket 26L x 14h x 11½W

MT HOPE CEMETERY E-16992

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Sharon Larsen | | | |
| | | | X | | | |
| | | | | | Yvonne Jones | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 3-11-05

Interment space for: Kaire Newton

Interment Date: Tues March 15th, 05 Time: 11:00 AM

Div: 9 Sect: 1 Blk/Row: ____ Lot: 2144 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: C. Warren Date: 3-14-05

FLAGED

E-18992

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| KAIRE | ANTHONY | NEWTON | 07/05/2004 | 03/07/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| LA MESA | SAN DIEGO | RAY NEWTON-FATHER<br>2078 YELLOWTAIL WAY<br>SAN DIEGO CA 92139 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA CREMATION & BURIAL<br>5880 EL CAJON BLVD. SAN DIEGO CA 92115 | FD-1357 | ▶ [signature] | 03/10/2 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/10/2005<br>V MITCHELL | ▶ 2504290 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-15-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ |

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 3-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Consuelo Cardenas 228663

in a Liner (Type of Burial Container) Funeral, date, time FRI - Mar 25 1:00 P. ~~11:30~~

Church, Chapel, Graveside ; CA BURIAL Mortuary. CLAUDETTE

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 111 Grave 6

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R58653 | $1,833.20 |
| Balance due | 0 |

PAID MAR 17 2005 MOUNT HOPE CEMETERY

mortuary To pd check # 2627

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Print Name (see attach)

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 18993

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 3-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Consuelo Cardenas

In a Liner (Type of Burial Container) Funeral, date, time Wed Mar 16 11:30

Church, Chapel, Graveside ; CA BURIAL Mortuary CLAUDETTE

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 111 Grave 6

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 204.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |

Paid receipt number _____

Balance due _____

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.

228664

I hereby authorize the interment in lot I hold under deed

Signature

Paulette

Raul Mosti
1252 Paplar St
San Diego, CA 92105
City Zip Code

Telephone

Invoice # _____

Work Order # E 18993

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18993

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| William Thornton | | | X | Gary Moore | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 3-22-05

Interment space for: Consuelo Cardenas

Interment Date: FRI MARCH 25, 05 Time: 1:00p.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 111 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Neringa Date: 3-22-05

E-18993

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| CONSUELO | - | CARDENAS | 06/23/1913 | 03/05/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | RAUL MOSTI-SON<br>1113 FLAMINGO AVE.<br>EL CAJON, CA 92021 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE.<br>NATIONAL CITY, CALIFORNIA 91950 | FD-1689 | ▶ [signature] | 03/14/20[illegible] |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/15/2005<br>C. RUSS | ▶ 2504540 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS-P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED<br>3-5-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT- need (RES) TS Vault

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willa Bailey 228634

in a TS Vault (Type of Burial Container) Funeral, date, time Weds March 16 1:00

Church, Chapel, Graveside MT Erie Baptist church : Rossdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned. arrival Time 3:25 p.m

Division 12 Section 2 Blk/Row ____ Lot 235 Grave 2

| | |
|---|---|
| Grave space & Care Fund E-10813 | 0 |
| Overtime/Late Arrival Fees | S.B. |
| Opening/Closing & Setup TS Vault | 413.00 ~~275.00~~ |
| Burial Container TS Vault | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $ 963.31 |
| Paid receipt number pd by VISA | 963.31 |
| Balance due | 0 |

PAID MAR 11 2005 MOUNT HOPE CEMETERY

I hereby certify I am the x Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228635

I hereby authorize the interment in lot I hold under deed.

x Shirley Bradford Black (Signature)

Billed Late arrival fees 3-17-05 Sandra

x Shirley Bradford Black (Print Name)

x 1879 Manzana Way (Address)

x San Diego, CA 92139 (City, Zip Code)

x (619) 200-6308 (Telephone)

Invoice # ____

Work Order # E 18994

Acct. # ____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

E-18994

City of San Diego

Pre need lots for:

Date 5-20-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Crystal Thrower & Kimberly Thrower

in a _____ Funeral, date, time _____
Vault/Liner

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 235 Grave 2 & 4 Row — Section 2 Division/Block 12

Grave space & Care Fund 2 @ $795.00 ..... 1590.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID
MAY 20 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due ..... 1590.00

Paid receipt number 43720 1590.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

E.R. Thrower
Signature

1612 Morris Ave
Address

Spring Valley 91977
City Zip Code

619-697-3148
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10813

Acct. # _____

PY-593 (Rev. 8-92)

MT HOPE CEMETERY E-18994

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | Mayes Lizzie | |
| | | | X | Patricia Ann Thrower | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 3-14-05

Interment space for: Willa Bailey

Interment Date: Weds March 16th, 2005 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 235 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

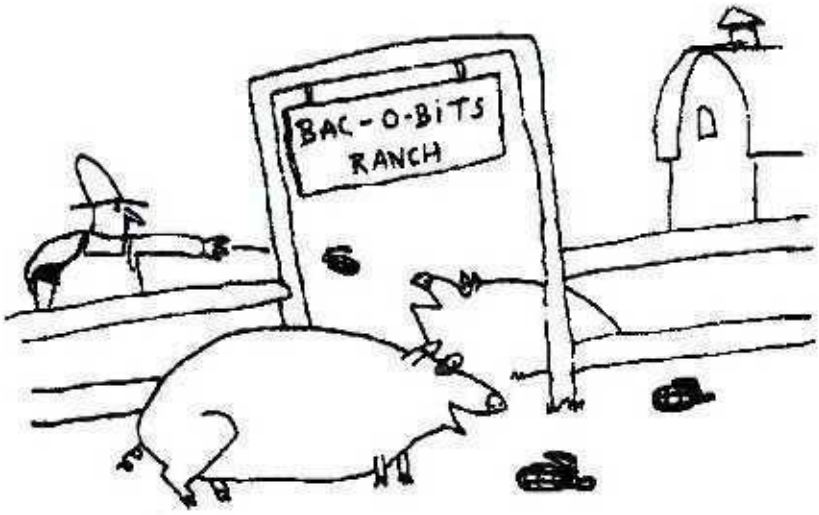
Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Darren Date: 3-14-05

Flag

# Fax Cover Sheet

E-18994




CALLAHAN

***TO:*** Sandra Brollini
Mount Hope Cemetery
***FAX:*** 619 527 3403

***FROM:*** Kimberly Thrower-Morris
Calo's
***VOICE:*** 281 573 9451
***FAX:*** 000 000 0000

***PAGES (including this cover sheet):*** 3

March 11, 2005

To Sandra Brollini

Mount Hope Cemetery per our phone call.

I Kimberly Thrower-Morris do authorize cemetery plot. Lot 235, Grave 2, Section 2, For the use of the Late
Mrs Willa Maye Bailey. Any question I can be reached at the above telephone.

Thank You

Kimberly Morris

Kimberly Thrower-Morris

E-18994

43720

**OFFICIAL RECEIPT**

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
**MOUNT HOPE CEMETERY**
527-3400

Date: 5-20, 19 93

From: Capital Mega ~~[illegible]~~ Address: 1612 Maria Ave Sp Valley

Sixteen Hundred Ninety ~~[illegible]~~ Dollars ($ 1590.00)

In _____ Payment of Pre-Need Lots

Lot 235 Grave 2 & 4 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10813

BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
MAY 20 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY [signature]

| | | | |
|---|---|---|---|
| CREDIT 20% Sales Care | 67007 77184 | 318 | W |
| 80% Sales of Lots | 100 77184 | 1272 | W |
| Opening/ Closing | 100 77181 | | |
| Burial Containers | 100 77182 | | |
| Handling Fee | 100 77185 | | |
| Recording & Misc. Fees | 100 77183 | | |
| Pre-Need Trust | 63033 9022 | | |
| Sales Tax | 60101 78380 | | |
| TOTAL PAID | $ | 1590 | W |

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 101

E-18994

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11887

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Crystal & Kimberly Thrower for the sum of $ 1590.00 (DOLLARS)

LEGAL DESCRIPTION Lot 235; Graves 2 & 4; Section 2; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10813

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo Teague
Cemetery Manager

J. T. [illegible]
Property Director

PY-584 (Rev 12-92)

E-18994

# Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

**STATEMENT**

TELEPHONE: 264-3151

| DATE | YOUR ORDER NO. |
|---|---|
| 03-17-05 | E-18994 |

TO:

Shirley Bradford Black
1879 Manzana Way
San Diego, CA 92139

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| Late arrival fees for the service of Willa Bailey on Wednesday March 16th, 2005 | $165.00 |
| Due within 30 days of receipt | |

Billed family on 3-17-05

E- 18994

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Willa | Maye | Bailey | 03/06/1926 | 03/07/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Shirley Bradford Black, Daughter<br>1879 Mansana Way<br>San Diego, CA 92139 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIG |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ Blair Campbell | 03/11/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 03/14/2005<br>B/.Campbell | 2504436 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-16-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILI<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

At Need
In the gr. of
Denichi Kawasaki &
front Left side

City of San Diego

Date 3/11/05

#229372

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MISAO KAWASAKI ⊗ MON AUGUST 1 11:00

in a ASH VAULT (Type of Burial Container) Funeral, date, time ~~Fri. April 22nd 10:00~~

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 11 Blk/Row _____ Lot 4 Grave 1

| | |
|---|---|
| Grave space & Care Fund | Ø |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 116.00 |
| Burial Container | 61.00 |
| Handling Fees | 66.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 4.73 |
| Total Due | 297.73 |
| Paid receipt number R-58620 | 297.73 |
| Balance due | Ø |

PAID

MAR 1 1 2005

MOUNT HOPE CEMETERY

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

owner 210452

229371

I hereby authorize the interment in lot I hold under deed.

Toshiko Kawasaki
Signature

TOSHIKO KAWASAKI
Print Name

2733 G ST.
Address

SAN DIEGO, CA 92102
City Zip Code

(619) 234-1603
Telephone

Paulette

Work Order # E 18995

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Raymond Kubota 619 971 8524

MT HOPE CEMETERY [ 18995

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. In grave of Denichi, Tadashi Kawasaki

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Kuraka | | Tachiki | | |
| | | Muraki | x | Takashima | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4/20

Interment space for: Misao Kawasaki ⊗

Interment Date: 4-22-05 Time: 10:00 G.S.

Div: 7 Sect: 11 Blk/Row: ____ Lot: 4 Gr: 1

Grave Laid out by: Ken Collins

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4-20-05

C-18995

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

106

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Misao | - | Kawasaki | 02/27/1899 | 03/05/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | | Toshiko Kawasaki, Daughter<br>2733 G Street<br>San Diego, CA 92102 |

| 7A. NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE |
|---|---|
| Balboa Cremation Services 4658 30th St.<br>San Diego, CA 92116 | FD1370 |

| ACKNOWLEDGMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ [illegible] | 03/15/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | $11.00 | 03/15/2005<br>K. Kerrigan | ▶ Nancy L Bowen MD |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery 3751 Market Street;<br>San Diego, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT-Need
TS Vault

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louis C Whitson 228637

in a TS Vault. (Type of Burial Container) Funeral, date, time Thurs. March 17th, 05 11:30

Church, Chapel, (Graveside) ; merkley-mitchell Denise Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ DWP x will be applied and billed to undersigned.

Division 1 Section 1 Blk/Row Lot 187 Grave 1

| | |
|---|---|
| Grave space & Care Fund B-1858 (1957) | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS Vault | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $963.31 |
| Paid receipt number R-58629 | |
| Balance due | 0 |

PAID
MAR 15 2005
MOUNT HOPE CEMETER

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

2286360

I hereby authorize the interment in lot I hold under deed.

x Signature

x Martha Whitson (Print Name)
x 1621 Markerny Ave. (Address)
x El Cajon, CA 92019 (City, Zip Code)
x (619) 328-4017 (Telephone)

Invoice #

Work Order # E 18996

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E-18996

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | william wesley whitson | Virginia whitson | X | | | |
| | | | Harshman Lillian | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 3-15

Interment space for: Louis Whitson

Interment Date: Thur MARCH 17th 2005 Time: 11:30

Div: 1 Sect: 1 Blk/Row: Lot: 187 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 3-15-05

E-18996

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| LOUIS | CARRIER | WHITSON | 05/28/1927 | 03/13/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | MARTHA WHITSON - DPOAHC<br>1621 MARKERRY AVENUE<br>EL CAJON, CA 92019 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| MERKLEY-MITCHELL MORTUARY<br>[illegible]55 FIFTH AVENUE<br>[illegible]N DIEGO, CA 92103 | FD119 | ▶ | 03/15/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | B.A. ELLANO<br>03/16/2005 | 2504635 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-17-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. Jones | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Need
PAID-in full

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/14/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith Parker 221647

in a Liner (Type of Burial Container) Funeral, date, time 3/23/05 Weds ~~11:00~~ 11:30

Church, Chapel, Graveside ; Mayer Deanne Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 167 Grave 7

| | |
|---|---|
| Grave space & Care Fund E-12547 (1995) | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container Liner | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number | — |
| Balance due | 0 |

fax 619-281-7587

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Invoice # See attached

Work Order # E 18997

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Appointed Public Administrator

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Pt Deed
paid in full

Date 3/14/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith Parker

in a Liner (Metal Container) Funeral, date, time 3/23/05 10:00

Church, Chapel/Graveside _____ : Mayer (Deanna 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 17 Section 1 Row _____ Lot 167 Grave 7

Grave space & Care Fund E-12547 0

Overtime/Late Arrival Fees —

Opening/Closing & Setup —

Burial Container Liner —

Handling Fees —

Flower vases ~ Marker setting fee —

Recording/Filing/Transfer Fees —

Sales taxes —

Fax 619-281-7587

Total Due 0

Paid receipt number —

Balance due 0

I hereby certify I am the Conservator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

(X) [signature]

Paulette

Work Order # E 18997

GREG BROWN
Print Name
5201-A RUFFIN RD
Address
SAN DIEGO CA 92123
City State Zip Code
(858) 694-3500
Telephone

Invoice # _____

Acct. # _____

Revised (Date)

This information is available in alternative formats upon request

Pre-Need

E-18997

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 10-25-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARL THOMAS JONES

in a LINER (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside ; CALIF BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

War time veteran _____.

Lot 167 Grave 7 Row _____ Section 1 Division/Block 12

| | |
|---|---|
| Grave space & Care Fund | 345.00 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 375.00 |
| Burial Container | 190.00 |
| Handling Fees | 145.00 |
| Flower vases – Marker setting fee | |
| Recording and filing fee | 45.00 |
| Sales taxes | |
| Total Due | 1100.00 |
| Paid receipt number R-46773 | 1100.00 |
| Balance due | 0 |

PAID
NOV 6 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Public Guardian

Kim White
694-2326

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 12547

PY-593 (Rev. 8-92)

PRE-Need
LOT & Trust
1st & 2nd Burial
(NON-Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (Family) pin # 228610 (Two Ashes to go under marker)

in a Double Crypt (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 193 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 1,310.00 |
| Overtime/Late Arrival Fee | |
| Opening/Closing & Setup 2 @ $549.00 | 1,098.00 |
| Burial Container Double Crypt (Two Full Body) | 556.00 |
| Handling Fees | 468.00 |
| Flower vases – Marker setting fee pd for vase pd separate by Visa Trion vase | |
| Recording/Filing/Transfer Fees 2 @ $66.00 | 132.00 |
| Sales taxes | 43.09 |
| Total Due | 3,607.09 |
| Paid receipt number pd by Visa | 3,607.09 |
| Balance due | 0 |

PAID
MAR 14 2005
MOUNT HOPE
3-15-05

pd for 1st & 2nd Burial
In Full For (DD crypt)

I hereby certify I am the X FAMILY of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

PIN # 228610

I hereby authorize the interment in lot I hold under deed.

X Signature

Sandra

X JORGE A JIMENEZ
Print Name

X 10867 Avenida Roberta
Address

X Spring Valley, CA. 91978
City Zip Code

X (619) 660-2140
Telephone

Invoice #

Work Order # E 18998

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Name of owner
Jorge Alberto Jimenez-Vazquez

E-18998

Jorge A. Jimenez

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322155665644

03/15/05 09:04:36 SWIPE

VS XXXXXXXXXXXX70814

AUTH# 015863 REF# 65002001

SALE $ 68.86

TOTAL $ 68.86

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X

JORGE ALBERTO JIMENEZ

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-18998 pd in Full
on A Pre-Need For
Ground Trion Vase
Div 12 Sec 2 Lot 193 Gr 1

PRE-Need pd IN Full
Div 12 Sec 2 Lot 193
Gr 1 (DD crypt)
pd For 1st + 2nd Burial
ON The (DD crypt)
Jorge A. Jimenez

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322155665644

03/14/05 13:42:04 KEYED

INVOICE#

VS XXXXXXXXXXXX70814

AUTH# 014665 REF# 64902001
AVS: NO AVS REQSTED

MAIL/PHONE $ 3687.09

TOTAL $ 3687.09

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

MT HOPE CEMETERY E-18997

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

NO MARKER on grave

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Hardi | | | | |
| | major | Taylor | x. | | Taylor Edna | |
| | | | | | Keener | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/21

Interment space for: Edith Parker

Interment Date: 3/23/05 Time: 11:00 G.S.

Div: 12 Sect: 1 Blk/Row: ____ Lot: 167 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: D. Farber Date: 3-21-05

E-18997

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| EDITH | ESTELLE | PARKER | 08/14/1910 | 03/11/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| LA MESA | SAN DIEGO | RICHARD PARKER - SON<br>507 BROAD ST.<br>MURRAY, KY 42071 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116 | FD-1424 | ▶ | |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/17/2005<br>R.MARTINEZ | 2504720 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | — |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-23-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kevin E. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 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.

pm-Need (Res) cremation plots

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lester Lee Itzin (8) 229127

in a Ash Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 70 Grave 14

| | |
|---|---|
| Grave space & Care Fund | 330.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116.00 |
| Burial Container Ash Vault | 61.00 |
| Handling Fees | 66.00 |
| Flower vases (Marker setting) Flower Vase Granite marker Fee | 163.85 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 4.73 |
| Total Due | $ 791.58 |
| Receipt number money order # 356275088 | 791.58 |
| Balance due | 0 |

PAID MAR 14 2005 MOUNT HOPE CEMETERY

I hereby certify I am the X Grandson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228855

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X Michael A Terry Print Name

X6486 Eastlake Dr Address

X San Diego CA 92119 City Zip Code

X619-589-9069 Telephone

Invoice # _____

Work Order # E 18999

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

♻ printed on recycled paper

received marker on 5-26-05 WO # 4314
E-18999

Form, approved, OMB No. 2900-0222
Respondent Burden: 15 minutes

**Department of Veterans Affairs**

**IMPORTANT:** Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. *Blocks outlined in bold are optional inscription items. Unless indicated otherwise* all other blocks must be completed. **MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION IS REQUIRED.**

1. TYPE OF REQUEST
- [X] INITIAL *(First time)* REQUEST
- [ ] SECOND REQUEST
- [ ] CORRECTED APPLICATION/REPLACEMENT

2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER *(NO NICKNAMES OR TITLES PERMITTED)*

| FIRST *(Or Initial)* | MIDDLE *(Or Initial)* | LAST | SUFFIX |
|---|---|---|---|
| Lester | Lee | Itzin | NA |

3. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 *(e.g., lost at sea, remains scattered, etc.)*
- [ ] REMAINS NOT BURIED

VETERAN'S SERVICE AND IDENTIFYING INFORMATION *(Use numbers only, e.g., 05-15-1941)*

4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO. *(Failure to complete will delay processing.)*
564-01-8628

| 5A. DATE OF BIRTH | | | 5B. DATE OF DEATH | | |
|---|---|---|---|---|---|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR |
| 09 | 14 | 1917 | 09 | 14 | 2004 |

PERIODS OF ACTIVE MILITARY DUTY *(For additional space use Block 27)*

| 6A. DATE(S) ENTERED | | | 6B. DATE(S) SEPARATED | | |
|---|---|---|---|---|---|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR |
| 12 | 1 | 42 | 10 | 13 | 45 |
| | | | | | |

7. HIGHEST RANK ATTAINED *(No pay grades)*
CPL

8. BRANCH OF SERVICE *(Check box(es) - must be consistent with rank (Box 7))*
- [X] ARMY AR
- [ ] NAVY NA
- [ ] MARINE CORPS MC
- [ ] COAST GUARD CG
- [ ] AIR FORCE AF
- [ ] ARMY AIR FORCES AA
- [ ] MERCHANT MARINE MM
- [ ] OTHER *(Specify)*

9. VALOR OR PURPLE HEART AWARD(S) *(Documentation must be provided)* Please confirm.
- [ ] MEDAL OF HONOR MOH
- [ ] DST SVC CROSS DSC
- [ ] NAVY CROSS NC
- [ ] AIR FORCE CROSS AFC
- [ ] SILVER STAR SS
- [ ] BRONZE STAR MEDAL BSM(V)
- [ ] PURPLE HEART PH
- [ ] OTHER *(Specify)*

10. WAR SERVICE *(Check applicable box(es))*
- [X] WORLD WAR II WWII
- [ ] KOREA KO
- [ ] VIETNAM VN
- [ ] PERSIAN GULF PG
- [ ] OTHER *(Specify)*

11. TYPE OF HEADSTONE OR MARKER REQUESTED *(Check one)*
- [ ] FLAT BRONZE B
- [ ] FLAT GRANITE G
- [ ] UPRIGHT MARBLE U
- [X] FLAT MARBLE F
- [ ] BRONZE NICHE Z
- [ ] UPRIGHT GRANITE V

12. DESIRED EMBLEM OF BELIEF
- [ ] NONE
- [ ] LATIN CROSS *(Christian)* 01
- [ ] WHEEL OF RIGHTEOUSNESS *(Buddhist)* 02
- [ ] STAR OF DAVID *(Judaism)* 03
- [X] OTHER *(Specify)* *(See reverse of back copy for illustrated authorized emblems)* Four

13A. NAME AND MAILING ADDRESS *(No., street, city, State, and ZIP Code)* OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION
Michael Terry
6486 East Lake Dr.
San Diego, CA 92119

13B. DAYTIME PHONE NO. OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION
858-229-5768

14. E-MAIL ADDRESS *(Optional)*
MTerry@Sunetron.com

15. FAX NO. *(Optional)*
619-589-9069

16. ARE YOU:
- [X] NEXT OF KIN
- [ ] FUNERAL DIRECTOR
- [ ] VETERANS SERVICE OFFICER
- [ ] CEMETERY OFFICIAL
- [ ] OTHER *(Specify)*

**CERTIFICATION:** I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all statements made are true and correct to the best of my knowledge.

17. SIGNATURE OF PERSON WHOSE NAME APPEARS IN BLOCK 13A
[signature]

18. DATE
3/11/05

19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY *(No., Street, City, State and ZIP Code); P.O. BOX IS NOT ACCEPTABLE*
MT. Hope Cemetary
3751 Market St.
San Diego, Ca. 92102-4537

20. DAYTIME PHONE NO. *(Include Area Code)*
619 527-3400

21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED *(No., Street, City, State and ZIP Code)*
MT. Hope Cemetary
3751 Market Street
San Diego, Ca 92102

**CERTIFICATION:** I agree to accept prepaid delivery of the headstone or marker.

22. SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19
Sandra Brollini Clerical Assistant II

23. DATE
03-14-05

**CERTIFICATION:** I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.

24. SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL
Sandra Brollini Clerical Assistant II

25. DAYTIME TELEPHONE NO. *(Include Area Code)*
619 527-3400

26. DATE
03-14-05

27. REMARKS *(Optional inscription space will vary in size according to the type of marker)*

28. GRAVE IS:
- [ ] CURRENTLY MARKED *(with privately purchased marker)*
- [ ] NOT MARKED

STATE VETERANS' CEMETERY AND GRAVE LOCATION *(Cemetery Use Only)*

| 29. ID CODE | 30. SECTION | 31. GRAVE NO. |
|---|---|---|
| | | |

PRE-Need
LOT + TRUST
Liner (Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (Family) Dorothy JOE Smith 228562

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 248 Grave 8

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container Liner | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,833.20 |
| Paid receipt number VISA | $1,833.20 |
| Balance due | 0 |

PAID
APR 12 2005
MOUNT HOPE CEMETERY

I hereby certify I am the FAMILY x Dorothy Smith of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 228562 hold under deed.

x [signature]
Signature

x Dorothy Joe Smith
Print Name
x 5389 Bonita Drive
Address
x San Diego CA 92114
City Zip Code
x 619 264 7204
Telephone

Invoice # _____

Work Order # E 19000

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

3- Pre-need trusts

Date 3/14/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of family

In a T.S. Vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 31 + 39 Grave 6, 9, 10

Grave space & Care Fund E-18059, E-17610, E-17609 3@

| | | |
|---|---|---|
| Overtime/Late Arrival Fees | | — |
| Opening/Closing & Setup | 3@ 413.00 | 1239.00 |
| Burial Container | 3@ 275.00 | 825.00 |
| Handling Fees | 3@ 204.00 | 612.00 |
| Flower vases – Marker setting fee | | — |
| Recording/Filing/Transfer Fees | 3@ 50.00 | 150.00 |
| Sales taxes | 21.31 | 63.93 |
| | Total Due | 2889.93 |
| Paid receipt number | R-58622 | 722.49 |
| | Balance due | 2167.44 |

PAID

MAR - 9 2007

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature (See pre-need file)

Print Name HOWARD CUTTS SR

Address 2038 ALTA VIEW DR

City SAN DIEGO CA Zip Code 92139

Telephone (619)

Paulette

Invoice #

Work Order # E 19001

Acct. #

REA-108 (3-04) *This information is available in alternative formats upon request.*

Pd in full P- 00739

PIN # 806 payments Due 14th each month monthly-$70.00 E-19001
Contract Expires Jan 2007

CUTTS, HOWARD SR. 2038 ALTA VIEW DR., S.D. CA 92139 619)

DIVISION 12 SEC 2 LOT 31 & 39 GRAVES 6, 9, 10

| | | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|---|
| 1/6/05 Opened 3 pre-need trust accts. Trust includes | | | 2,889.93 | | 2889.93 |
| 3-O/C @413=1239, 3-B/C @ $275=825, 3-H/F @ $204=$612, | | | | 722.49 | 2167.44 |
| 3-R/F @ $50=$150, 3-Sales Taxes @ $21.31= $63.93. | | | | | |
| 3/14/05 R-58622 | | April 2005 4/25 #1 Coupon | | 90- | 2077.44 |
| 6-14-05 R-58959 | Coupon 2 | may 2005 | | 90- | 1987.44 |
| 6-14-05 R-58960 | No Coupon #3 | June 2005 | | 90- | 1897.44 |
| 7-7-05 R-59039 | Coupon #4 | July 2005 | | 90- | 1807.44 |
| 8-5-05 R-59445 | No coupon 5+6 | aug, Sept 05 | | 180- | 1627.45 |
| 10/6/05 R-59284 | 7+8 | Oct + NOV 2005 | | 180.- | 1447.45 |
| 1-17-06 P-00062 | #9 | Dec 2005 | | 90.- | 1357.45 |
| 1-17-06. P-00063 | #10 | Jan 2006 | | 90.- | 1267.45 |
| 2-14-06 P-00127 | #11 | Feb 2006 | | 90- | 1177.45 |
| 3-3-06 P-00152 | #12 | Mar 06 | | 90- | 1087.45 |
| 4-10-06 P-00222 | #13 | Apr 06 | | 90- | 997.45 |
| 5-2-06 P-00266 | #14 | may 06 | | 90- | 907.45 |
| 6-13-06 P-00343 | #15 | June 06 | | 90- | 817.45 |
| 7-3-06 P-00363 | #16 | July 06 | | 90- | 727.45 |
| 8-7-06 P-00434 | #17 | Aug 06 | | 90- | 637.45 |
| 9-6-06 P-00472 | #18/#19 | Sept./Oct 06 | | 180- | [illegible].45 |
| 11-3-06 P-00564 | 20+21 | Nov/Dec 06 | | 180- | [illegible].45 |
| 2/13/07 P-00695 | 22+23 | Jan 07-Feb 07 | | 180- | [illegible].45 |
| 3/9/07 P-00739 | 24 | March 07 | | 90.45 | 0 |

PAID
MAR - 9 2007
MOUNTHOPE CEMETERY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
**(619) 527-3400**

P 00363

Date: 7-3, 20 06

From: Howard Cutts Sr. Address: on record

Ninety and 00 Dollars ($ 90 — . )

in Part Payment of Pre-need trusts.

Div 12 Sec 2 Blk/Row Lot 31+39 Grave 6, 9, 10

Invoice No. E-19001

Acct. No.

W.O.

BALANCE DUE $ 727.45

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 8311

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL - 3 2006

ISSUED BY Paulette

MOUNT HOPE CEMETERY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 90 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 90. — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00472

Date: 9-6, 2006

From: Howard Cutts Address: on record

one hundred Eighty and 00 Dollars ($ 180.—)

in part Payment of Pre need trusts.

Div 12 Sec 2 Blk/Row Lot 31039 Grave 6,9,10

Invoice No. E-19001

Acct. No.

W.O.

BALANCE DUE $457.45

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 8344

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP - 5 2006

MOUNT HOPE CEMETERY

ISSUED BY Pcrawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 180 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 180 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

**CITY OF SAN DIEGO, CALIFORNIA**
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
**(619) 527-3400**

P 00564

Date: Nov. 3, 20 06

From: Howard J. Cutts Sr. Address: 2038 Alta View Dr. SD CA 92139

One hundred Eighty and 00/00 Dollars ($ 180— )

in part Payment of Pre-need coupons 20 & 21 2 payments

Div 12 Sec 2 Blk/Row Lot 31 & 39 Grave 6, 9, 10

Invoice No. E019001

Acct. No.

W.O.

BALANCE DUE $277.45

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 8369

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV - 2 2006

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 180. — |
| Trust | 77186 | |
| TOTAL PAID | | $ 180. — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59039

**MOUNT HOPE CEMETERY**
**(619) 527-3400**

Date: 7-7 , 2005

From: Howard Cutts SR. Address: On record

Ninety and 00/ Dollars ($ 90.- )

in part Payment of Pre-need trusts.

Div 12 Sec 2 Blk/Row Lot 31 & 39 Grave 6,9,10

Invoice No. E-19001

Acct. No.

W.O.

BALANCE DUE $1807.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 8086

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

**PAID**

JUL 07 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | 90- |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 90- |

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59445

**MOUNT HOPE CEMETERY**
(619) 527-3400

Date: 8-5, 2005

From: Howard Cutts Address: on record

One Hundred Eighty and 00 Dollars ($ 180.-)

in part Payment of

Div 12 Sec 2 Blk/Row Lot 31 & 39 Grave 6, 9, 10

Invoice No. E-19001

Acct. No.

W.O.

BALANCE DUE $1,627.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

8103

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 05 2005

MOUNT HOPE CEMETERY

ISSUED BY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 83033 | 180.- |
| Trust | 77186 | |
| Sales Tax | 80101 | |
| | 78390 | |
| TOTAL PAID | $ | 180.- |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P00739

Date: 3/9, 20 07

From: H. Cutts Address: On record

Ninety Seven ~~Eg~~ and 45/00 Dollars ($ 97.45 )

In part of Payment of Last payment Coupon #24

Div 12 Sec 2 Blk/Row Lot 31+39 Grave 6, 9, 10

Invoice No. E-19001

Acct. No.

W.O.

BALANCE DUE $0

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 8435

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR - 9 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C

| | | |
|---|---|---|
| CREDIT | 7007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 3033 | 97.45 |
| Trust | 77186 | |
| TOTAL PAID | $ | 97.45 |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58771.

Date: 4/25, 20 05

From: H. Cutts Sr. Address: 2038 Cultaview Dr. SD CA 92139

Ninety and 00 Dollars ($ 90.—)

in part Payment of Pre-need trust.

Div 12 Sec 2 Blk/Row Lot 31 Grave 9

Invoice No. E-19001

Acct. No.

W.O.

BALANCE DUE $ 2077.45

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [X] Cash [ ] Check [X] 8021

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 25 2005

MOUNT HOPE CEMETERY

ISSUED BY Pcrawford

| | | |
|---|---|---|
| CREDIT | 87007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | 90.00 |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 90.00 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59284

**MOUNT HOPE CEMETERY**
(619) 527-3400

Date: 10/10 20 05

From: Howard Cutts Address: 2088 Alta View Dr. SD 92139

One Hundred Eighty and 00 Dollars ($ 180 - )

in part Payment of Pre need trust 7+8 Coupons

Div 12 Sec 2 Blk/Row Lot 31+39 Grave 6,9,10

Invoice No. E-19001

Acct. No.

W.O.

BALANCE DUE $1447.45

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [X] Cash [ ] Check [X] 8137

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 07 2005

ISSUED BY Paul Lowe

MOUNT HOPE CEMETERY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | 180. — |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 180 — |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00062
E19001

Date: 1/17, 20 06

From: Howard Cutts SR. Address: on record

Ninety and 00 Dollars ($ 90.-)

in part Payment of Pre-need trust

Div 12 Sec 2 Blk/Row Lot 31+39 Grave 6, 9, + 10

Invoice No. E19001

Acct. No.

W.O.

BALANCE DUE $ 1357.45

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 8179

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 17 2006

MOUNT HOPE CEM

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | |
| Trust | 77186 | 90 — |
| TOTAL PAID | | $ 90 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00063

Date: 1/17, 20 06

From: Howard Cutts Address: on record

Ninety and 00 Dollars ($ 90 — )

in part Payment of Pre-need trust,

Div 12 Sec 2 Blk/Row Lot 31+39 Grave 6, 9+10

Invoice No. E- 19001

Acct. No.

W.O.

BALANCE DUE 1,267.45

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 17 2006

MOUNT HOPE CEMETERY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | |
| Trust | 77186 | 90 — |
| TOTAL PAID | $ | 90 — |

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 8197 ISSUED BY Paulette

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00127

Date: February 14, 2006

From: Howard Cutts Address: on record

Ninety and 00 Dollars ($ 90 — )

in part Payment of Pre-need trusts.

Div 12 Sec 2 Blk/Row ____ Lot 31+39 Grave 6, 9, 10

Invoice No. E-19001

Acct. No. ____

W.O. ____

BALANCE DUE $ 1177.45

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 8214

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 14 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 69033 | 90 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 90 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00152
E = 19001

Date: Mar 3, 20 06

From: Howard J. Cutts Sr. Address: on record

ninety and ou Dollars ($ 90 - )

in part Payment of Pre-need trusts.

Div 12 Sec 2 Blk/Row Lot 31 & 39 Grave 6, 9, 10

Invoice No. E - 19001

Acct. No.

W.O.

BALANCE DUE $ 1087.45

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR - 3 2006

MOUNT HOPE

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 90 - |
| Trust | 77186 | |
| TOTAL PAID | | $ 90 - |

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

(3) ☐ Check 8232

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00222

Date: 4/10, 20 06

From: Howard Cutts Address: on record

Ninety Dollars ($ 90 -)

in Part Payment of Pre-need trusts

Div 12 Sec 2 Blk/Row Lot 31 + 39 Grave 6,9,10

Invoice No. E-19001

Acct. No.

W.O.

BALANCE DUE $ 997.45

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 0 7 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 90 - |
| Trust | 77186 | |
| TOTAL PAID | $ | 90 - |

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 8249

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00343

Date: 6-13, 20 06

From: Howard Cutts Sr. Address: on record

ninety and 00 Dollars ($ 90 — )

in Part Payment of Pre-need trust.

Div 12 Sec 2 Blk/Row Lot 31 & 39 Grave 6, 9, 10

Invoice No. E-19001

Acct. No.

W.O.

BALANCE DUE $ 817.45

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 13 2006

MOUNT HOPE CEMETERY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 90 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 90 — |

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 8290 ISSUED BY PCrawford

AC-212 (11-05)

*This information is available in alternative formats upon request*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00695

Date: February 13, 20 07

From: Howard Cutts Address: on record

One hundred Eighty — — Dollars ($ 180 — )

in part Payment of Pre-need trust. No Coupon.

Div 12 Sec 2 Blk/Row Lot 31+39 Grave 6, 9, 10

Invoice No. E-19001

Acct. No.

W.O.

BALANCE DUE $97.45

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 8421

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 13 2007

MOUNT HOPE CEMETERY

ISSUED BY paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 180 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 180 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00434

Date: August 7, 2006

From: Howard J. Cutts Address: 2038 Alta View Dr. SD CA 92139

Ninety and 00 Dollars ($ 90.- )

in ~~Full~~ Part Payment of Pre-need trust accounts.

Div 12 Sec 2 Blk/Row ____ Lot 31 + 39 Grave 6, 9, 10

Invoice No. E-19001

Acct. No. ____

W.O. ____

BALANCE DUE $ 637.45

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 8328

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 07 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| Pre-Need | 63033 | 90 | - |
| Trust | 77186 | | |
| TOTAL PAID | | $ 90 | - |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00265

Date: 5 - 2 , 20 06

From Johnie M. Crosby Address: on record

Thirty - Four Dollars ($ 34.00 )

in Part Payment of Pre-Need Lot

Div 10 Sec — Blk/Row — Lot 974 Grave —

Invoice No. E - 19394

Acct. No.

W.O.

BALANCE DUE $ 549 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 579

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAY 0 2 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 34 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 34 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

Pre need LOT & TRUST

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/7/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Suzanne E. TRUDO

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot _____ Grave 128

| | |
|---|---|
| Grave space & Care Fund | 330.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116.00 |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | |
| Total Due | 496.00 |
| Paid receipt number M/C | 496.00 |
| Balance due | 0 |

PAID

MAR - 7 2005

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot _____ hold under deed.

Signature: Suzanne Trudo

Print Name: Suzanne E. Trudo

Address: 4338 Clairemont Mesa Bl. #11

City: San Diego Zip Code: 92117-1850

Telephone: (858) 272-7853

Invoice # _____

Work Order # E 19002

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58587

Date: 3/7, 20 05

From: Suzanne E. TRUDO Address: 4338 Clairemont Mesa Blv #11 SD 92117

Four Hundred Ninety Six —— 00/00 Dollars ($ 496.00 )

in _____ Payment of PRE NEED - Alm Garden

Div 8 Sec 4 Blk/Row _____ Lot 128 Grave _____

Invoice No. E-19002

Acct. No. _____

W.O. _____

BALANCE DUE 496.00

Pre-Need Lot ✓ At Need ( ) On Acct ( )

Pre-need Trust ( ) Cash ( ) Check ( )

Auth 066366 m/c

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY MPS

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 330. | 00 |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | 116 | 00 |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | 50 | 00 |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 496 | 00 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

Pre-need
LOT & TRUST
(Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/7/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Merlin T. TRUDO - p.m # 228585

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 125 Grave _____

| | |
|---|---|
| Grave space & Care Fund | 330.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116.00 |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | |
| Total Due | 496.00 |
| Paid receipt number R-58588 | 496.00 |
| Balance due | Ø |

PAID

MAR - 7 2005

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Merlin Trudo
Signature

MERLIN TRUDO
Print Name

10132 BUENA VISTA AVE #102
Address

SANTEE CA 92071
City Zip Code

619 448 0598
Telephone

Invoice # _____

Work Order # E 19003

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

# MOUNT HOPE CEMETERY

(619) 527-3400

53500

Date: 3/7, 2005

From: Merlin T. TRUDO Address: 10132 BUENA VISTA AVE #107

Four hundred ninety six — 00/00 Dollars ($ 496.00 )

in _____ Payment of PRE-NEED - URN GARDEN

Div 8 Sec 4 Blk/Row _____ Lot 125 Grave _____

Invoice No. E-19003

Acct. No. _____

W.O. _____

BALANCE DUE 496.00

Pre-Need Lot | | At Need | | On Acct | |

Pre-need Trust | | Cash | | Check ✓

5949

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY MPS

| | | | |
|---|---|---|---|
| CREDIT | 67007 | 330 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | 116 | 00 |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | 50 | 00 |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 496 | 00 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

(858) 272-7853

H0449027

E19003

5649

**SUZANNE TRUDO**
858-272-7853
4338 CLAIREMONT MESA BLVD., APT. 11
SAN DIEGO, CA 92117-1950

CA 10-07

90-7162/3222
8610953726

DATE March 7, 2005

PAY TO THE ORDER OF Mt. Hope Cemetery $ 496 00

Four Hundred Ninety Six dollars & 00/100 DOLLARS

**Washington Mutual**

Washington Mutual Bank, FA
Point Loma-Midway Financial Center 1065
3609 Midway Drive
San Diego, CA 92110
1-800-788-7000
24 hour Customer Service

NOTES For Merle Plot

Suzanne Trudo

⑆222716271⑆ 8610953726⑈ 5649

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT USED

Total of 12 hours

Date 3-16-05

I gave of Doris Slayton

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Slayton ⊗ 2286043

in a ASH VAULT (Type of Burial Container) Funeral, date, time Sat. Mar 19 10:00

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 5 Section 5 Blk/Row _____ Lot 12 Grave 3

| | | |
|---|---|---|
| Grave space & Care Fund | D-2082 | 0 |
| Overtime/Late Arrival Fees | NR | 307.00 |
| Opening/Closing & Setup | | 154.00 |
| Burial Container | | 81.00 |
| Handling Fees | | 88.00 |
| Flower vases – Marker setting fee | | |
| Recording/Filing/Transfer Fees | | 66.00 |
| Sales taxes | | 6.28 |
| Total Due | | 702.28 |
| Paid receipt number | R-58641 | 702.28 |
| Balance due | | 0 |

PAID

MAR 16 2005

MOUNT HOPE CEMETERY

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

219051

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Print Name: SCOTT B. SLAYTON

Address: 12620 OLD CAMPO RD

City: SV Zip Code: 91978

Telephone: 619 670 3138

Invoice # _____

Work Order # E 19004

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET E 19004

DATE / TIME RECEIVED CALL: 3/16/05 9:20

CALL TAKEN BY: Paulette

**RECEIVED CALL FROM:**

☐ MORTUARY NAME: "
☒ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Family Scott
TELEPHONE NUMBER: 6M/549-2107
RELATIONSHIP TO DECEASED:

**NAME OF DECEASED:**

LAST NAME: Slayton
FIRST NAME: Raymond INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

**FUNERAL SERVICE:**
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☒ GRAVE SIDE
LOCATION OF SERVICE:
DATE OF SERVICE: TIME OF SERVICE:
NR EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

**CEMETERY PROPERTY:** ☐ A/N ☐ P/N ☐ P/N Trust

DIV: 5 SECT: 5 BLK/ROW: LOT: 12 GR: 3
☐ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

395.28
307.00
702.28

**CEMETERY SERVICE:**
TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

10:00 AM

SPECIAL INSTRUCTIONS: In the grave of Mother. Doris Mar Slayton

MT HOPE CEMETERY E/9004

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. In grave of Doris M Slayton (Mother)

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | MARSHALL VAULT | | | |
| | | | | | | |
| | Cain | Clifford | x | Rodriguez | Rowe | Taylor |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/17

Interment space for: Raymond Slayton

Interment Date: Sat. Mar. 19 Time: 10:00 G.S.

Div: 5 Sect: 5 Blk/Row: ____ Lot: 12 Gr: 3 PC

Grave Laid out by: [illegible]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: C Dawn Date: 3-18-05

E19004

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| RAYMOND | DACEY | SLAYTON | 12/24/1939 | 03/15/2004 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SANTEE | SAN DIEGO | SCOTT SLAYTON - BROTHER<br>12620 OLD CAMPO RD<br>SPRING VALLEY, CA 91978 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| PARIS-FREDERICK MORTUARY<br>374 N MAGNOLIA AVE, EL CAJON, CA 92020 | FD-795 | Jackie Kozica | 03/17/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/17/2005<br>JACKIE KOZICA | 2504710 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P O BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET/SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-19-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Kim F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT DEED

Date 3/17/10

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Coleman Luke 2286646

In a Liner (Type of Burial Container) Funeral, date, time MON. MAR 21 (68) 10:00

Church, Chapel (Graveside) : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 19 Grave 10

| | |
|---|---|
| Grave space & Care Fund E-2558 | Ø |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 848.20 |
| Paid receipt number DCR 05-16812 / VISA Card | 848.20 |
| Balance due | Ø |

PAID

MAR 17 2005

MOUNT HOPE CEMETERY

I hereby certify I am the nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

2286645

I hereby authorize the interment in lot I hold under deed.

x [signature] M. Luke
Signature

x MARION M. LUKE
Print Name

7657 SKYLINE DR.
Address

SAN DIEGO CALIF. 92114
City Zip Code

479-6394
Telephone

Paulette

Work Order # E 19005

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19005

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Luke | Luke | Williams | | |
| | | | x | Howard | | |
| | | | Barnes | Ikeller | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3-18

Interment space for: George Coleman Luke

Interment Date: 3/21/05 Time: ?

Div: 12 Sect: 2 Blk/Row: ____ Lot: 19 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3-18-05

E19005

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| GEORGE | - | LUKE | 07/22/1926 | 03/13/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| NATIONAL CITY | SAN DIEGO | MARION LUKE, NEPHEW<br>7657 SKYLINE DR.<br>SAN DIEGO, CA 92114 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD,<br>SAN DIEGO, CA 92102 | FD-1329 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ V. Davis

8B. DATE SIGNED: 03/18/2005

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 03/18/2005<br>V. DAVES | 2504836 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS, P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY; 3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-21-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ C Warren |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ |

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

pre-Need
Trust
(Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Geraldine Moreland 215489 pin #

in a TS-vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 15 Blk/Row _____ Lot 54 Grave 5

| | |
|---|---|
| Grave space & Care Fund ..... C-4660 | Ø |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | $ 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 963.31 |
| Paid receipt number R-58642 | 600.00 |
| Balance due | $ 363.31 |

PAID
APR 05 2005
MOUNT HOPE CEMETERY

R58714 $363.31 Bal Ø

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X Geraldine Moreland Print Name

X 4227 52nd St Apt 403 Address

X San Diego 92115 City Zip Code

X (619) 583-1686 Telephone

Sandra

Invoice # _____

Work Order # E 19006

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

Pin # 215489

E-19006

MORELAND, GERALDINE 4227 52nd St. Apt 403 San Diego, CA 92115 (619) 583-1686

DIV 7 SEC 15 LOT 54 GR 5

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 03-17-05 | Opened Pre-Need Trust, Trust to include O/C, B/C TS Vault, H/F, R/F, Taxes | 963.00 | 600.00 | 363.31 |
| 4-5-05 | R-58714 | | 363.31 | 0 |

E 19006

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58714

Date: 4-5-05, 20 05

From: Sheri'l Purry Address: 4250 W. overlook Dr.

Three hundred & sixty-three 31/100 Dollars ($ 363.31)

in Full Payment of Balance of Trust For Geraldine moreland

Div 7 Sec 15 Blk/Row Lot 54 Grave 5

Invoice No. E-19006

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #6842

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 05 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | 363 | 31 |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 363 | 31 |

---

SHERI L. OR LIONEL L. PURRY
P.O. BOX 151086 PH. 619-501-6306
4250 W. OVERLOOK DR.
SAN DIEGO, CA 92115

16-49 11
1220
0111836896

6842

DATE 4/5/05

PAY TO THE ORDER OF Mount Hope Cemetery $ 363.31

Three Hundred Sixty-Three and 31/100 DOLLARS

UNION BANK OF CALIFORNIA
COLLEGE CENTER #11
6010 EL CAJON BOULEVARD, SAN DIEGO, CA 92115
800 238 4486

MEMO

E19006

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58642

Date: 3-17-05, 20 05

From: Geraldine Moreland Address: 4227 52nd St Apt 403 S.D. CA 92115

Six hundred 00/100 Dollars ($ 600.00 )

in Part Payment of Pre-Need Trust For Geraldine Moreland

Div 7 Sec 15 Blk/Row Lot 54 Grave 5

Invoice No. E-19006

Acct. No.

W.O.

BALANCE DUE $363.31

Pre-Need Lot | At Need | On Acct

Pre-need Trust ✓ Cash | Check ✓

#6895

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PROCESSING UNLESS STAMPED "PAID" IN THIS BOX

PAID

MAR 17 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | ~~413~~ | ~~00~~ SD |
| Closing | 77181 | | |
| Burial | 100 | ~~775~~ | ~~00~~ |
| Containers | 77182 | | |
| | 100 | ~~204~~ | ~~00~~ |
| Handling Fee | 77185 | | |
| Recording & | 100 | ~~50~~ | ~~00~~ |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | $600 | 00 |
| Trust | 77186 | | |
| Sales Tax | 60101 | ~~71~~ | ~~71~~ |
| | 78390 | | |
| TOTAL PAID | $ | 600 | 00 |

Balance $363.31

---

SHERI L. OR LIONEL L. PURRY
P.O. BOX 151086 PH. 619-501-6306
4250 W. OVERLOOK DR.
SAN DIEGO, CA 92115

16-49 11
1220
0111638896

6895

DATE 3/17/05

PAY TO THE ORDER OF Mount Hope Cemetery $600.00

Six Hundred and 00/100 DOLLARS

UNION BANK OF CALIFORNIA
COLLEGE CENTER #11
6010 EL CAJON BOULEVARD, SAN DIEGO, CA 92115
800 238 4486

MEMO Funeral

AT-Need
NON-RES

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 27867 Mei Fung Wong Lui (X) Ashes placed under marker space

in a Ash Vault (Type of Burial Container) Funeral, date, time Monday March 28th, 2005 11:00

Church, Chapel (Graveside) ; Community Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row _____ Lot 157 Grave 1

| | |
|---|---|
| Grave space & Care Fund ..... E-18378 | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 154.00 |
| Burial Container ..... Ash Vault | 81.00 |
| Handling Fees | 88.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 6.28 |
| Total Due | $ 395.28 |
| Paid receipt number R-58643 | 395.28 |
| Balance due | 0 |

PAID
MAR 17 2005
MOUNT HOPE Cemetery

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 27867

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X Wong Yee Nor Print Name
X 1272 Tobias Dr. Address
X Chula Vista 91911 City Zip Code
X (619) 427-6936 Telephone

Invoice # _____

Work Order # E 19007

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Pre need

MT. HOPE CEMETERY

# INTERMENT ORDER

E 19007

City of San Diego

03-22-04A10:28 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 157 Grave 1:2 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... 1970.—

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

PAID

MAR 2 2 2004

MOUNT HOPE CEME...

Total Due ..... 1970.—

Paid receipt number R57350 1970—

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228671

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: Wong Yee Ling

Address: 323 E. Palomar St

City: Chula Vista CA Zip Code: 91911

Telephone: (619) 691-1698

Invoice # _____

Work Order # E 18373

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

MT HOPE CEMETERY Z19007

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 | | Hiwett Woldegeorgis | H |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: Mei Fung Wong Lui ⊗

Interment Date: monday 3-28-2005 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 157 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 3-23-05

E19007

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Mei | Fung | Wong Lui | 09/03/1937 | 09/03/2003 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Taishan City | China | Wong Yee Hor - Daughter<br>1272 Tobias Drive<br>Chula Vista, CA 91911 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Community Mortuary 855 Broadway<br>Chula Vista, CA 91911 | FD1682 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit ▶ | 8B. DATE SIGNED 03/15/2005 |
|---|---|---|---|

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/15/2005 | D. Humphrey ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| — | San Diego County<br>P.O. Box 85222 San Diego, CA 92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

-619-527-3403 E19007

I had paid for the order
Inv. No. 58643, It's for
the date, monday 3-28-05 between 11:00 am. -3:00 pm

Wong Zee Ling

Res
AT Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/18/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OCOLA WOFFORD 228655

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Weds Mar 23 1:00

Church, Chapel, Graveside _____ ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 86 Grave 9

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| 2 TRIOA VASES Flower vases / Marker setting fee | 241.26 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 32.40 |
| Total Due | 2491.66 |
| Paid receipt number Visa Card | 2491.66 |
| Balance due | Ø |

PAID
MAR 18 2005
MOUNT HOPE CEMETERY

Res fee

I hereby certify I am the DAUGTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228656

I hereby authorize the interment in lot I hold under deed.

Lavinia C. Wofford
Signature

LAVINIA C. WOFFORD
Print Name
223 32ND ST.
Address
S.D. CA. 92102
City Zip Code
(619) 696-9145 Home
Telephone
(619) 301-5108 CELL

Paulette

Work Order # E 19008

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19008

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

NO MARKER on grave.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| Hayes | Flowers | Flowers | X | | | |
| | | | Marcum | Mahaffy | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/21

Interment space for: Ocola Wofford

Interment Date: 3/23 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 86 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARREYL Date: 3-21-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E/9008

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| OCOLA | - | WOFFORD | 03/05/1918 | 03/16/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | LAVINIA WOFFORD, DAUGHTER<br>223 32ND STREET<br>SAN DIEGO, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD.<br>SAN DIEGO, CA 92102 | FD-1329 | ▶ | 03/19/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 03/21/2005<br>V. DAVIS | 2504840<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS, P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY; 3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-23-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. Kanyer | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need
(Res)
urn Garden

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosalind Amos (X) 228649

in a urn Garden (Type of Burial Container) Funeral, date, time Tues MARCH 22, 05 9:00 A.M

Church, Chapel (Graveside) ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ M.A. x

will be applied and billed to undersigned.

Division 8 Section 4 Blk/Row Lot 362 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 330.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116.00 |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | |
| Total Due | $ 496.00 |
| Paid receipt number R-58646 | $ 496.00 |
| Balance due | 0 |

PAID
MAR 18 2005
MOUNT HOPE CEMETERY

I hereby certify I am the x Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228649

I hereby authorize the interment in lot I hold under deed.

Martea Amos
Signature

x Martea Amos
Print Name
x 3940 Manzanita Dr
Address
x San Diego Ca 92105
City Zip Code
x 619 6240141
Telephone

Invoice #

Work Order # E 19009

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19099

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Sobek Rudolph | | | |
| | | Paul W Gilbert | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 3-18-05

Interment space for: Rosalind Amos

Interment Date: Tues March 22, 2005 Time: 9:00 A.m

Div: 8 Sect: 4 Blk/Row: ____ Lot: 362 Gr: 1

Grave Laid out by: [illegible]

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3-21-05

Flagged

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19009

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Rosalind | Deretta | Amos | 03/19/1963 | 03/07/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| La Jolla | San Diego | Marteal Amos, Mother<br>3940 Manzanita Dr.<br>San Diego, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ Blair Campbell | 03/22/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 03/22/2005<br>B. Campbell | 2504923 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-22-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Daniel Farmer | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At need ingrave of Stephen Bouty

Date 3/18/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dessere Bouty I.n # 455

in a DD Crypt "B" (Type of Burial Container) Funeral, date, time Weds Mar 23 10:00

Church, Chapel, Graveside : Rogsdale Mortuary Moe

All Funeral 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 67 Grave 8

| | |
|---|---|
| Grave space & Care Fund E-15592 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number E-15592 Balance due | 0 |

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

See attached

Invoice #

Acct. #

Paulette

Work Order # E 19010

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

5 15:01 SD MT HOPE CEMETERY → RAGSDALE

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/18/05

At reed in grave of Stephen Bouty

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dessere Bouty

in a Discount "B" (Type of Burial Container) Funeral, date, time weds mar 23 10:00

Church, Chapel, Graveside : Ragsdale Mortuary Mve

All Funeral 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 67 Grave 8

Grave Space & Care Fund ..... E-15592 ..... 0

Overtime/Late Arrival Fees ..... — 

Opening/Closing & Setup ..... — 

Burial Container ..... — 

Handling Fees ..... — 

Flower vases – Marker setting fee ..... — 

Recording/Filing/Transfer Fees ..... — 

Sales taxes ..... — 

Total Due ..... 0

Paid receipt number E-15592 Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Dorothy H Walker
Signature

Dorothy Walker
Print Name
1351 Gilman Ave
Address
San Francisco, CA 94124
City Zip Code
(415) 822-4859
Telephone

Paulette

Work Order # E 19010

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-6-00

E19010

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stephen Bouty

In a Double Depth Funeral, date, time Mon - 13-00 11:00

Type of Burial Container

Church, Chapel, Graveside ; CA Cremation Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 67 Grave 8 Row _____ Section 2 Division/Block 12

| | |
|---|---|
| Grave space & Care Fund | 895.00 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 750.00 |
| Burial Container | 380.00 |
| Handling Fees | 320.00 |
| Flower vases – Marker setting fee | 125.00 |
| Recording and filing fee | 90.00 |
| Sales taxes | 29.45 |
| Total Due | 2589.45 |
| Paid receipt number R-52206 | 2589.45 |
| Balance due | 0 |

PAID

MAR 09 2000

MT HOPE CEMETARY

CITY OF SAN DIEGO

C 45.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Desiree Bouty

Signature

4487 Utah St

Address

San Diego CA 92116

City Zip Code

284-0051

Telephone

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

Invoice # _____

Work Order # E 15592

Acct. # _____

REA-104 (7-98)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19010

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | SWOSI | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/21

Interment space for: DesDereBoasty

Interment Date: 3-23-05 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 67 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Nerezi Date: 3-21-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E19010

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Dessere | - | Bouty | 04/30/1909 | 03/16/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Dorothy Walker, DPOA<br>1351 Gilman Avenue<br>San Francisco, CA 94124 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ Blair Campbell | 03/22/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | 11.00 | 03/22/2005<br>B. Campbell | 2505002<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3-23-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/21/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reynaldo Dominguez 228682

In a T.S. Vault (Type of Burial Container) Funeral, date, time 3/23/05 Weds 12:30

Church, Chapel, Graveside : Guadalupe Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 85C

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 213 Grave 5

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |
| Paid receipt number R-58651 | 1948.31 |
| Balance due | ∅ |

PAID

MAR 21 2005

MOUNT HOPE CEMETERY

mort. 2 Pay Resident Fee

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

Paulette

Work Order # E 19011

Invoice #

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E1 9011

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| Nielson | | Edmonds Jr. | X | | | |
| | Anders | | Gutierrez | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/22

Interment space for: Reynaldo Dominguez

Interment Date: 3-23-05 Time: 12:30 Brunch

Div: 12 Sect: 2 Blk/Row: ____ Lot: 2/3 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flat

Blind Check & Verified By: ____ Date: ____

E 19011

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| REYNALDO | - | Trujillo<br>DOMINGUEZ-[redacted]TILLO | 08/04/1979 | 03/02/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| TIJUANA | MEXICO | JOEL GOMEZ-FRIEND<br>JOSEFA ORTIZ DE DOMINGUEZ#1331<br>TIJUANA,B.C.,MEXICO |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| GUADALUPANA MORTUARY, 2601 IMPERIAL AVE<br>SAN DIEGO,CA,92102 | FD-1425 | ▶ | 03/22/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | JOSE CHAVEZ | 2505003 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| | VITAL RECORDS, P.O. BO[redacted]85222<br>SAN DIEGO,CA,92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY, 3751 MARKET ST<br>SAN DIEGO,CA,92102 | 11B. DATE BURIED<br>3-22-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Z 19046

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| KENNETH | DEWAYNE | BLACKSHEAR | 07/31/1973 | 03/30/2005 | M |

| | | |
|---|---|---|
| TY OF DEATH<br>TORRANCE | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE<br>LOS ANGELES | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EMMA J. BAKER-MOTHER<br>1000 GREENFIELD DR. #1 EL CAJON, CA 92021 |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH<br>SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104 | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE<br>FD-1575 | 8A. SIGNATURE OF APPLICANT—Person taking permit<br>▶ Donna Rios |
| ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED<br>04/01/2005 |

| | | | | |
|---|---|---|---|---|
| **PERMIT**<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID<br>$11.00 | 9B. DATE PERMIT ISSUED<br>04/05/2005 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT<br>▶ Nancy L Bowman MD |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA<br>313 N. FIGUEROA ST. RM. L-1 LOS ANGELES, CA 90012 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA<br>VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222 | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4 5 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E19046

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 4-4-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth Blackshear

in a Liner (Type of Burial Container) Funeral, date, time Tues. Apr. 5 12:00 noon

Church, Chapel, Graveside ; S.D. memorial Mortuary. Joseph

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row ____ Lot 95 Grave 7

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 100.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 10.20 |
| Total Due | 1833.20 |
| Paid receipt number | |
| Balance due | |

Res. Pkg. Mark 2 Pay

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said burial, cremation and interment.

I hereby authorize the interment in lot I hold under deed

Emma J. Baker
Signature

Powette

Emma J. Baker 228693
First Name
1000 Greenfield Dr. #1
Address
El Cajon, CA 92021
City State Zip
619.447-0431
Telephone

Invoice # ____

Acct. # ____

Work Order # E 19046

MEA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

PRE-Need
LOT only
(RES)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Espinoza Family

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 121 Grave 11

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 985.00 |
| Paid receipt number R-58701 | 246.00 |
| Balance due | 739.00 |

PAID
FEB 26 2007
MOUNT HOPE CEMETERY

Pd in full 2/26/07 $812.00
P-00718

I hereby certify I am the X Familia of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot (228531) hold under deed.

Signature: Maria Elena Rodriguez

Print Name: X Maria Elena Rodriguez
Address: X 3052 K st
City: X San Diego Ca Zip Code: 92102
Telephone: X 619 2394501

Invoice # _____

Work Order # E 19045

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Deed 2/27/07 Mailed

Pin# 228531 Two year contract / contract Expires April 2007 Monthly $31.00 E-19045

Maria Elena Due 4th each month

RODRIQUEZ-DE ESPINOZA 3052 K St. SD CA 92102 (619) 239-4501

DIV 12 SEC 2 LOT 121 GR 11

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 04-01-05 | Opened Pre-Need Lot only w/25% down R-58701 | 985.00 | 246.00 | 739.00 |
| 5-10-05 | Payment #1 R-58834 may 05 | | 31.00 | 708.00 |
| 6-14-05 | " #2 R-58954 June 05 | | 31.00 | 677 — |
| 7-18-05 | " 3 R-59044 July 05 | | 31.00 | 646. — |
| 8-9-05 | " 4 R-59059 aug 05 | | 31.00 | 615. — |
| 9-20-05 | 5 R-59203 Sept 05 | | 31 — | 584 — |
| 10-20-05 | 6 R-59329 oct 05 | | 31 — | 553. — |
| 11-20-05 | 7 R-59437 NOV 05 | | 31 — | 522 — |
| 12-22-05 | 8 P-00010 Dec 05 | | 31 — | 491 — |
| 1-30-06 | 9 P-00083 Jan 06 | | 31 — | 460 — |
| 2-15-06 | 10 P-00130 Feb 06 | | 31 — | 429 — |
| 3-16-06 | 11 P-00181 Mar 06 | | 31 — | 398. — |
| 4-14-06 | 12 P-00236 Apr 06 | | 31 — | 367 — |
| 5-15-06 | #13 P-00293 May 06 | | 31 — | 336 — |
| 6-27-06 | #14 P-00359 June 06 | | 31 — | 305 — |
| 8-2-06 | #15 P-00425 July 06 | | 31 | 274 — |
| 8-31-06 | #16 P-00464 Aug 06 | | 31 — | 243 |
| 10-24-06 | #17 P-00549 Sept 06 | | 31 — | 212. — |
| 10-24-06 | #18 P-00550 Oct, Nov, Dec 06 | | 100 — | 1[illegible] |
| 1-19-07 | #19, 20 & 21 P-00603 Jan, Feb, Mar 07 | | 100 — | [illegible] |
| 3-26-07 | #22 P-00718 | | 62 — | [illegible] |

PAID

FEB 26 2007

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58834

Date: May 11, 2005

From: Maria E. Rodriguez De Espinoza Address: on records

Thirty-One and 00 Dollars ($31-)

in part Payment of pre-need lot,

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE 708.-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

128

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 10 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 31.00 |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 31.00 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58954
E 19045

Date: 6/14, 20 05

From: Maria Elena Address: on record

Thirty-One and Dollars ($ 31- )

in part Payment of Pre-need Lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E 19045

Acct. No.

W.O.

BALANCE DUE $ 677.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 167

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 13 2005

MOUNT HOPE CEMETERY

ISSUED BY Drawford

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | 31 | — |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 31 | — |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

59044

Date: July 11, 20 05

From: Maria E. Rodriguez Address: De Espinoza pl record

Thirty One Dollars ($ 31.00 )

in part Payment of Pre-need lot

Div 2 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $646.-

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

171

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 11 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | 31. | — |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 31. | 00 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59059

**MOUNT HOPE CEMETERY**
(619) 527-3400

Date: 8/ , 2005

From: Maria Espinoza Address: on record

Thirty One and 00 Dollars ($ 31.00 )

in Part Payment of Re-need lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE 615.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

177

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 0 9 2005

MOUNT HOPE CEMETERY

ISSUED BY Perawjed

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 31.00 |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 31.00 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59203

**MOUNT HOPE CEMETERY**
**(619) 527-3400**

Date: 9-22, 20 05

From: Rodriguez, Maria Elena Address: on record

Thirty One Dollars ($ 31 — )

in part Payment of Pre-need lot

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19047

Acct. No.

W.O.

BALANCE DUE $ 584 —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 186

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 20 2005

MOUNT HOPE CEMETERY

ISSUED BY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 31 — |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 31 — |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

59329

Date: 10/20, 20 05

From: Maria Elena Rodriguez Re Copies of record Address:

Thirty-one and 00 Dollars ($ 31.—)

in part Payment of pre-need lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $553.—

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 224

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 19 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 31.— |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 31.— |

AC-212 (Rev. 4-04)
*This information is available in alternative formats upon request.*

R- 59437

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

E-19045

Date: 11-28 .20 05

From: Maria De Espinosa Address: on record

Thirty One Dollars ($ 31- )

in part Payment of Pre-need lot

Lot 121 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE $ 322.-

Pre-Need Lot X At Need | | On Acct | |

Pre-need Trust | | Cash | | Check X

237

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 28 2005

MOUNT HOPE

ISSUED BY

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | 31 | — |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 31 | — |

AC-212 (Rev. 10-02)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00010

Date: Dec. 22, 20 05

From: Maria Espinoza Address: on record

Thirty-One Dollars ($ 31— )

in part Payment of Pre-need Lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE 491.—

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 238

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 22 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31— |
| Trust | 77186 | |
| TOTAL PAID | | $ 31— |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00083

Date: 1-30 , 20 06

From: Maria Elena Rodriguez De Espinoza Address: on record

Thirty-One and 00 Dollars ($ 31.- )

in part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $ 460-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 30 2006

MOUNT HOPE CEMETERY

ISSUED BY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 31 — |

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check

AC-212 (11-05)

*This information is available in alternative formats upon request.*

248

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

**CITY OF SAN DIEGO, CALIFORNIA**
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
**(619) 527-3400**

P 00130

Date: 2/15, 20 06

From: M. Espinoza Address: on record

Thirty-One and 00 Dollars ($ 31 —)

in part Payment of Pre-need Lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-A045

Acct. No.

W.O.

BALANCE DUE $ 429. —

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 15 2006

MPL

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 31 — |

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 248

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

**CITY OF SAN DIEGO, CALIFORNIA**
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
**(619) 527-3400**

P 00236

Date: 4-14 , 2006

From: Maria E. Address: on records

Thirty-One Dollars ($ 31.— )

in part 12 Payment of Pre-need

Div Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $ 307.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 962

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 13 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 31 — |

AC-212 (11-05)

*This information is available in alternative formats upon request*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-8400

P 00293

Date: 5-16 RC, 20 06

From: Maria Elena Rodriguez De Espinoza Address: on record

Thirty-One Dollars ($ 31 — )

in full Payment of Pre-need Lot

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $ 336 —

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 15 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 31 — |

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 270

AC-212 (11-05)

*This information is available in alternative formats upon request*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00359

Date: 6/27, 20 06

From: Maria Espinoza Address: on record

Thirty One and 00 Dollars ($ 31.- )

in part Payment of pre-need lot only.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-9045

Acct. No.

W.O.

BALANCE DUE $ 305.00

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 27 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 31. — |

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 281

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
**(619) 527-3400**

P 00425

Date: August 2, 20 06

From: Maria Elena Rodriguez De Espinoza Address:

Thirty-One Dollars ($ 31.00 )

in part Payment of Pre-need Lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $274.00

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 289

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 02 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 31 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00464

Date: 8/31, 20

From: Maria De Espinoza Address: on record

Thirty-One Dollars ($ )

in part Payment of Pre-need Lot Coupon # 16

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $ 243.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 31 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 31 — |

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 896

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00549

Date: Oct. 24, 2006

From: Maria Espinoza Address: On-record
Shirley Ore

Dollars ($ 31—)

in part 1 Payment of Pre-need lot

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E 19045

Acct. No.

W.O.

BALANCE DUE $ 262

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 299

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 24 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31— |
| Trust | 77186 | |
| TOTAL PAID | $ | 31— |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00550

Date: 10/24, 20 06

From: Maria Espinoza Address: on record

One hundred Dollars ($ 100 — )

in part Payment of Pre-need lot only

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E ~~[illegible]~~ 19045

Acct. No.

W.O.

BALANCE DUE $ 112 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 308

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 24 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 100 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 100 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00663

Date: 1/19, 20 07

From: Maria Elena Rodriguez-De Espinosa Address: On record

One Hundred and 00/00 Dollars ($ 100.- )

in part Payment of Pre-need lot only, Coupons 19, 20 + 21

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $12.00

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 314

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 19 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 100.- |
| Trust | 77186 | |
| TOTAL PAID | | $ 100.- |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00181

Date: 3-16, 20 06

From: Maria Espinoza Address: on record

Thirty-one 00 Dollars ($ 31- )

in Part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $ 398.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 15 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| Pre-Need | 63033 | 31. | — |
| Trust | 77186 | | |
| TOTAL PAID | | $ 31. | — |

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 255

AC-212 (11-05)

*This information is available in alternative formats upon request.*

E 19045

P00718

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

Date: February 26, 2007

From: Maria Espinoza Address: on record

Twelve and 00/00 Dollars ($ 12.00 )

in Full Payment of Paid in full for lot. Coup# 22

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $0

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (11-05)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 26 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 12.— |
| Trust | 77186 | |
| TOTAL PAID | | $ 12.— |

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED
Total of 20 Chairs

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evangeline Francisca Martin - 228717

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs. April 7th 1:30

Church, Chapel Graveside : Greenwood (619) 264-3433 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 2864 Grave _____

| | |
|---|---|
| Grave space & Care Fund D-4227 | Ø |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | 138.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1,101.31 |
| Paid receipt number Master Card | 1,101.31 |
| Balance due | Ø |

PAID
APR 04 2005
MOUNT HOPE CEMETERY

Res. Fee

PC

I hereby certify I am the Grand-daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Rhonda Trunkfield
Print Name

19362 123rd Ave
Address

Pitt Meadows, BC V3Y2K3
City Zip Code

604-4651627
Telephone

Paulette

Work Order # E 19044

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

2:39 6195273089
GREENWOOD MORTUARY

6195

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evangeline Frances Martin in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs. Apr. 7 Church, Chapel, Graveside : Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 10 Section _____ Site/Row _____ Lot 2864 Grave _____

| | |
|---|---|
| Grave space & Care Fund D-4227 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 963.31 |

Res. Fee

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

217405

I hereby authorize the interment in lot I hold under deed.

X Eddie Ruiz
Signature

* Eddie Ruiz
Print Name
3225 National Ave
Address
San Diego Ca 92
City Zip Code
619-232-5917
Telephone

Paulette
Work Order # E 19044

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 19544

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | DALIN | Williams | Grady | |
| | | | X | Ruiz | Ruiz | Mendez |
| | | | Hagan | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4/4

Interment space for: Evangeline F. Martin

Interment Date: Thurs. 7 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2864 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKKEH Date: 4-4-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19044

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| EVANGELINE | FRANCISCA | MARTIN | 06/04/1912 | 04/01/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| CHULA VISTA | SAN DIEGO | EDDIE RUIZ-BROTHER<br>3225 NATIONAL AVE.<br>SAN DIEGO CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| GREENWOOD MORTUARY, I-805 & IMPERIAL AVE.<br>SAN DIEGO, CA 92102 | FD 843 | ▶ [signature] | 04/04/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/05/2005 | K JONES ▶ 2505794 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| PO BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4-7-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

(Res)
PRE-Need
LOT & Trust

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family FOR Mendoza

In a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row Lot 44 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container Liner | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,833.20 |
| Paid receipt number Visa | 458.00 |
| Balance due | $1,375.20 |

Sent to collection 1-4-06 Invoice# 433424 acc #128591

Related order E-19878

pd IN Full TO collection 8-22-06

I hereby certify I am the Familias. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. p.n 228618

I hereby authorize the interment in lot I hold undersigned.

Signature

FRANKLIN M MENDOZA
Print Name

4658 STORK #4
Address

SAN DIEGO, CA, 92114
City Zip Code

(619) 527-5612
Telephone

Invoice # 433424

Work Order # E 19043

Acct. # 128591

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19043

City of San Diego

City Treasurer - Collection Division

# Payment Receipt

| | | |
|---|---|---|
| *Payment Slip No.* | 3912 | |
| *Debtor Primary ID* | 3216723 | MENDOZA, FRANKLIN M |

☐ *Table U* ☑ *Legal* ☐ *Impound* ☐ *Documents*

| | |
|---|---|
| *Number of Items* | |
| *Total Due* | $1,298.67 |
| *Payment Amount* | $1,298.67 |
| *Balance after Payment* | $0.00 |

PAID

AUG 22 2006

*Payment Information:*

| | | | |
|---|---|---|---|
| *Payment Date* | 8/22/2006 | *Received By* | TGAOA |

| *Payment Method* | *Payment Amt* |
|---|---|
| Cash | $1,298.67 |
| *Total Payment* | $1,298.67 |
| *Total Cash Payment* | $1,298.67 |
| *Less Cash Received* | $1,299.00 |
| *Change Amount* | $0.33 |

*This document is a valid receipt for payment of the amount indicated only when officially stamped paid by the City Treasurer, Collection Division in the shaded Payment Information Box above.*

*Customer Copy*

8/22/2006/KDamonSanchez/303

*Tuesday, August 22, 2006*

E19043

Treasurer Collections
www.sandiego.gov
(619)744-3100

08/22/2006 11:19AM 06
000000#9642 LPA

#3216723
MT HOPE $1298.67

ITEMS 10
***TOTAL
$1298.67
CASH $1299.00
CHANGE $0.33

Contract Expires April 2007 monthly $57.00 Final $64.20 E-19043

Pin# 228618

MENDOZA, FRANKLIN M. 658 Stork Street #~~A~~ SD CA 92114 (619) 527-8612

DIV 12 SEC 1 LOT 44 GR 4

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 04-01-05 | Opened Pre-Need Lot & Trust with 25% down | $1,833.20 | 458.00 | $ 1,375.20 |
| | Trust to include O/C, B/C, H/F, R/F, Taxes pd down payment with Visa | | | |
| 5/23/05 | R-58862 Coupon 1 may 05 | | 57.00 | 1318.20 |
| 6/15/05 | R-58965 " 2 June 05 | | 57.00 | 1261.20 |
| 9/23/05 | R-59212 " 3 + 4 July, Aug 05 | | 150.00 | 111.20 |
| 12-15-05 | mailed delinquent cust letter | | | |
| | Family must pay $223.00 to avoid collections | | | |

sent to Collections
1-4-06

ACCOUNT #~~[illegible]~~
~~[illegible]~~ # 128591 ACC#
INVOICE# 433423

E19043

UNITED STATES POSTAL SERVICE SAN DIEGO CA 921

21 DEC 2005 PM 6

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

HAPPY HOLIDAYS

• Print your name, address, and ZIP Code in this box •

MT. Hope Cemetery
3751 Market Street
San Diego, CAlif. 92102

C015

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write *"Return Receipt Requested"* on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Franklin Mendoza
658 Stork Street Apt # 1
San Diego, CA. 92114

4a. Article Number

4b. Service Type

☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
12/21/05

5. Received By: *(Print Name)*
maria Gonzalez

6. Signature *(Addressee or Agent)*
Gonzalez Maria

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need
NON RES

Date 3-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JoAnn Stephens 228696

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time TUES. MAR. 29th 12:00

Church, Chapel, Graveside ELCAMINO (858 453-2121) Mortuary, John Grapo

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 2 Section 5 Blk/Row _____ Lot 265 Grave 3

| | | |
|---|---|---|
| Grave space & Care Fund | B-5737 | 0 |
| Overtime/Late Arrival Fees | PAID | — |
| Opening/Closing & Setup | | 549.00 |
| Burial Container | MAR 24 2005 | 556.00 |
| Handling Fees | | 468.00 |
| Flower vases – Marker setting fee | MOUNT HOPE CEMETERY | |
| Recording/Filing/Transfer Fees | | 66.00 |
| Sales taxes | | 43.00 |
| Total Due | | ~~2882~~.09 |
| Paid receipt number | R-58668 | $1,682.09 |
| Balance due | | 0 |

I hereby certify I am the Charles Stephens of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228697

I hereby authorize the interment in lot I hold under deed

Signature: Charles Stephens

Print Name: Charles D. Stephens

Address: 4078 Conrad Dr.

City: Spring Valley Zip Code: CA 91977

Telephone: (619) 469-5670

Paulette

Invoice # _____

Work Order # E 19012

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E/9012

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Grace Rosemary Conkling | LOT 265 X | Stephens Harve Grace | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 3-25

Interment space for: Jo Ann Stephens

Interment Date: Tues MAR 29th, 05 Time: 12:00 Chapel

Div: 2 Sect: 5 Blk/Row: ____ Lot: 265 Gr: 3

Grave Laid out by: KEN

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: Joe Morales. Date: ____

Flagged

E19012

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| JOANN | W | STEPHENS | 01/29/1930 | 03/19/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGI SAN DIEGO | SAN DIEGO | CHARLES DAVID STEPHENS-HUSBAND<br>4078 CONRAD DR<br>SPRING VALLEY CA 91977 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| EL CAMINO MEM-SORRENTO VALLEY CHAPEL 5600<br>CARROLL CANYON RD SAN DIEGO CA 92121 | FD1260 | ▶ | 03/21/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/21/2005<br>E GALVEZ | 2504910<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO CA 92186-5222 | — |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>3-21-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>— | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>— | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>— | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>— | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 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.

(Res)
PRENeed
LOT + TRUST

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF ROMAN PARSEGOV 228629

in a TS Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 5 Section 4 Blk/Row _____ Lot 23 Grave 2

| | |
|---|---|
| Grave space & Care Fund | 4,755.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $ 2,718.31 |
| Paid receipt number VISA | 680.00 |
| Balance due | 2,038.31 |

PAID
AUG 0 8 2005
MOUNT HOPE

8-8-05 R-59448 Bal Ø

I hereby certify I am the X Family of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Roman
Signature

Sandra

X ROMAN PARSEGOV
Print Name

X 17436 Fairlie Rd
Address

X San Diego 92128
City Zip Code

X (619) 203-4301
Telephone

Invoice # _____

Work Order # E 19013

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Pre-Need
Turn
AT-Need
E19013
COPY

MT. HOPE CEMETERY

# INTERMENT ORDER

E19013

City of San Diego

Date 8-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tamara Parsegova

in a TS Vault (Type of Burial Container) Funeral, date, time Weds Aug 10th 05 10:30 281-7055

Church Chapel, Graveside ; Mayer, Scott Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned. Roman

Division 5 Section 4 Blk/Row Lot 23 Grave 2

| | |
|---|---|
| Grave space & Care Fund | $ 820.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS Vault | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | 0 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $ 1,783.31 |
| Paid receipt number R-59448 | $ 1,783.31 |
| Balance due | 0 |

PAID
AUG 08 2005
MOUNT HOPE

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Roman
Signature

X Roman Parsegov
Print Name
X 17436 Fairlie Rd
Address
X San Diego 92128
City Zip Code
X 1858 1675 9583
Telephone ~~619(619) 203 4504~~

Invoice #

Work Order # E 19305

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

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OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58937

Date: 6/10, 20 05

From: Marat L. Parsegov Address: 5185 Luigi Ter, Apt. 39, SD 92122

EIGHTY - FIVE Dollars ($ 85.00 )

in Part Payment of Pre-need Lot + Trust.

Div 5 Sec 4 Blk/Row Lot 23 Grave 2

Invoice No. E-19013

Acct. No.

W.O.

BALANCE DUE $1,868.31

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1368

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

**PAID**

JUN 10 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 85 — |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 85. — |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58812

Date: 5-5, 20 05

From: Roman Parsegov Address: on record

EIGHTY-FIVE Dollars ($ 85 - )

in part Payment of Pre-need lot + trust.

Div 5 Sec 4 Blk/Row Lot 23 Grave 2

Invoice No. LE-19013

Acct. No.

W.O.

BALANCE DUE $ 1953.31

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1079

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

**PAID**

MAY 04 2005

MOUNT HOPE CEMETERY

ISSUED BY D Campos

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 85.00 |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 85.00 |

AC-212 (Rev. 4-04)
*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59355

**MOUNT HOPE CEMETERY**
**(619) 527-3400**

Date: 7-13, 20 05

From: Roman Parsegov Address: on record

Eighty - Five and 00 Dollars ($85.00)

in part Payment of Pre-need lot & Trust

Div 5 Sec 4 Blk/Row Lot 23 Grave 2

Invoice No. E-19013

Acct. No.

W.O.

BALANCE DUE $1,783.31

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 1386

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 13 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 76390 | |
| TOTAL PAID | $ | 85.00 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

E-19213

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

59448

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

MOUNT HOPE CEMETERY (619) 203-4801

(619) 527-3400

Pre-Need Turned AT-Need

17436 Fairlie Rd SD 92128

Date: 8-8-05, 20 05

From: Roman Parsegov Address: ~~5185 Luigi Ter #39 SD 92122~~

One Thousand seven hundred Eighty-Three 31/100 Dollars ($1,783.31)

in Full Payment of AT-Need Services FOR Tamara Parsegova

Div 5 Sec 4 Blk/Row ____ Lot 23 Grave 2

Invoice No. E-19305

Acct. No. ____

W.O. ____

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 0 8 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 96 | 00 |
| 80% Sales | 100 | | |
| of Lots | 77184 | 724 | 00 |
| Opening/ | 100 | | |
| Closing | 77181 | 413 | 00 |
| Burial | 100 | | |
| Containers | 77182 | 275 | 00 |
| | 100 | | |
| Handling Fee | 77185 | 204 | 00 |
| Recording & | 100 | 50 | 00 |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | 21 | 31 |
| | 78390 | | |
| TOTAL PAID | $ | 1,783 | 31 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

---

MARAT L. PARSEGOV
PH. 619-455-1488
5185 LUIGI TER., APT. 39
SAN DIEGO, CA 92122

16-24/1220 4422
0433026628

1390

DATE 8/8/05

PAY TO THE ORDER OF Mt. Hope Cemetery $ 1783.31

Seventeen hundred Eighty three 31/100 DOLLARS

WELLS FARGO

Wells Fargo Bank, N.A.
California
www.wellsfargo.com

MEMO

[redacted]

$1776-Lot/Trust $9603.31

Pin# 228629 E-19013

PARSEGOV, ROMAN 17436 Fairlie Rd SD, CA 92128 (619) 203-4801

DIV 5 SEC 4 LOT 23 GRAVE 2

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 03-21-05 | Opened Pre-Need Lot & Trust W/ 25% dwn | 2,718.00 | 680.00 | 2,038.31 |
| 5-5-05 | pd by Visa, Trust to include O/C $413, R-58812 coupon #1 | | 85.00 | 1953.31 |
| | B/C TS Vault $275.00, H/F $204, R/F $50 R-58937 " #2 | | 85.00 | 1868.31 |
| 7-13-05 | Taxes $21.31 R-59355 20% 351.00 | | 85.00 | 178[illegible]31 |
| | 80% 1,404.00 | | | |
| 8-8-05 | R-59448 no coupons pd In Full | | $1,783.31 | 0 |

Pre-Need Turned AT-Need
ON E-19305 8-8-05
For Tamara Parsegova

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

pre-need lot/trust

Date 3-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juan Ramirez 228681

in a NO ASH VAULT Reg Funeral, date, time

Type of Burial Container

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 8 Section 4 Blk/Row Lot 304 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 530.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116.00 |
| Burial Container | |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | — |
| Total Due | 496.00 |
| Paid receipt number R-58652 | 496.00 |
| Balance due | — |

PAID

MAR 22 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. 228681

Signature

Print Name

Address 3340 Imperial Ave

City S.D. Zip Code CA 92102

Telephone 619-795-3004

Paulette

Invoice #

Work Order # E 19014

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Crew: Darryl & Jose

Disinterment

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 06/03/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 20011059 ME# 2268

in a DDCRYPT "B" (Type of Burial Container) Funeral, date, time Weds June 1 10:30

Church, Chapel, Graveside _____ : M.E. Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section — Blk/Row — Lot 5 Grave 1B

Grave space & Care Fund E-16249 —

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting

Recording/Filing/Transfer Fees Disinterment 550.00

Sales taxes

PAID

MAY 25 2005

MOUNT HOPE CEMETERY

See E-20253

Total Due 550.00

Paid receipt number R-58875 550.00

Balance due Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

See attached for MC signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19015

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19015

MT HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Disinterment

Date 06/03/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 20011059 ME# 2268

in a DDCRYPT "B" (type of vault/container) Funeral, date, time Weds June 1 10:30

Church, Chapel, Graveside _____ ; M.E. Mortuary.

All Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section — Blk/Row — Lot 5 Grave 1B

| | |
|---|---|
| Grave space & Care Fund E-16249 | — |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting | — |
| Recording/Filing/Transfer Fees Disinterment | 550.00 |
| Sales taxes | — |
| Total Due | 550.00 |
| Paid receipt number R-58875 | 550.00 |
| Balance due | — |

PAID
MAY 25 2005
MOUNT HOPE CEMETERY

I hereby certify I am the San Diego County Medical Examiner of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot disinterment hold under deed.

Gretchen B Geary
Signature

Gretchen B Geary
Print name
5555 Overland Ave #14
Address
San Diego 92123
City State Zip Code
858 694 2905
Telephone

Paulette

Work Order # E 19015

Invoice # _____

Acct. # _____

REA-106 (3-04)

*This information is available in alternative formats upon request.*

00-2268

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need
12 CHAIRS

Date 3/22/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris K. Hollins 228698

in a Liner (Type of Burial Container) Funeral, date, time Tues. Mar 29th 11:00

Church/Chapel/Graveside _____ SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 418 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 1095.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1943.20 |
| Paid receipt number R-58673 | 1,943.20 |
| Balance due | 0 |

PAID
MAR 28 2005
MOUNT HOPE CEMETERY

mortuary
to pay

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X See attach City Zip Code

X _____ Telephone

paulette

Invoice # _____

Work Order # E 19016

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 3/22/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris K. Hollins

in a Liner (Type of Burial Container) Funeral, date, time Tues Mar 29th 11:00

Church, Chapel, Graveside SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 418 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 1095.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1943.20 |
| Paid receipt number | |
| Balance due | |

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228699

I hereby authorize the interment in lot I hold under deed.

Signature Kimberly Ford

Kimberly Ford
Print Name
1365 Broadway #216
Address
El Cajon CA 92021
City State Zip Code
619-334-9515
Telephone

Paulette

Invoice # _____

Work Order # E 19016

Acct. # _____

REA-106 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E190/6

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Brown | | | |
| | | Riley | X | | Hollins | Roy |
| | | McKelley | Rosare | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/28

Interment space for: Doris Hollins

Interment Date: 3/29 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 418 Gr: 1

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 3-28-05

E190/6

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| DORIS | KAY | HOLLINS | 10/24/1948 | 03/21/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | KIMBERLY Y. FORD-DAUGHTER<br>1365 BROADWAY #26<br>EL CAJON, CA 92021 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| SAN DIEGO MEMORIAL CHAPEL<br>2441 UNIVERSITY AVE.<br>SAN DIEGO, CA 92104 | FD-1575 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit ▶ | 8B. DATE SIGNED |
|---|---|---|---|
| | | [illegible] | 03/24/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | $11.00 | 03/24/2005<br>J. LEMON JR. | ▶ 2505166 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY<br>3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3-27-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 3/22/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charlie Thompson 228707

in a Liner (Type of Burial Container) Funeral, date, time Weds Mar 30 12:00

Church/Chapel, Graveside _____ ; Preferred 619 584-7000 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 491 Grave 5

| | |
|---|---|
| *Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 14.20 |
| Total Due | 1833.20 |
| Deposit receipt number R-5874 | 1833.20 |
| Balance due | ∅ |

PAID

MAR 28 2005

MOUNT HOPE CEMETERY

Mort 2 pay!

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Invoice # _____

Acct. # _____

Work Order # E 19017

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19017

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | zackery | |
| | | HOGAN | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/29

Interment space for: Charlie Thompson

Interment Date: 3/30/05 Time: 12:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 101 Gr: S

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3-29-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19017

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Charlie | Freeman | Thompson | 11/28/1928 | 03/19/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Charlie Freeman Thompson,Jr. - Son<br>3085 Greely Avenue<br>San Diego, Californâa 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Preferred Cremation and Burial<br>3084 El Cajon Blvd., Ste. A<br>San Diego, California 92104 | FD-1746 | ▶ | |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/28/2005<br>Mark Jenkins | ▶2505317 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O.Box 85222<br>San Diego, California 92186-5222 | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery<br>3751 Market Street<br>San Diego, California 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E19017

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 3/22/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charlie Thompson

in a Liner (Type of Burial Container) Funeral, date, time Weds Mar 30 12:00

Church/Chapel, Graveside _____ Preferred 619 584-7000 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day, or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 101 Grave 5

| | |
|---|---|
| Grave space & Care Fund | 985 00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |

More 2 Pay!

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228708

CHARLIE THOMPSON JR

First Name

3085 Greely Ave.

Address

San Diego, CA 92113

City, State, Zip Code

619 239-1476

Telephone

I hereby authorize the interment in lot I hold under deed.

Charlie Thompson Jr

Signature

Invoice # _____

Work Order # E 19017

Acct. # _____

RSA-104 (2-04)

*This information is available in alternative formats upon request.*

outside meas. casket
28"L x 14"W x 10"H
TS vault
31 3/4"L x 15 1/2"W x 14"H

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Lewis JR (5 months old) 228668

in a Infant TS Vault (Type of Burial Container) Funeral, date, time ~~FRI~~ mon March ~~25~~ 28th 1:00p.

Church, Chapel (Graveside) : Cypress View Mortuary. Angelina 264-3168

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 01 X will be applied and billed to undersigned.

Division 9 Section 1 Blk/Row Lot 445 Grave

| | |
|---|---|
| Grave space & Care Fund | 110.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 138.00 |
| Burial Container Infant TS Vault Liner | 78.00 |
| Handling Fees | 28.00 |
| Trion Flower vases – Infant Marker setting fee | 139.63 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 5.97 |
| Total Due | $ 548.60 |
| Paid receipt number R-58655 | $548.60 |
| Balance due | 0 |

PAID MAR 22 2005 MOUNT HOPE CEMETERY

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228669

I hereby authorize the interment in lot I hold under deed.

X Juanda Lewis (Signature)

Sandra

X Juanda Lewis (Print Name)

X 305 West Street (Address)

X San Diego CA 92113 (City, Zip Code)

X (619) 807-8144 - 527-4323 (Telephone)

Invoice #

Work Order # E 19018

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19018

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | LOT 445 X | | | |
| | | | | | | |
| | | | | | | |
| | | 687 Smith | 688 Nguyen | 684 Washington Dorsett | | |

Blind Check Initiated By: Sandra Date: _____

Interment space for: Joseph Lewis Jr

Interment Date: ~~March 25~~ ~~Fri~~ mon March 28th Time: 1:00p.m

Div: 9 Sect: 1 Blk/Row: _____ Lot: 445 Gr: _____

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 3-24-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 19018

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| JOSEPH | - | LEWIS JR. | 10/09/2004 | 03/23/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | DJUANDA LEWIS-MOTHER<br>305 WEST ST.<br>SAN DIEGO, CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| ECM-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE.<br>SAN DIEGO, CA 92113 | FD-670 | ▶ | 03/25/2005 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/28/2005<br>C GRIER | 2505279 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT*
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>3 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

PRE-need LOT/W payments (RES)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Perez 228505

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 135 Grave 3

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | $985.00 |
| Paid receipt number R-58654 | $246.00 |
| Balance due | $739.00 |

PAID
AUG 09 2007 R-00928
MOUNT HOPE CEMETERY

I hereby certify I am the X Family of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228505

I hereby authorize the interment in lot I hold under deed.

X Signature

Sandra

X JUAN CARLOS Perez
Print Name

X 4029 47th St
Address

X San Diego CA 92105
City Zip Code

X (619) 284-2729
Telephone

Invoice # _____

Work Order # E 19019

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00287
E 19019

Date: 5/12, 20 06

From: Juan C. Perez Address: on record

Sixty-Two and 00 Dollars ($ 62.-)

in part. Payment of Pre-need lot, 2 coupons 12, 13

Div 12 Sec 2 Blk/Row Lot 135 Grave 3

Invoice No. E-19019

Acct. No.

W.O.

BALANCE DUE $336-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 11 2006

MOUNT HOPE

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 62 — |
| Trust | 77186 | |

TOTAL PAID $ 62 —

☑ Pre-Need Lot ☐ Money Order
☐ Pre-Need Trust ☐ Charge
☑ Check 079

ISSUED BY paulette

AC-212 (11-05)

*This information is available in alternative formats upon request.*

Pin# 228505 one 10th of each month (559 Pitta ST 92114) S.D. #31.00 monthly #26.00 final NEW # 619 666-212E-19019

PEREZ, JUAN CARLOS ~~4029 AT St.~~ ~~SD CA.~~ ~~92105~~ (619) ~~284-2729~~ ~~Disc #~~

DIV 12 SEC 2 LOT 135 GR 3

| | | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|---|
| 03-22-05 | Opened Pre-Need Lot W/25% down R-58654 | | 985.00 | 246.00 | 739.00 |
| 5-10-05 | R 58833 | Coupon 1 may 05 | | 31 - | 708.00 |
| 6-1-05 | R 58893 | 2+3 June, July 05 | | 62 - | 646.00 |
| 9-12-05 | R-59171 | Coupons 4+5 aug, Sept 05 | | 62 - | 584.00 |
| 10/19/05 | Visa Card | 2 payment 6+7 Oct, Nov 05 | | 62 - | 522.00 |
| 1-13-06 | P-00061 | 2 payments 8+9 Dec 05, Jan 06 | | 62 - | 460.00 |
| 3-17-06 | P-00183 | 2 payments 10+11 Feb + Mar 06 | | 62 - | 398.00 |
| 5-11-06 | P-00287 | 2 " 12+13 Apr May 06 | | 62 - | 336.00 |
| 6-12-06 | P-00332 | 1 payment 14th June 06 | | 31 - | 305 - |
| 7-28-06 | mailed | Cert Delinq letter | | | |
| 8-11-06 | P-00439 | Coupon # 15+16 July, Aug. 2006 | | 62 - | $243.00 |
| 9-12-06 | P-00488 | Coupon # 17 Sept 2006 | | 31 - | 212.00 |
| 12/29/06 | P-00636 | Coupons 18,19,20 Oct, Nov Dec 2006 | | 93 - | 119 - |
| 8-9-07 | P-00928 | Remaining Balance | | 119 - | Ø |

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED
In the gr. of
Alice Williams/Clyde Williams

Date 3/22/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rickey Williams ⊗ 228709

in a ASH VAULT (Type of Burial Container) Funeral, date, time Fri, April 1 1:00

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 12 Section 2 Blk/Row _____ Lot 233 Grave 7

| | |
|---|---|
| Grave space & Care Fund | E-8008 ⊖ |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 1160.00 |
| Burial Container | 61.00 |
| Handling Fees | 66.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fee | 50.00 |
| Sales taxes | 4.73 |
| Total Due | 297.73 |
| Paid receipt number R-58664 | 297.73 |
| Balance due | ⊘ |

PAID
MAR 23 2005
MOUNT HOPE CEMETERY

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Debra J Reising

Paulette

Work Order # E 19020

228710

Print Name: Debra J. Reising

Address: 7 Palma Valley

City: Coto De Caza Calif. Zip Code: 92679

Telephone: 949-589-4825

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19020

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. MARKER on grave for Clyde Ward / Alice Williams

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Harrison | | Parker | | |
| | | | X | Williams | | |
| | | | | Standard | Calhoun | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/29

Interment space for: Mary Ward ⊗ and Rickey Williams ⊗

Interment Date: 04-1-05 Time: 1:00 G.S.

Div: 12 Sect: 2 Blk/Row: — Lot: 233 Gr: 7

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 3-30-05

E 19029 18771

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| RICKEY | LYNN | WILLIAMS | 05/18/1954 | 03/22/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| CAJON | SAN DIEGO | DEBBIE REISING - SISTER<br>7 PALMA VALLEY<br>COTO DE CAZA, CA 92679 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| MERKLEY-MITCHELL MORTUARY<br>3655 FIFTH AVENUE<br>SAN DIEGO, CA 92103 | FD119 | ▶ [signature] | 03/25/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | B.A. ELLANO<br>03/28/2005 | 2505277 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO,C A 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-1-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>OCEANVIEW CREMATORY<br>1625 GISKER AVENUE<br>COSTA MESA, CA 92626 | 12B. DATE CREMATED<br>MAR 3 0 2005 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED
Ingram of Alice Williams
and Hyde Ward

Date 3/22/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 228735 MARY WARD ☒ Tues April 12, 2005 Merkley-Mitchell

in a ASH VAULT (Type of Burial Container) Funeral, date, time ~~Sat. April 1~~ ~~2:00~~ (AYD)

Church, Chapel, Graveside ; Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 233 Grave 7

| | |
|---|---|
| Grave space & Care Fund ..... E-8008 | ⊘ |
| Overtime/Late Arrival Fees ..... | — |
| Opening/Closing & Setup ..... | — |
| Burial Container ..... | 61.00 |
| Handling Fees ..... | 66.00 |
| Flower vases – Marker setting fee ..... | — |
| Recording/Filing/Transfer Fees ..... | 50.00 |
| Sales taxes ..... | 4.73 |
| Total Due ..... | 181.73 |
| Paid receipt number R-58664 | 181.73 |
| Balance due | ⊘ |

PAID

MAR 23 2005

MOUNT HOPE CEMETERY

I hereby certify I am the granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228710

I hereby authorize the interment in lot I hold under deed.

Signature Debra J Reising

Print Name Debra J Reising

Address 7 Palma Valley

City Coto De Caza Calif. Zip Code 92679

Telephone 949-589-4825

Paulette

Work Order # E 19021

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19621

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| MARY | MINERVA | WARD | 08/16/1909 | 07/24/1994 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | DEBBIE REISING - GRANDDAUGHTER<br>7 PALMA VALLEY<br>COTO DE CAZA, CA 92679 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| MERKLEY-MITCHELL MORTUARY<br>3655 FIFTH AVENUE<br>SAN DIEGO, CA 92103 | FD119 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ [signature] | 04/06/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | $11.00 | B.A. ELLANO<br>04/06/2005 | 2505880 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET<br>SAN DIEGO,CAA 92102 | 11B. DATE BURIED<br>4-12-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Norman Ferguson | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E19021

THE CITY OF SAN DIEGO

DIV 12 SEC 2 LOT 233 GR 7

April 8, 2005

R-58729
# 3375000425
pd in full
for O/C
$116.00

Merkley-Mitchell
3655 5th Avenue
San Diego, Ca. 92103

PAID
APR 11 2005
MOUNT HOPE CEMETERY

Attention: Lorna

Subject: Mary Ward

The open/close charge for Mary Ward's services will be $116.00.

Thank you

Sandra Brollini

Pre-Need Lot & Trust paid In Full For both 1st & 2nd Burial

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-24-2005

(See attach certified documents)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brollini Family & Salinas Family (2-Ashes also allowed to be placed under marker)

in a DD Crypt (Type of Burial Container) Funeral Date/Time

PAID

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. _____

MAR 24 2005

MOUNT HOPE CEMETERY

Division 12 Section 2 Blk/Row _____ Lot 235 Grave 1

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | 0 |
| Opening/Closing & Setup 2 @ $413.00 | $826.00 |
| Burial Container DD crypt | $418.00 |
| Handling Fees | $352.00 |
| Flower vases - Marker setting fee Headstone setting Fee | $138.00 |
| Recording/Filing/Transfer Fees 2 @ $50.00 | $100.00 |
| Sales taxes | $32.40 |
| Total Due | $2,851.40 |
| Paid receipt number R-58656 | $2,851.40 |
| Balance due | 0 |

(pd in Full For 1st + 2nd Burial)
both o/c, + RF pd in Full For both 1st + 2nd burial

I hereby certify I am the Brollini Family of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Paulette Crayford

I hereby authorize the interment in lot I hold under deed.

Sandra Salinas Brollini
Signature Executor's pin# 228652
co/Purchasers
Terrance J. Brollini
Selina Lavonne Brollini
Designated Executors

pin# 228652

Sandra Salinas Brollini
Print Name
5004 Greenbrier Ave
Address
San Diego, CA. 92120-1113
City Zip Code
(619) 583-0538
Telephone

Invoice # _____

Acct. # _____

Work Order # E19022

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58656

Date: 3-24-2005, 2005

From: Sandra S. Brollini Address: 5004 Greenbrier Ave S.D. CA. 92120

Two thousand Eight hundred Fifty-one dollars 40/100 Dollars ($ 2,851.40)

in Full Payment of Pre-Need lot + trust/HF, (2) RF, Marker setting Fee, Taxes Trust to include (2) OC, DD crypt BC,

Div 12 Sec 2 Blk/Row Lot 235 Grave 1

Invoice No. E-19022

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ #2379

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAR 24 2005

MOUNT HOPE C.C.

ISSUED BY P. Crawford

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | $ 197 | 00 |
| 80% Sales | 100 | 788 | 00 |
| of Lots | 77184 | | |
| Opening 2 @ | 100 | 826 | 00 |
| Closing $413.00 | 77181 | | |
| Burial | 100 | 418 | 00 - DD crypt |
| Containers | 77182 | | |
| 2 @ | 100 | 352 | 00 |
| Handling Fee 1 @ 50.00 | 77185 | | |
| Recording & | 100 | 238 | 00 |
| Misc. Fees - 138 | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | 32 | 40 |
| | 78390 | | |
| TOTAL PAID | | $ 2,851 | 40 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

E-19022

THE CITY OF SAN DIEGO

Date: 9-22-06

To: Cemetery Manager of MT. Hope Cemetery

From: Sandra Salinas Brollini, Brollini Family Trust

I Sandra Salinas Brollini, Brollini Family Trust, hereby authorize any family member of the Brollini or Salinas family to be interred in properties I own, namely Division 12 Section 2 Lot 235 Grave 1 and Division 12 Section 2 Lot 234 Grave 6. Any family member that wishes to be cremated or full body has my permission to be interred in any one of my lots.

This authorization is intended to be used by any family member existing now, or in the future, who may choose to be buried in the family plot on A first come, first serve basis. This plot may never be sold, only used as A family plot for family burials. This would include family members that marry into the Brollini or Salinas Family.

Signed: Sandra Salinas Brollini Date: 9-22-06

Witnessed: SEE ATTACHED NOTARY CERTIFICATE Date: 9-22-06

DIVERSITY

**Mt. Hope Cemetery**
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E19022

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of SAN DIEGO } ss.

On 22 SEPTEMBER 2006 (Date), before me, D. J. HOLLAND, NOTARY PUBLIC (Name and Title of Officer (e.g., "Jane Doe, Notary Public")),

personally appeared SANDRA SALINASBROLLINI (Name(s) of Signer(s))

☐ personally known to me

☒ proved to me on the basis of satisfactory evidence to be the person(~~s~~) whose name(~~s~~) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/her/~~their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

D. J. HOLLAND
Commission # 1440778
Notary Public - California
San Diego County
My Comm. Expires Apr 25, 2010

WITNESS my hand and official seal.

Signature of Notary Public

Place Notary Seal Above

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: LETTER OF AUTHORIZATION

Document Date: 22 SEPTEMBER 2006 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

**Capacity(ies) Claimed by Signer(s)**

Signer's Name:
☐ Individual
☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other:
Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name:
☐ Individual
☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other:
Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

© 2004 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 Item No. 5907 Reorder: Call Toll-Free 1-800-876-6827

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need Intigent

Date 3/23/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN BEASLEY PA #20051138 228675

in a DDCRYPT "B" (Type of Burial Container) Funeral, date, time Thurs Mar 24 ~~10:30~~ 11:00

Church, Chapel, Graveside DELIVERY ONLY!: AZTLAN Mortuary JOHN RODRIGUEZ

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 18 Grave 3B

| | |
|---|---|
| Grave space & Care Fund | 131.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 454.00 |
| Burial Container | 132.00 |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 49.00 |
| Sales taxes | 10.23 |
| Total Due | 776.23 |
| Paid receipt number CK4258914 | 776.23 |
| Balance due | Ø |

PAID
MAY 03 2005
MOUNT HOPE CEMETERY

(619) 337-8100 PA. MARCO DELATORRE 858-694-3503 337-8300

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 _____

Released PA 3-30-05 SB Paulette

Print Name _____

Address _____

City _____ Zip Code _____

Telephone See attached

Invoice # 417395

Work Order # E 19023

Acct. # 000952

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19023

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 3/23/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN BEASLEY PA #20051138

in a DDCRUDT (Type of Burial Container) Funeral, date, time ? ← STILL NO date

Church, Chapel, Graveside DELIVERY ONLY! AZTLAN Mortuary JOHN RODRIGUEZ

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. SD County Public Admin

Division 13 Section _____ Blk/Row _____ Lot 18 Grave 3B

| | |
|---|---|
| Grave space & Care Fund | 131.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 454.00 |
| Burial Container | 132.00 |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 49.00 |
| Sales taxes | 10.23 |
| Total Due | 776.23 |
| Paid receipt number | |
| Balance due | |

GW 337-5100
PA. MARCO DE LA TOBA 858-694-3503

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.

Marco de la Toba

I hereby authorize the interment in lot I hold under deed.

Signature: Mhobbs for M. de La Toba

Powette

Name: PUBLIC ADMINISTRATOR PUBLIC GUARDIAN
Address: 5201-A RUFFIN ROAD
City: SAN DIEGO, CALIFORNIA 92123-1699
Telephone: 858 694 3500

Work Order # E 19023

Invoice # _____
Acct. # 20051138

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19023

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH-DAY-YEAR | 3. DATE OF DEATH MONTH-DAY-YEAR | 4. SEX |
|---|---|---|---|---|---|
| John | - | Beasley | 11/27/1938 | 02/16/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| National City | San Diego | Marco Delatoba-Public Administrator 5201-A Riffin Rd. San Diego, CA 92123 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941 | Fd-1658 | ▶ [signature] | 03/18/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/18/2005 | ▶ J.L.GAON JR 2504800 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| PO Box 85222 San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mount Hope Cemetery 3751 Market St., San Diego, CA 92102 | 11B. DATE BURIED: 3-24-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED in grave of Jesse M. Define (mother)

Date 3/23/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vivian Waite 228694

In a ASH VAULT (Type of Burial Container) Funeral, date, time ~~FRI April 8TH~~ 4-8-05 AYD

Church, Chapel, Graveside Delivery Only!: FAMILY Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MASON Section J Blk/Row J Lot 77 Grave 44

C-000370

| | |
|---|---|
| Grave space & Care Fund | Ø |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.00 |
| Burial Container | 81.00 |
| Handling Fees | 88.00 |
| Flower vases - Marker setting fee (Resetting fee) | 37.00 |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 6.28 |
| Total Due | $ 432.28 |
| Paid receipt number | pd by m/c |
| Balance due | Ø |

PAID APR 04 2005 MOUNT HOPE CEMETERY

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228695

I hereby authorize the interment in lot I hold under deed.

x Carolyn W Bogdan
Signature

x Carolyn W. Bogdan
Print Name

x 8000 Harwood Ave NE
Address

x Albuquerque, NM 87110
City Zip Code

x 505 332-3179
Telephone

Paulette

Invoice # _____

Work Order # E 19024

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19024

# MT HOPE CEMETERY

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. in grave of Jessie Devine

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Edwin Devine | X | Emma Lamkin | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-4-05

Interment space for: Vivian Wolfe ⊗

Interment Date: _____ Time: AYD

Div: MASON Sect: J Bld/Row: J Lot: — Gr: 44

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 4-6-05

Flagged

STATE OF NEW MEXICO

United States of America, State of New Mexico
New Mexico Vital Records and Health Statistics

County of Death: E 19024 | City, Town, Location

Note: If death is due to accident, homicide, trauma, or suspicious causes, refer case to Medical Investigator.

FOR STATE OFFICE USE ONLY

## DECEDENT

1. DECEDENT-NAME First: VIVIAN | Middle: B. | Last: WOLFE
2. SEX: FE
3. DATE OF DEATH (mo, day, yr): DEC. 13, 2004
4. DATE OF BIRTH (mo, day, yr): OCT. 15, 1926
5a. AGE-last birthday: 78
5b. UNDER 1 YEAR: MOS. | DAYS
5c. UNDER 1 DAY: HOURS | MINS
6a. RACE - Specify White, Black, Native American, etc.: WHITE
6b. IF NATIVE AMERICAN, Specify Tribal Affiliation (e.g. Zia, Jicarilla, Navajo, etc.): NONE
6c. Is Decedent Hispanic? (If yes, more than one may be checked): [X] No [ ] Yes, Specify: [ ] Cuban [ ] Spanish [ ] Other [ ] Puerto Rican [ ] Mexican
7. EDUCATION OF DECEDENT - Indicate highest grade completed: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 [X] 15 16 17 + U
8a. PLACE OF DEATH - Name of hospital or other facility (If neither, give street and number or location): ST. VINCENT HOSPITAL
8b. HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA | OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9. STATE OR COUNTRY OF BIRTH: WYOMING
10. CITIZEN OF WHAT COUNTRY: USA
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED - Specify: MARRIED
12. SURVIVING SPOUSE (If wife, give birth name): RUSSELL WOLFE
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No
14. SOCIAL SECURITY NUMBER: 560-32-7043
15a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): OWNER/OPERATOR
15b. KIND OF BUSINESS OR INDUSTRY: ANTIQUE AND ESTATE JEWELRY
16a. RESIDENCE - State: NEW MEXICO
16b. County: SANTA FE
16c. City, Town or Location: SANTA FE
16d. INSIDE CITY LIMITS? [X] Yes [ ] No
16e. STREET AND NUMBER OR LOCATION: 2340 SANTA BARBARA DR.
16f. ZIP CODE: 87505

## PARENTS

17. FATHER - NAME First: PAUL | Middle: E. | Last: BARNARD
18. MOTHER - BIRTH NAME First: GRACE | Middle | Last: DEVINE

19a. INFORMANT - NAME (Type or print): RUSSELL WOLFE
19b. MAILING ADDRESS Street/RFD No.: 2340 SANTA BARBARA DR. | City/Town: SANTA FE, NM. | State | Zip: 8750

## DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Entombment [ ] Other (Specify)
20b. CEMETERY/CREMATORY - Name: TERRACE GROVE CREMATORY
20c. LOCATION City/Town: BELEN, | State: NEW MEXICO
21a. FUNERAL SERVICE LICENSEE or PERSON ACTING AS SUCH - Signature: X [signature]
21b. LICENSE NUMBER: FSP 767
21c. FACILITY - NAME: DIRECT FUNERAL SERVICES
21d. FACILITY - ADDRESS Street/RFD No.: 2919 4th ST. NW. | City/Town: ALBUQUERQUE, | State: NEW MEXICO

## CERTIFICATION

22a. Certified by (Check One): [ ] Office of Medical Investigator [X] Certified Physician [ ] D.O. [ ] Tribal/Military Authority
Certifiers Signature: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated.
22b. X [signature] MD
Type/Print Name: ARELINA BARDWELL
Mailing Address (City, State and Zip Code): 4654 Michaels Dr. SANTA FE, NM 87505
22c. DATE SIGNED (mo, day, yr): DEC. 15, 2004
22d. HOUR OF DEATH: 0750
22e. PRONOUNCED DEAD (mo, day, yr): DEC. 13, 2004
22f. PRONOUNCED DEAD (hour): 0750
MANNER OF DEATH: [X] NATURAL [ ] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED
23a. DATE FILED AT NMVRHS (mo., day, yr): December 14, 2004
23b. REGISTRAR'S SIGNATURE: X [signature]
555818

## CAUSE OF DEATH

24a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
24b. If yes, were findings considered in determining cause of death? [ ] Yes [ ] No
24c. LOCATION WHERE AUTOPSY WAS PERFORMED (CITY, STATE)
25a. WAS RECENT SURGICAL PROCEDURE PERFORMED? [ ] Yes [X] No
25b. IF YES, SPECIFY TYPE OF PROCEDURE
25c. DATE OF PROCEDURE
26a. If Female: [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant within past year [ ] Unknown if pregnant within the past year [ ] Not pregnant, but pregnant 43 days to 1 year before death
26b. If yes, estimated length of pregnancy
27a. DESCRIBE HOW INJURY OCCURRED (COMPLETE FOR ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED)
27b. HOUR OF INJURY
27c. DATE OF INJURY - (mo, day, yr)
27d. INJURY AT WORK [ ] Yes [ ] No
27e. PLACE OF INJURY - Specify home, farm, street, etc.
27f. LOCATION ADDRESS Street/RFD No. | City/Town | State

TYPE OR PRINT CLEARLY — PLEASE PRESS FIRMLY. MULTIPLE COPIES BEING MADE

28. PART I. Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause per each line.

| | | Approximate interval between onset and death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death.) → | a. Cardiopulmonary Failure | 2 days |
| | DUE TO (OR AS A CONSEQUENCE OF): | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury which initiated events resulting in death) LAST | b. Cardiomyopathy | 1 week |
| | DUE TO (OR AS A CONSEQUENCE OF): | |
| | c. Multi-system failure | 1 week |
| | DUE TO (OR AS A CONSEQUENCE OF): | |
| | d. | |

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Acute on chronic renal insufficiency

NMVRHS 904 REV 10/03

SHADED AREAS FOR MEDICAL INVESTIGATOR - LEGAL OFFICER USE ONLY

1766759

WARNING: IT IS ILLEGAL TO ALTER, COPY OR COUNTERFEIT THIS CERTIFICATE.
ADVERTENCIA: ES ILEGAL ALTERAR, COPIAR O FALSIFICAR ESTE CERTIFICADO.

CERTIFIED COPY OF VITAL RECORD
This is a true and exact reproduction of all or part of the document officially registered and filed with the New Mexico Vital Records and Health Statistics, Public Health Division, Department of Health.

State Registrar

DATE ISSUED DEC 16, 2004

The back of this document contains an official watermark. Reissued certificate to view. See attached Affidavit of Correction

CCC
IND
HS
NMSCA
TCD
MCD

# CERTIFICATE OF DEATH

**United States of America, State of New Mexico**
**New Mexico Vital Records and Health Statistics**

SANTA FE — County of Death
SANTA FE — City, Town, Location
E19074

FOR STATE OFFICE USE ONLY

☐ Reissued filed certificate
☐ See attached Affidavit of Correction

OCC
IND
IHS

**DECEDENT**

| DECEDENT-NAME First | Middle | Last | SEX | DATE OF DEATH (mo. day. yr) |
|---|---|---|---|---|
| 1. VIVIAN | B. | WOLFE | 2. FE | 3. DEC. 13, 2004 |

| DATE OF BIRTH (mo. day. yr) | AGE-last birthday | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MINS. | RACE - Specify White, Black, Native American, etc. | IF NATIVE AMERICAN, Specify Tribe |
|---|---|---|---|---|---|
| 4. OCT. 15, 1926 | 5a. 78 | 5b. | 5c. | 6a. WHITE | 6b. NONE |

Is Decedent Hispanic? (If yes, more than one may be checked)
6c. ☒ No ☐ Yes, Specify: ☐ Cuban ☐ Spanish ☐ Other ☐ Puerto Rican ☐ Mexican

EDUCATION OF DECEDENT - Indicate highest grade completed
7. 0 1 2 3 4 5 6 7 8 9 10 11 12 13 ☒ 15 16 17 + UNK

PLACE OF DEATH - Name of hospital or other facility (If neither, give street and number or location)
8a. ST. VINCENT HOSPITAL

HOSPITAL 8b. ☒ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)

| STATE OR COUNTRY OF BIRTH | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED - Specify | SURVIVING SPOUSE (If wife, give birth name) | WAS DECEDENT EVER IN U.S. ARMED FORCES? |
|---|---|---|---|---|
| 9. WYOMING | 10. USA | 11. MARRIED | 12. RUSSELL WOLFE | 13. ☐ Yes ☒ No |

| SOCIAL SECURITY NUMBER | USUAL OCCUPATION (Kind of work done during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTRY |
|---|---|---|
| 14. 560-32-7043 | 15a. OWNER/OPERATOR | 15b. ANTIQUE AND ESTATE JEWELRY |

| RESIDENCE - State | County | City, Town or Location | INSIDE CITY LIMITS |
|---|---|---|---|
| 16a. NEW MEXICO | 16b. SANTA FE | 16c. SANTA FE | 16d. ☒ Yes ☐ No |

| STREET AND NUMBER OR LOCATION | ZIP CODE |
|---|---|
| 16e. 2340 SANTA BARBARA DR. | 16f. 87505 |

**PARENTS**

| FATHER - NAME First | Middle | Last | MOTHER - BIRTH NAME First | Middle | Last |
|---|---|---|---|---|---|
| 17. PAUL | E. | BARNABB | 18. GRACE | | DEVINE |

| INFORMANT - NAME (Type or print) | MAILING ADDRESS Street/RFD No. | City/Town | State | Zip |
|---|---|---|---|---|
| 19a. RUSSELL WOLFE | 19b. 2340 SANTA BARBARA DR. | SANTA FE, | NM. | 87505 |

**DISPOSITION**

METHOD OF DISPOSITION
☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
20a.

CEMETERY/CREMATORY - Name: 20b. TERRACE GROVE CREMATOR

| LOCATION City/Town | State | FUNERAL SERVICE LICENSEE or PERSON ACTING AS SUCH - Signature | LICENSE NUMBER |
|---|---|---|---|
| 20c. BELEN, | NEW MEXICO | 21a. X [signature] | 21b. FSP 767 |

| FACILITY - NAME | FACILITY - ADDRESS Street/RFD No. | City/Town | State |
|---|---|---|---|
| 21c. DIRECT FUNERAL SERVICES | 21d. 2919 4th ST. NW. | ALBUQUERQUE, | NEW MEXICO |

**CERTIFICATION**

22a. Certified by (Check One)
☐ Office of Medical Investigator ☒ Certified Physician ☐ D.O. ☐ Tribal/Military Authority

Certifiers Signature: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated.
22b. X [signature]
Type/Print Name: ARTHUR PARTILLI
Mailing Address (City, State and Zip Code): [illegible] NM 22g.

| DATE SIGNED (mo. day. yr) | HOUR OF DEATH |
|---|---|
| 22c. DEC. 15, 2004 | 22d. [illegible] |
| PRONOUNCED DEAD (mo. day. yr) | PRONOUNCED DEAD (hour) |
| 22e. DEC. 13, 2004 | 22f. [illegible] |

MANNER OF DEATH ☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED

| DATE FILED AT NMVRHS (mo., day, yr) | REGISTRAR'S SIGNATURE | |
|---|---|---|
| 23a. | 23b. X | 555818 |

**AUTHORITY FOR BURIAL, TRANSPORTATION, CREMATION, OR REMOVAL**
**(Sec. 24-14-23, NMSA 1978)**

BURIAL-TRANSIT PERMIT

This permit when properly completed to identify the decedent, the place and date of death, the Funeral Service Licensee, and the intended place of final disposition, constitutes authority to transport/inter the final remains out of the state. The Funeral Service Licensee shall sign below.

Signature of Funeral Service Licensee [signature] Date 12-16-04

CREMATION PERMIT

This is to certify that the Office of the Medical Investigator has reviewed the death certificate and hereby authorizes cremation of the deceased in accordance with regulations promulgated by the New Mexico Board of Medical Investigations. Following the cremation, the person in charge of the crematory shall sign below and return this permit to the Office of the Chief Medical Investigator, UNM School of Medicine, Albuquerque, NM 87131.

SIGNATURE OF MEDICAL INVESTIGATOR OMI Date 12-16-04

SIGNATURE OF CREMATORY AUTHORITY TERRACE GROVE Date of Cremation 12-16-04

BURIAL PERMIT

E 19624

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| VIVIAN | B. | WOLFE | 10/15/1926 | 12/13/2004 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SANTA FE | NEW MEXICO | RUSSELL WOLFE - HUSBAND<br>2340 SANTA BARBARA DRIVE<br>SANTA FE, NM 87505 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| MERKLEY-MITCHELL MORTUARY<br>3655 FIFTH AVENUE<br>SAN DIEGO, CA 92103 | FD119 | ▶ [signature] | 03/15/2005 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | B.A. ELLANO<br>03/15/2005 | 2504546 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| - | P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-8-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need (Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-23-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Del Rosario Hernandez 128658 10:00

in a DD crypt (A) (Type of Burial Container) Funeral, date, time Monday Mar. 28th 05 ~~9:00~~ A.m

Church, Chapel, Graveside _____ ; Guadalupana Mortuary. Jose 544-9333

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 63 Grave 8

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | $413.00 |
| Burial Container DD crypt | $418.00 |
| Handling Fees | $352.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | $50.00 |
| Sales taxes | $32.40 |
| Mortuary To pay | |
| Total Due | $2,250.40 |
| Paid receipt number R-58666 | 2,250.40 |
| Balance due | 0 |

PAID MAR 23 2005 MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

see attach

Invoice # _____

Work Order # E 19025

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

6195449334

:29 6195449334 GUADALUPANA MORTUARY

2:34 SD MT. H[illegible] CEMETERY → GUADALUPANA

AT-Need (Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-23-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Del Rosario Hernandez in a DD crypt (A) (Type of burial container) Funeral, date, time Monday Mar. 28th 05 9:00Am Church Chapel, Graveside : Guadalupana Mortuary. Jose 544-9333

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 63 Grave 8

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| * Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | $413.00 |
| Burial Container DD crypt | $418.00 |
| Handling Fees | $352.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | $50.00 |
| Sales taxes | $32.40 |
| mortuary To pay — Total Due | $2,250.40 |
| Paid receipt number | |
| Balance due | |

I hereby certify I am the X Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228659

I hereby authorize the interment in lot I hold under deed.

X [signature] Signature

X RUBEN GOMEZ Print Name

X 3585 Central AVE Address

X San Diego CA 92102 City Zip Code

X 501 5024 Telephone

Invoice # _____

Work Order # E 19025

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19025

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Earnestine wilson | | | |
| | | MARY Anderson | X | Robert wayne saveld | | Lake davis SR |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: MARia Del Rosario Hernandez mon

Interment Date: MARCH 28, 05 Time: 9:00 AM church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 63 Gr: 8

Grave Laid out by: KEN

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 3-25-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 19025

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| MARIA | DEL ROSARIO | HERNANDEZ | 06/08/1964 | 03/22/2005 | F |

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: RUBEN GOMEZ-HUSBAND, 3585 CENTRAL AVENUE, SAN DIEGO, CA, 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GUADALUPANA MORTUARY, 2601 IMPERIAL AV, SAN DIEGO, CA, 92113

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1425

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶

8B. DATE SIGNED: 03/23/2005

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: JOSE CHAVEZ 03/23/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2505090 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: VITAL RECORDS, P.O. BOX 85222, SAN DIEGO, CA, 92138-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: —

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA, 92102 | 11B. DATE BURIED: 3-28-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At NEED: 16 Chairs

Date 3/23/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HUGH RATCLIFFE 228665

in a DD.CRYPT "A" (Type of Burial Container) Funeral, date, time MON. MAR. 28, 11:00A

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

• Division 11 Section 1 Blk/Row _____ Lot 45 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| *Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| Flower vases – Marker setting fee (Ground Iron) | 49.60 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 32.40 |
| Total Due | 2300.00 |
| Paid receipt number R-58665 | 2300.00 |
| Balance due | Ø |

PAID

MAR 23 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228666

I hereby authorize the interment in lot I hold under deed.

Monica Ratcliffe (Signature)

Monica Ratcliffe (Print Name)

1978 Claremont Place (Address)

San Diego 92114 (City, Zip Code)

619-804-9290 (Telephone)

Paulette

Work Order # E 19026

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19026

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Leyba | | | |
| | | Pettigrew | x | Keefe | | Boykins |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Pauline Date: 3/25

Interment space for: Ratcliff, Hugh

Interment Date: Mon 28th Time: 11:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 45 Gr: 1

Grave Laid out by: Kex

Agrees with Legal Card: ☒ Yes ☐ No Frog

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 3-25-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E/9026

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Hugh | Nelson | Ratcliffe | 02/05/1950 | 03/23/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Monica Ratcliffe, Wife<br>1978 Chaumont Place<br>San Diego, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ Dan Campbell | 03/24/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 03/24/2005<br>B. Campbell | 2505174 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>3 28 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At need

Date 3/23/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teodoro M. Flores 228689

in a T.S. Vault (Type of Burial Container) Funeral, date, time FRI MARCH 25 10:00 Church

Church, Chapel, Graveside ; AZTLAN Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ R.F. x

* will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 156 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1948.31 |
| Paid receipt number R-58667 | $1,948.31 |
| Balance due | 0 |

TS PAID

MAR 24 2005

MOUNT HOPE CEMETERY

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228688

I hereby authorize the interment in lot I hold under deed.

x Raquel Flores
Signature

x Raquel N. Flores
Print Name

405 25th St.
Address

San Diego. 92102
City Zip Code

(619) 234-6408
Telephone

Paulette
Work Order # E 19027

Invoice #

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19027

MT HOPE CEMETERY

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Johnson | | Dela Cruz | | |
| | | | X. | Newsome | | |
| | | | Beltran | Colon | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/24

Interment space for: Teodulo Flores

Interment Date: 3-25-05 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 156 Gr: 4

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Noriega Date: 3-24-05

EA027

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Teodoro | - | Flores | 03/28/1961 | 03/22/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Raquel Cortes de Flores, Wife<br>405 25th,Street,<br>San Diego, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Funeraria Aztlan Mortuary<br>7856 La Mesa Bl., La Mesa, CA 91941 | Fd-1658 | ▶ [illegible] | 03/28/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | J.L.GAJON JR.<br>03/24/2005 | ▶ 2505140 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. Box 85222<br>San Diego, CA 92186-5222 | --- |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mount Hope Cemetery,<br>3751 Market St., San Diego, CA 92102 | 11B. DATE BURIED<br>3-25-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 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
12 CHAIRS

Date 3-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESTHER CHEEK 228676

in a D.O CRYPT "A" (Type of Burial Container) Funeral, date, time Friday April 1, 11:00

Church, Chapel, Graveside _____ : Cypress View Mortuary. Rulon

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned. _____ ℄ L

Division 11 Section 2 Blk/Row _____ Lot 79 Grave 5

PAID
MAR 24 2005
MOUNT HOPE CEMETERY

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup 2@413.00 | 826.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| Flower vases THIRD, Marker setting fee $51.63 + $138.00 | 189.63 |
| Recording/Filing/Transfer Fees 2@50.00 | 100.00 |
| Sales taxes | 32.40 |
| Total Due | 2,993.03 |
| Paid receipt number R-58671 $ | 2,993.03 |
| Balance due | 0 |

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X Enio Craig 228677 Print Name

X 5806 Fairmount Ave Address

X S.D. CA. 92105 City Zip Code

X 619 501-9254 Telephone

Invoice # _____

Work Order # E 19028

Acct. # _____

Paccelatte

Refund in process for $90.00 by Melissa. DP# 472307

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Refund processed 4/6/05
for overpayment of $90.00

MT HOPE CEMETERY E 19028

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | LOT 56 #12 Ollie Edwards | | |
| | | BLAIR LORENZO | LOT 79 GR 5 X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 3-25-05

Interment space for: Esther Cheek

Interment Date: FRI April 1st Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 79 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E19028

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| ESTHER | ELIZABETH | CHEEK | 12/10/1924 | 03/18/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| NATIONAL CITY | SAN DIEGO | MICHAEL CRAIG SR.-SON<br>5492 IMPERIAL AVE. #13<br>SAN DIEGO, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| ECM-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE.<br>SAN DIEGO, CA 92113 | FD-670 | ▶ | 03/22/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/24/2005<br>C GRIER | 2505148 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

at need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Hancock 228686

in a Liner (Type of Burial Container) Funeral, date, time Tues. Mar. 29 11:00

Church, Chapel, Graveside ; Bayview Mortuary. Deanne

All Funeral 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 224 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58676 | 1833.20 |
| Balance due | 0 |

PAID
MAR 28 2005
MOUNT HOPE CEMETERY

Res. Fee

I hereby certify I am the WIFE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228687

I hereby authorize the interment in lot I hold under deed.

N K Williams
Signature

NOEL K WILLIAMS
Print Name

2635 WHITNEY ST
Address

SAN DIEGO, CA 92111
City Zip Code

(858) 571 0613
Telephone

Paulette

Work Order # E 19029

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19029

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Nunez | | | |
| | | DOM | X | | Missegh | |
| Reynolds | | Pentsaka | | Mitchell | Jones | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/29

Interment space for: James Hancock

Interment Date: 03/29/05 Time: 11:00 AM

Div: 12 Sect: 2 Blk/Row: ____ Lot: 224 Gr: 4

Grave Laid out by: KEN

Agrees with Legal Card: ☐ Yes ☐ No Map

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Joe Date: 3-28-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19029

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| JAMES | LYNELL | HANCOCK | 07/20/1956 | 03/21/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| [redacted] DIEGO | SAN DIEGO | NOEL WILLIAMS - WIFE<br>2833 WHITNEY ST.<br>SAN DIEGO, CA 92111 |

| 7A. [redacted]ED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| BAYVIEW CREM. & BURIAL, 7510 CLAIREMONT MESA BLVD. #100, SAN DIEGO, CA 92111 | FD-1661 | ▶ | |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/28/2005<br>R.MARTINEZ | 2505308 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | — |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| [redacted]TTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Pre-need lot

Date 3-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of pre-need for family

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 40 Grave 5

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |
| Total Due | 985.00 |
| Paid receipt number M/C down payment | 246.00 |
| Balance due | 739.00 |

PAID

AUG 10 2005

MOUNT HOPE CEMETERY

Paid-in-full 8/10/04 R-B

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.

228067

I hereby authorize the interment in lot I hold under deed.

Signature _____

Paulette

Work Order # E 19030

Print Name: Ernestine Davies

Address: 350 Los Sonetos Dr.

City: San Diego Zip Code: 92114

Telephone: (619) 2637934 818 5262

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E-19030

Davies, Earnestine 350 Los Soneto Drive.SD CA 92114 619-263-7934

DIVISION 12 SEC 2 LOT 40 GRAVE 5

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 3/25/05 | Opened pre-need lot account by master card. | 985.00 | | 985.00 |
| | Paid by Mastercard. Downpayment. | | 246.00 | 739.00 |
| 4-18-05 | R- 58754 | | 500.00 | 239.00 |
| 6/13/05 | R- 58955 | | 200.00 | 39.00 |
| 8/10/05 | R- 59064 | | 39.00 | 0 |

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED
LOT + TRUST

Date 3/29/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Della Hunt 228715

in a Liner (Type of Burial Container) Funeral, date, time TUES. APRIL 5 1130

Church Chapel, Graveside ; CA BURIAL Mortuary nat'l City

All Funeral 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 98 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58690 | $1,833.20 |
| Balance due | Ø |

PAID
MAR 29 2005
MOUNT HOPE CEMETERY

MORT. 2 PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the Interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

See attached signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19031

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19031

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | White | Thomas | | | | |
| Jefferson | | Todd | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4/1

Interment space for: Della Hunt

Interment Date: 4-5-05 Time: 11:30 chapel

Div: 12 Sect: 2 Blk/Row: _____ Lot: 98 Gr: 12

Grave Laid out by: Norman Pargueu

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 4-1-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 19031

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| DELLA | M. | HUNT | 06/09/1933 | 03/25/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| CHULA VISTA | SAN DIEGO | GWEN MARTIN-HAUGHTER<br>226 S. SIENA ST.<br>SAN DIEGO, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA CREMATION & BURIAL CHAPEL<br>5880 EL CAJON BLVD., SANDDIEGO, CA 92115 | FD-1357 | David P Benard | 03/30/2005 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/30/2005 J. BENYARD | Nancy L Bowman |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS-P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-5-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>Kevin F. Jones | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E19031

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 3/29/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Della Hunt

in a Liner (type of Burial Container) Funeral, date, time TUES. APRIL 5 1:30

Church (Chapel) Graveside : CA BURIAL Mortuary

*All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $* _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 98 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 208.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| *Sales taxes* | 16.20 |
| Total Due | 1833.20 |

MORT. 2 PAY

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from *any liability on account of said authorization and interment.* 228716

*I hereby authorize the interment in lot ) hold under deed.*

Signature

Gwenlyn A Martin
Print Name
226 S. Siena St
Address
San Diego CA 92114
City Zip Code
619-470-3543
Telephone

Pauletta

Work Order # E 19031

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need
P.A. Estate
#296

Date 3/28/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mark Hollander - 228714

in a Liner (Type of Burial Container) Funeral, date, time Tues. April 5, 9:00

Church, Chapel, Graveside Delivery ; Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 164 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 116.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58675 | 1833.20 |
| Balance due | Ø |

PAID
MAR 28 2005
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Signature of Atty Exec P.A.

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19032

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19032

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/28/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mark Hollander

Funeral, date, time Tues. April 5, 11:00

In a Liner Vault Delivery ; Mayer 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.

Division 12 Section 2 Site/Row _____ Lot 164 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | 413.00 |
| Opening/Closing & Setup | 209.00 |
| Burial Container | 160.00 |
| Handling Fees | — |
| Flower vases – Marker setting | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58675 | 1833.20 |
| Balance due | Ø |

PAID
MAR 28 2005
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named deceased and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 held under deed.

Signature

NANCY HOBBS
Print Name
5201A RUFFIN RD
Address
SAN DIEGO, CA 92123
City State Zip Code
(858) 694-3500
Telephone

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19032

This information is available in alternative formats upon request.

MSA-106 (3-04)

CN: 20051249

E 19032

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Carlos Ruiz | | | |
| | Charles Carding | | X | | Irene Effend | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: Mark Hollander

Interment Date: Tues April 5, 05 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 164 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/1/05

E19032

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| MARK | A. | HOLLANDER | 08/31/1964 | 03/17/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | NANCY HOBBS - PUBLIC GUARDIAN<br>5201-A RUFFIN RD.<br>SAN DIEGO, CA 92123 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| MAYER MORTUARY, 2859 ADAMS AVERSAN DIEGO, CA 92116 | FD-1424 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit ▶ | 8B. DATE SIGNED 03/28/2[illegible] |
|---|---|---|---|

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/28/2005 | 2505333<br>R.MARTINEZ ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O..BOX 85222<br>SAN DIEGO, CA 92186-5222 | — |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, [illegible] ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need Estate
P.A. P.A. # 296

Date 3/28/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teresa Hollander - 228713

in a Liner (Type of Burial Container) Funeral, date, time Tues April 5 9:00

Church, Chapel, Graveside Delivery ; Mayer Mortuary. Deanne

All Funeral 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 164 Grave 5

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58675 | 1833.20 |
| Balance due | Ø |

PAID
MAR 28 2005
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Print name of funeral home P.A.

Invoice # _____

Work Order # E 19033

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19033

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teresa Hollander

in a Liner (Vault or Liner) Funeral, date, time Tues April 5 11:00

Church, Chapel, Graveside Delivery : Mauer Mortuary Deanne

All Funeral cars must arrive before 3:00 p.m. or regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 2 Bld/Row _____ Lot 164 Grave 5

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | 413.00 |
| Opening/Closing & Setup | 209.00 |
| Burial Container | 160.00 |
| Handling Fees | |
| Flower vases – Marker setting fee | 50.00 |
| Recording/Filing/Transfer Fees | 16.20 |
| Sales taxes | 183.20 |
| Total Due | 183.20 |
| Paid receipt number R-586615 | |
| Balance due | Ø |

PAID MAR 28 2005 MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

(X) [signature]
Signature

NANCY HOBBS
Print Name
5201 B RUFFIN RD
Address
SAN DIEGO, CA 92123
City, State, Zip Code
(858) 694-3500
Telephone

Invoice # _____

Acct. # _____

Work Order # E 19033

...available in alternative formats upon request.

CW 20051250

MT HOPE CEMETERY E19033

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Carlos Nunez | | | | |
| | | Mark Hollander X | | Irene Effend | | |
| | | | | Velma Griffen | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: Teresa Hollander

Interment Date: Tues April 5, 05 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 164 Gr: 5

Grave Laid out by: Norman Pierce

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/1/05

REFILE

E 19033

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FORM

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| THERESA | M. | HOLLANDER | 06/25/1933 | 03/17/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | NANCY HOBBS - PUBLIC GUARDIAN<br>5201-A RUFFIN RD.<br>SAN DIEGO, CA 92123 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| MAYER MORTUARY, 2859 ADAMS AVE.,SAN DIEGO,,CA 92116 | FD-1424 | ▶ | |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/30/2005 | 2505487<br>R.MARTINEZ ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O.,BOX 85222<br>SAN DIEGO, CA 92186-5222 | — |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 3/28/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Tinaynan 227148

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time Friday April 1, 2:00

Church/Chapel, Graveside _____ : Berge Roberts Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 109 Grave 9

| | |
|---|---|
| Grave space & Care Fund E-180080 (2003) | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup " | — |
| Burial Container " | — |
| Handling Fees " | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees " | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number E-180080 | — |
| Balance due | 0 |

I hereby certify I am the Felipe M. Carney of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Felipe M. Carney
Signature

FELIPA CARNEY
Print Name

5917 Buena Vista St.
Address

North Las Vegas, NV 89031
City Zip Code

Telephone 702-631-8641

Paulette
Work Order # E 19034

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Pre need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

E 19034

Date 10/8/03

271148 271149

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George & Miguela Tinaynan

In a DD Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 109 Grave 9 Row _____ Section 2 Division/Block 12

| | |
|---|---|
| Grave space & Care Fund | 985 |
| Additional spaces and care fund | |
| Opening/Closing & Setup 413 x 2 | 826 |
| Burial Container | 418 |
| Handling Fees | 352 |
| Flower vases – Marker setting fee | |
| Recording and filing fee 90 x 2 | 180 |
| Sales taxes | 32.40 |
| Total Due | 2713.40 |
| Paid receipt number R56768 | 678.00 |
| Balance due | 2035.40 |

PAID
OCT 13 2003
MOUNT HOPE CEMETERY

R-56786 ~~2035.40~~ 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Rosita T. Marungoy

I hereby authorize the interment in lot I hold under deed. 271

Signature of recorded holder of deed

Signature: Rosita T. Marungoy

Address: 411 Los Olivos Apt. #7

City: West Chase Aven. El Cajon

Zip Code: CA 92020

Telephone: 440-2867

Pam

Invoice # _____

Work Order # E 18083

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

E19034

# 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Gonzales | | x | Wheeler | Wheeler | |
| | | | | Ware | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 3/29

Interment space for: George Truman

Interment Date: 4-1-05 Time: 2:00pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 109 Gr: 9

Grave Laid out by: Norm Fay

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

T-108

Blind Check & Verified By: ____ Date: ____

E 19034

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| GEORGE | DUNGALAO | TINAYNAN | 03/08/1917 | 03/27/2005 | M |

5A. CITY OF DEATH: LA MESA

5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MIGUELA TINAYNAN - WIFE
411 MISCHER AVE #77
EL CAJON CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-284

8A. SIGNATURE OF APPLICANT—Person taking permit

8B. DATE SIGNED: 03/28/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: 03/30/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2505505 L. CASTRO

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS...PO BOX 85222
SAN DIEGO CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4 1 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT-Need (Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sylvia Moore-Kennedy 228690

in a DD CrypT (A) (Type of Burial Container) Funeral, date, time April 1ST, 2005 FRI 1:00

Church, Chapel, Graveside Family To witness ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Rm x will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 63 Grave 11

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container DD Cr | 418.00 |
| Handling Fees | 352.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 32.40 |
| ~~Mortuary To Paid~~ | |
| Total Due | $ 2,250.40 |
| Paid receipt number R-5-8684 | $ 2,250.40 |
| Balance due | 0 |

PAID MAR 29 2005 MOUNT HOPE CEME

I hereby certify I am the x Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Signature Rone Moore.

-228690

x Sharonia (Rone) Moore
Print Name

x 3541 "Z" St.
Address

x San Diego 92113
City Zip Code

x (619) 257-0150
Telephone

OR 236-0779

Invoice #

Work Order # E 19035

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19035

# 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Ferris Doris | X | | | Ramon Colado |
| | | | Alice Grooms | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 3-30-05

Interment space for: Sylvia Moore-Kennedy

Interment Date: FRI April 1st, 05 Time:

Div: 12 Sect: 2 Blk/Row: Lot: 63 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 3-30-05

Flagged

E19035

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Sylvia | Lee | Moore-Kennedy | 02/01/1954 | 03/24/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| National City | San Diego | Joseph Kennedy, Husband<br>3570 Acacia Street<br>San Diego, CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT — Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ B. Campbell | 03/29/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | 11.00 | 03/29/2005<br>B. Campbell | 2505371 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-1-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Pre-need lot trust

Date 3/29/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 228673

of for Marjorie & Robert Lester 228674

In a D.D. CRYPT A & B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 44 Grave 9

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup 2@ 413.00 | 826.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees 2@ 50.00 | 100.00 |
| Sales taxes | 32.40 |
| Total Due | 2713.40 |
| Paid receipt number R-58679 | 678.35 |
| part of E-19037 Balance due | 2035.05 |

PAID
MAR 27 2008
MOUNT HOPE CEMETERY

3/27/06 paid in full for pre-need lots/trusts for graves 9,10 in lot #44

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: Marjorie Lester

Paulette

Print Name: MArjorie Lester 228673

Address: 8001 Skyline Dr

City: San Diego Zip Code: CA 92114

Telephone: 619)

Invoice # _____

Work Order # E 19036

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

LESTER Pin # 228673 (2 yr contract) contract Expires March 2007 monthly #169.59 Final #169.53 E-19036 ~~E-19037~~ due 29th of each month.

MARJORIE & ROBERT LESTER 8001 Skyline Dr., S.D. CA 92114 for Myron Lester/Renee Oliver

DIVISION 12 SEC 1 LOT 44 GRAVES 10 & 9 Pin# 267-7027

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 3/29/05 | Opened pre-need lot/trust. Trust includes: two | 985.00 | | 985.00 |
| o/c $826, b/c $418, h/f $352, two r/f $100, tax on DD Crypt | | 1728.40 | | 2713.40 |
| $3[illegible] | R-58679. 4-O/Cs = 1652. - 2-B/C = 836, H/F = 704. 4-R/F = 200, TOPS = 66.80 | | 678.35 | 2035.05 |
| Attached SEE E-19036 AMT. ADDED BALANCE FROM E-19036 | | 2035.05 | | 4070.10 |
| 5-5-05 | R-58801 ✓ Coupon # 1 April 2005 | | 169.59 | 3900.51 |
| 6/3/05 | R-58899 ✓ Coupon # 2 may 2005 - to 20% | | 169.59 | 3730.92 |
| 7/5/05 | R-59020 — " 3 June 2005 29 to 80% | | 169.59 | 3561.33 |
| 8-- 05 | R-59134 ✓ " 4 July 2005 not | | 169.59 | 3391.74 |
| 9-6-05 | R-59148 ✓ " 5 aug 2005 | | 169.59 | 3222.15 |
| 12-2-05 | R-59449 — 6 Sept 2005 | | 169.59 | 3052.56 |
| 12-14-05 | mailed delinquent cut letter | | | |
| 12-16-05 | pd by phone/visa Coupon 7,8,9 Oct, Nov, Dec 2005 | | $508.77 | $2543.79 |
| 2-1-06 | R 00092 Coupon 10 Jan 2006 | | 169.59 | 2374.20 |
| 3-1-06 | P-00148 ✓ Coupon Feb 2006 | | 169.59 | 2204.61 |
| 3/10/06 | P-00199 | | 220.46 | |

PAID

MAR 27 2006

MOUNT HOPE CEMETERY

E-19036

Lester, Marjorie & Robert 8001 Skyliner Dr. SD CA 92114

DIVISION 12 SECTION 1 LOT 44 GRAVE 9

| | DEBIT | CREDIT | BALANCE |
|---|---|---|---|
| 3/29/05 Opened pre-need lot/trust. Trust includes: two | 985.00 | | 985.00 |
| o/c $826, b/c $418, h/f $352, two r/f $100, tax on DD | 1728.40 | | 2713.40 |
| Crypt $32.40 R-58679. | | 678.35 | 2035.05 |

E19036

# Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

**STATEMENT** TELEPHONE: 527-3400

| DATE | YOUR ORDER NO. |
|---|---|
| March 22, 2006 | E-19036 |

TO:
Ms Marjorie Lester
Mr.Robert Lester
8001 Skyline Drive
San Diego CA 92114

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| According to the records of Mt. Hope Cemetery the you purchased two pre-need lots and the trust for both lots. The break down of each item you purchased is as follows: | |
| Two grave lots @ $985.00 each ..... | $1,970.00 |
| Four Opening/Closings (two per lot)..... | $1,652.00 |
| Two Double-Depth Burial Containers 1 per lot. which are $418.00 each..... | $ 836.00 |
| Two Handling Fees for each Burial Container which are $352.00 each..... | $ 704.00 |
| Four Recording/Filing Fees (Two per lot) which are $50.00 each..... | $ 200.00 |
| Two sales taxes for each Burial Container which are $32.40 each..... | $ 64.80 |
| Totaling... | $5,426.80 |
| Down Payments made to cover both lots ..... which are $678.35 each..... | $1,356.70 |
| R-58801 | -169.59 |
| R-58899 | -169.59 |
| R-59020 | -169.59 |
| R-59434 | -169.59 |
| R-59148 | -169.59 |
| R-59449 | -169.59 |
| Visa Payment per phone | -508.77 |
| P-00092 | -169.59 |
| P-00148 | -169.59 |
| Balance due..... | $2,204.61 |

2 I mailed this to Ms Lester to show her what she has paid, per her request.
Paulette

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

**CITY OF SAN DIEGO, CALIFORNIA**
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
**(619) 527-3400**

P 00199

Date: 3/27, 2006

From: Marjorie Lester Address: 8001 Skyline Dr. S.D. CA 92114-7317

Two Thousand, two hundred and four and 61/100 Dollars ($ 2,204.61)

in Full Payment of Pre-need Lots / Trusts, Paid in full.

Div 12 Sec 1 Blk/Row Lot 44 Grave 9+10

Invoice No. E-19036

Acct. No.

W.O.

BALANCE DUE Ø

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4432

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 27 2006

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 2204. 61 |
| Trust | 77186 | |
| TOTAL PAID | | $ 2,204 61 |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

59434

Date: 8/4, 2004

From: Marjorie Lester Address: On record

One Hundred Sixty-Nine 59/00 Dollars ($ 169.59 )

in part Payment of Pre need lot/trust.

Blv 12 Sec 1 Blk/Row Lot 44 Grave 9+10

Invoice No. E-19036

Acct. No.

W.O.

BALANCE DUE $3,391.74

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 4273

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 03 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | 169. | 59 |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 169. | 59 |

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59148

**MOUNT HOPE CEMETERY**
(619) 527-3400

Date: 9/7, 2005

From: Marjorie Lester Address: on record

One hundred Sixty Nine. 59/00 Dollars ($ 169.59 )

in Part Payment of Pre-need trust

Div 12 Sec 1 Blk/Row Lot 44 Grave 9410

Invoice No. E-19036

Acct. No.

W.O.

BALANCE DUE 3222.15

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 4-04) 4255

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 0 6 2005

MOUNT HOPE CEMETERY

ISSUED BY Dawnford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | ~~3222.~~ 169.59 |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 169.59 |

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P-00148

Date: 3-1, 20 06

From: marjorie lester Address: on record

One hundred Sixty-nine and 59/00 Dollars ($ 169.59)

in part Payment of Pre-need account

Div 12 Sec 1 Blk/Row Lot 44 Grave

Invoice No. E-19032

Acct. No.

W.O.

BALANCE DUE $2035.02

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR - 1 2006

MOUNT HOPE MEMORIAL

ISSUED BY Jaulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 169.59 |
| Trust | 77186 | |
| TOTAL PAID | $ | 169.59 |

☑ Pre-Need Lot
☑ Pre-Need Trust

☐ Money Order
☐ Charge
☑ Check 4420

AC-212 (11-05)
*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00092

Date: 2/1, 2006

From: Marjorie Lester Address: 8001 Skyline Dr S.D. CA 92114

one Hundred Sixty - Nine 59/00 Dollars ($ 169.59 )

in Part Payment of Pre-need lot + trust

Div 12 Sec 1 Blk/Row Lot 44 Grave 9+10

Invoice No. E 19036

Acct. No.

W.O.

BALANCE DUE $ 2204.61

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB - 1 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 169.59 |
| Trust | 77186 | |
| TOTAL PAID | $ | 169.59 |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

4442

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT [redacted]OPE CEMETERY
[redacted]9) 527-3400

R-59449

Date: Dec-2 , 20 05

From: M. Lester Address: on record

One thousand Sixty-Nine and 59 Dollars ($ 169.59 )

in Part Payment of Pre-need lot + trust

Lot 9 44 Grave 4 & 10 Row — Section Division Block 12

Invoice No. E' 19036

Acct. No.

W.O.

BALANCE DUE $ 2882.97

Pre-Need Lot X At Need | | On Acct | |

Pre-need Trust X Cash | | Check X

4337

AC-212 (Rev. 10-02)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 0 2 2005

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | 169 59 |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 169 59 |

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58899

Date: 6/2, 20 05

From: Marjorie & Robert Lester Address: on record

One Hundred Sixty Nine 59/100 Dollars ($ 169.59)

in part Payment of Pre-need lot / Inst.

Div 12 Sec 1 Blk/Row Lot 44 Grave 10

Invoice No. E - 19036

Acct. No.

W.O.

BALANCE DUE $ 0730.92

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

4218

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUN - 2 2005

MOUNT HOPE CEMETERY

ISSUED BY Pa[illegible]

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 169.59 |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 169.59 |

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58801

Date: 5/5, 2005

From: Marjorie Lester Address: On record

One Hundred Sixty-Nine 59 Dollars ($169.59)

in Part Payment of Pre-need Lot/Trust.

Div 12 Sec 1 Blk/Row Lot 44 Grave 9&10

Invoice No. E-19036

Acct. No.

W.O.

BALANCE DUE $3900.51

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

4186

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

**PAID**

MAY 0 2 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | 169. | 59 |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 169 | 59 |

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59020

**MOUNT HOPE CEMETERY**
(619) 527-3400

Date: 7-5, 2005

From: Marjorie Lester Address: on record

One hundred Sixty-Nine 59/ Dollars ($ 169.59 )

in part Payment of pre need lot & trust.

Div 12 Sec 1 Blk/Row Lot 44 Grave 9+10

Invoice No. E-19036

Acct. No.

W.O.

BALANCE DUE $ 3,561.33

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 4228

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL - 5 2005

MOUNT HOPE CEMETERY

ISSUED BY Pawford

| | | |
|---|---|---|
| CREDIT | 67007 | 169.59 |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 169 59 |

AC-212 (Rev. 4-04)
*This information is available in alternative formats upon request.*

pre-need lot & trust

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

228736

Date 03/29/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Myron Lester / Renee Oliver 228737

in a D.D. CRUPT A + B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 44 Grave 10

| | |
|---|---|
| Grave space & Care Fund | 865.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup 2 @ 413.00 | 826.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees 2 @ 50.00 | 100.00 |
| Sales taxes | 32.40 |
| Total Due | 2713.40 |
| Paid receipt number R-58679 | 678.35 |
| pt of E-19036 Balance due | 2035.05 |

PAID MAR 27 2006 MOUNT HOPE CEMETERY

3/27/06 Paid in full for pre-need lot trust R 00199. Lot 44 gr. 9 + 10

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.

228673

I hereby authorize the interment in lot I hold under deed.

Signature Marjorie Lester

Print Name Marjorie Lester

Address 8001 Skyline Dr

City San Diego CA Zip Code 92114

Telephone (619)

Paulette

Invoice # _____

Work Order # E 19037

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

AT-Need
ReS

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-30-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael De'Angelo Haywood 228683

in a TS Vault (Type of Burial Container) Funeral, date, time Tues (April 5th 11:00)

Church, Chapel, Graveside Horizon Christian Fellowship / Cypress View Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ J.H. x will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 76 Grave 2

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS Vault | 275.00 |
| Handling Fees | 204.00 |
| Trion Flower vases, Marker setting fee | 189.63 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Mortuary To pay | |
| Total Due | $ 2,137.94 |
| Paid receipt number R58698 | $ 1,200.00 |
| R58706 | $ 940.00 |
| Balance due | $ 0 |

PAID
MAR 30 2005
MOUNT HOPE CEMET

I hereby certify I am the x Jocelynn D. Haywood of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228684

I hereby authorize the interment in lot I hold under deed.

x Jocelynn D. Haywood
Signature

x Jocelynn D. Haywood
Print Name

x 2976 Kalmia St #B
Address

x San Diego CA 92102
City Zip Code

x 619 581-8906
Telephone

Invoice #

Work Order # E 19038

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

E19038

# 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Euben Waters LOT-75#6 | | X | curb | | |
| | Kerns Thelbert | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-4-05

Interment space for: Michael Haywood

Interment Date: Tues April 5th Time: Tues April (5th 1:00)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 76 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARNISE Date: 4-4-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19038

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| MICHAEL | De ANGELO | HAYWOOD | 11/09/1977 | 03/26/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | CLIFFORD J. HAYWOOD JR.-FATHER<br>2976 KALMIA ST. #B<br>SAN DIEGO, CA 92104 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| ECM-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE.<br>SAN DIEGO, CA 92113 | FD-670 | ▶ | 03/28/2005 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 03/28/2005<br>C GRIER | 2505331<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO, CA 92186-5222 | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

pre-need lot

Date 3/30/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for parents

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 190 Grave 2

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |
| Total Due | 985.00 |
| Paid receipt number R-58682 | 246.00 |
| Balance due | 739.00 |

PAID
JUN - 9 2005
MOUNT HOPE CEMETERY

pd as of 6/9/05 lot + fnrl

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

228678 Felicia L. Lewis-Myles
Print Name

3644 HARVARD DRIVE
Address

OCEANSIDE CA 92056
City Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19039

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Dad

228678

E-19039

LEWIS-MYLES, FELICIA L. 3644 HARVARD DR.,OCEANSIDE CA 92056

~~DIV 12 SEC 2 LOT 190 GR 2~~

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 3/30/05 | Opened pre-need lot. Pd down payment by check R-58682. | 985.00 | | 985.00 |
| | | | 246.00 | 739.00 |
| 5/[illegible]/05 | R- 58800 no coupon - mailed 2nd bucks 5/6/05 | | 62 — | 677 — |
| 6/9/05 | R- 58930 Balance pd in full | | 677 — | 0 |

Paid in full

E 19039

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

pre-need lot

Date 3/30/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for parents

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 190 Grave 2

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |
| Total Due | 985.00 |
| Paid receipt number R- 58682 | 246.00 |
| Balance due | 739.00 |

I hereby certify I am the Attorney-in-fact of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 190 hold under deed.

Signature

Felicia Myles-Lewis
Print Name

3644 Harvard Dr.
Address

Oceanside CA 92024
City Zip Code

760-439-2676
Telephone

Invoice # _____

Work Order # E 19039

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

At NEED

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3/30/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie L. Branch - 228719

in a LINER (Type of Burial Container) Funeral, date, time Friday April 8. 10:00

Church Chapel Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ E.B. will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row Lot 4 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-5873 | 1833.20 |
| Balance due | Ø |

PAID
APR 05 2005
MOUNT HOPE CEMETERY

MORT 2 PAY

I hereby certify I am the x Ester Branch of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228720

I hereby authorize the interment in lot I hold under deed.

x Ester Branch
Signature

Paulette

x Ester Branch
Print Name

x 712 S 28th St.
Address

x San Diego
City

x Ca. 92113
Zip Code

x
Telephone

Invoice #

Work Order # E 19040

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19040

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 | | | |
| | John King LOT 3 #11 | Laura King LOT 3 #12 | Dixon Jefferson LOT 4 #7 | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-4-05

Interment space for: Willie Branch

Interment Date: FRI April 8th Time: 10:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 4 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4-5-05

Flagged

E 19040

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Willie | Luther | Branch | 03/02/1927 | 03/27/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Ester Branch, Wife<br>712 S. 28th Street<br>San Diego, CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ Blanc Lamb Dale | 03/30/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 03/30/2005<br>B. Campbell | 2505503 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-8-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kevin F. Jones | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Double Interment privilege

MT. HOPE CEMETERY

# INTERMENT ORDER

AT NEED
In Grave with Freddie L. Williams

City of San Diego

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SENNIE J. WILLIAMS - 228732

in a LINER (Type of Burial Container) Funeral, date, time FRIDAY APRIL 8th 1:00

Church Chapel, Graveside ; RAGSDALE Mortuary. MOE

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 135 Grave 1

Grave space & Care Fund ..... E-4805 (1985) ..... —

Overtime/Late Arrival Fees ..... —

Opening/Closing & Setup ..... —

Burial Container ..... —

Handling Fees ..... —

Flower vases – Marker setting fee ..... —

Recording/Filing/Transfer Fees ..... —

Sales taxes ..... —

Total Due ..... —

Paid receipt number _____

Balance due —

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Work Order # E 19041

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19041

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/23 1985

CHARGE Sinnia Williams (wife)

ADDRESS 5138 Roswell St. SD. 92114

NAME OF DECEASED FREDDIE L. WILLIAMS

OWNER #264 1602 Same as Above

ADDRESS

MORTUARY RAGSDALE

(DIP)

| | | |
|---|---|---|
| LOT 135 GR ROW SEC 3 BLK 8 DIV | 742 | 50 |
| OPENING/CLOSING TIME 1:30 DAY DATE Friday 1-25-85 | 295 | 00 |
| VAULT/LINER Ball SIZE | 259 | 70 |
| REC. FEE/REMOVAL/FOUNDATION | 35 | 00 |
| — DIP — TOTAL | 1332 | 20 |
| PAID RECEIPT NUMBER 52 PAID 1-23-85 | 300 | 00 |
| 1984 BALANCE | 1032 | 20 |

MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.

DIP

30 day Notice

Flush marker only - Cremation

Double Interment privilege

Ph: AC4-1602

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED SIGNATURE Sinnia Williams ORDER TAKEN BY

4805

INVOICE NO. 62777 015155

MT HOPE CEMETERY E19041

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. VA MARKER on gr. for Freddie Lee Williams

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Ogle | | | |
| | Monroe | | X | Whittingford | Smith | Sanders |
| | Hopkins | Green | Atwell | Anderson | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4-5

Interment space for: Sennie Williams

Interment Date: 4-8-05 Time: 1:00 Church

Div: 8 Sect: 3 Blk/Row: ____ Lot: 135 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Flag Date: 4-6-05

E 19041

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Sennie | Jewell | Williams | 04/08/1916 | 03/28/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Madison Lowe, Nephew<br>820 South Tenth Street<br>Temple, Texas 76504 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ [signature] | 04/01/2005 |

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/01/2005<br>B. Campbell | 2505619 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-8-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ |

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At NEED

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Belete Abebe 228711

In a liner (Type of Burial Container) Funeral, date, time WED'S APR. 6 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary. MOE

All Funeral 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 61 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number R-58712 | 1833.20 |
| Balance due | 0 |

PAID
APR 05 2005
MOUNT HOPE CEMETERY

MORT. 2 PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone See attached

Invoice #

Acct. #

Paulette

Work Order # E 19042

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19042

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| Cabungal | | Campbell | Jefferson | | | |
| | | | x | | Nguyen | |
| | | Chan | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4-5

Interment space for: Belete Abebe

Interment Date: 4-6-05 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 61 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/5/05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 19042

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Belete | Tadesse | Abebe | 02/02/1959 | 03/31/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Henock Debebe, Nephew<br>7481 Mohawk Street #21<br>La Mesa, CA 91941 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ [signature] | 04/05/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 08/05/2005<br>B. Campbell | 2505810 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-6-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E19042

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At NEED

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Belete Abebe

in a Liner (Type of Burial Container) Funeral, date, time WEDS APR.6 1:00

Church, Chapel, Graveside Ragsdale Mortuary MOE

All Funeral 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 2 Blk/Row _____ Lot 101 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1833.20 |
| Paid receipt number | |
| Balance due | |

MORT. 2 PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228712

I hereby authorize the interment in lot I hold under lease.

Henok Debebe
Signature

Henok Debebe
First Name

7481 MOHAWK St #21
Address

LAMESA CA.
City Zip Code

619-9803664
Telephone

Paulette

Invoice # _____

Work Order # E 19042

Acct. # _____

REA-104 (3-0)

*This information is available in alternative formats upon request.*

Jupe.a
04/04/2005
@ 12:25
BC

(Res)
PRE-Need
LOT & Trust

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family FOR Mendoza

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 44 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container Liner | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $ 1,833.20 |
| Paid receipt number Visa | 458.00 |
| Balance due | $ 1,375.20 |

Sent to collections 1-4-06 Invoice# 433424 acc #128591

Related order E-19878

pd IN Full TO collection 8-22-06

I hereby certify I am the Familias of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

p.n 228618

I hereby authorize the interment in lot I hold under deed.

Signature _____

FRANKLIN M MENDOZA
Print Name

4658 STORK #4
Address

SAN DIEGO, CA, 92114
City Zip Code

619 527-6612
Telephone

Invoice # 433424

Work Order # E 19043

Acct. # 128591

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19043

City of San Diego

City Treasurer - Collection Division

# Payment Receipt

| | | |
|---|---|---|
| *Payment Slip No.* | 3912 | |
| *Debtor Primary ID* | 3216723 | MENDOZA, FRANKLIN M |

☐ *Table U* ☐ *Legal* ☐ *Impound* ☐ *Documents*

| | |
|---|---|
| *Number of Items* | |
| *Total Due* | $1,298.67 |
| *Payment Amount* | $1,298.67 |
| *Balance after Payment* | $0.00 |

PAID

AUG 22 2006

*Payment Information:*

| | | | |
|---|---|---|---|
| *Payment Date* | 8/22/2006 | *Received By* | TGAOA |

| *Payment Method* | *Payment Amt* |
|---|---|
| Cash | $1,298.67 |
| *Total Payment* | $1,298.67 |
| *Total Cash Payment* | $1,298.67 |
| *Less Cash Received* | $1,299.00 |
| *Change Amount* | $0.33 |

*This document is a valid receipt for payment of the amount indicated only when officially stamped paid by the City Treasurer, Collection Division in the shaded Payment Information Box above.*

*Customer Copy*

8/22/2006/KDamonSanchez/303

*Tuesday, August 22, 2006*

E19043

Treasurer Collections
treasurer.sandiego.gov
(619)744-3100

08/22/2006 11:19AM 06
000000#9642 LPA

#3216723
MT HOPE $1298.67

ITEMS 10
***TOTAL
$1298.67
CASH $1299.00
CHANGE $0.33

Contract Expires April 2007 monthly $57.00 Final $64.20 E-19043

Pin# 228618

MENDOZA, FRANKLIN M. 658 Stork Street #1 SD CA 92114 (619) 527-8612

DIV 12 SEC 1 LOT 44 GR 4

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 04-01-05 | Opened Pre-Need Lot & Trust with 25% down | $1,833.20 | 458.00 | $ 1,375.20 |
| | Trust to include O/C, B/C, H/F, R/F, Taxes pd down payment with Visa | | | |
| 5/3/05 | R-58862 Coupon 1 may 05 | | 57.00 | 1318.20 |
| 6/15/05 | R-58965 " 2 June 05 | | 57.00 | 1261.20 |
| 9/23/05 | R-59212 " 3 + 4 July, Aug 05 | | 150.00 | 1111.20 |
| 12-15-05 | mailed delinquent cert letter | | | |
| | Family must pay $223.20 to avoid collections | | | |

sent to Collections
1-4-06

~~ACCOUNT #128591~~
~~INVOICE~~ #128591 ACC#
INVOICE# 433423

E19043

UNITED STATES POSTAL SERVICE DIEGO CA 921

21 DEC 2005 PM

HAPPY HOLIDAYS

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

MT. Hope Cemetery
3751 Market Street
San Diego, CAlif. 92102

C015

7005 1820 0000 0811 1590

# U.S. Postal Service™
# CERTIFIED MAIL™ RECEIPT
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at www.usps.com

## OFFICIAL USE

E19043

| | |
|---|---|
| Postage | $ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ |

Postmark Here

*Sent To*

*Street, Apt. No.; or PO Box No.*

*City, State, ZIP+4*

PS Form 3800, June 2002 See Reverse for Instructions

E19043

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: SSB ACCOUNT: 128591 INVOICE: 433424 INV DATE: 01 04 06

NAME: FRANKLIN M. MENDOZA

1) 658 STORK STREET #1 2) SAN DIEGO, CA 92114

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY: 6195278612

DPT: 072 CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400

REFER NO: E-19043 DAYS DUE: 010 INV TYPE: GE TYPE CHG: NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: ACCRUAL CODE:

TIME PAYM CODE: STD DESC CODE: INVOICE TOTAL: 1,111.20

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| PRE-NEED LOT & TRUST | 1,111.20 |
| DIVISION 12 SECTION 1 | |
| LOT 44 GRAVE 4 | |

TOTAL DUE 1,111.20

LATE CHARGE #1 - DAYS DUE: AMOUNT: AND/OR PCT CODE:

#2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E19043



| ACTION | BY | ACCOUNT | INVOICE | INVOICE TOTAL |
|---|---|---|---|---|
| A | SSB | 128591 | 433424 | 1,111.20 |

| ACT | FUND | DEPT | ORG | ACCT | J/O | OPER | BN/EQ | FACILI | AMOUNT |
|---|---|---|---|---|---|---|---|---|---|
| | 63033 | | | 77186 | | | | | 1,111.20 |

ADD COMPLETE. HIT PA1 FOR A NEW REQUEST.

E/9043

| ACTION | OPTION | ACCOUNT | EDI CODE |
|---|---|---|---|
| A | 1 | 128591 | _ |

| CUSTOMER NAME | SHORT NAME |
|---|---|
| FRANKLIN M. MENDOZA | FRANKLIN |

ADDRESS: 658 STORK STREET #1
SAN DIEGO, CA 92114

| CITY | STATE | ZIP | COUNTRY |
|---|---|---|---|
| SAN DIEGO | CA | 92114 | 6195278612 |

| CUSTOMER CONTACT - NAME | PHONE | ORIG DEPT |
|---|---|---|
| MT. HOPE CEMETERY | 619 527 3400 | 072 |

| STATEMENTS | UPD BY | LAST UPDATED |
|---|---|---|
| N | SSB | 01/04/06 |

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.

E 19043

THE CITY OF SAN DIEGO

12/15/2005

**CERTIFIED MAIL**
**RECEIPT NO. 7005 1820 0000 0811 1590**

Franklin Mendoza
658 Stork Street Apt 1
San Diego, Ca. 92114

Reference: Delinquent Pre-Need Account

Dear Mr. Mendoza,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since September 2005. Your contract specified that your first payment of $57.00 was due May 2005, and every month thereafter. To bring your account to a current status, you need to pay **$228.00, and monthly payments of $57.00 to stay current.** Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by January 3, 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-19043, issued April 2005. Cemetery location: Division 12, Section 1, Lot 44, Grave 4.

Sincerely,

David Lugo
Cemetery Manager

Attachments:

Interment Order
Contract Entry Verification

**Mt. Hope Cemetery**
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIV: 12 SEC 1 LOT: 44 GR: 4 · E 19043

# AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 1 day of April, ~~19~~ 2005, between FRANKLIN M. MENDOZA, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 44, Grave 4, ~~Row~~ ____, Section 1, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $1833.20, payable as follows: $ 458.00 cash herewith, the receipt of which is hereby acknowledged; $ 57.00 on the 10 day of MAY, ~~19~~05; and the balance in installments of $ 57.30 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E 19043

WITNESS our hands this day and year above written.

Deed to be issued to:

Name

Address

Down payment - $458.00
23 months - $57.00
final payment - 57.30

PURCHASER + phone Number:

FRANKLIN M MENDOZA
Print Name

X 658 STORK #4 ST
Signature

X 658 STORK ST #4
Street Address (Mail)

X SAN DIEGO CA, 92114
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra

SLW:st(62-1)
1-23-90

E-19043

*Mt Hope Cemetery*
*3751 Market Street*
*San Diego, CA 92102*

# Payment Coupon

**Account Number: E-19043**

Franklin M. Mendoza
658 Stork Street
Apt 1
San Diego, CA 92114

| | | | |
|---|---|---|---|
| **Payment Number:** | 1 | **Payment Due Date:** | 05/10/2005 |
| **Payment Amount:** | 57.00 | **Amount Enclosed:** | |
| **Payment after 05/20/2005:** | 57.00 | | |
| **Bal. After This Payment:** | 1318.20 | | |
| **Payments Remaining:** | 23.00 | | |

*For answers to billing questions, please call 619-527-3400. Thank you.*

E 19043

*Mt Hope Cemetery*
*3751 Market Street*
*San Diego, CA 92102*

# Payment Coupon

**Account Number: E-19043**

Franklin M. Mendoza
658 Stork Street
Apt 1
San Diego, CA 92114

| | | | |
|---|---|---|---|
| **Payment Number:** | 2 | **Payment Due Date:** | 06/10/2005 |
| **Payment Amount:** | 57.00 | **Amount Enclosed:** | 52.00 |
| **Payment after 06/20/2005:** | 57.00 | | |
| **Bal. After This Payment:** | 1261.20 | *For answers to billing questions, please call 619-527-3400. Thank you.* | |
| **Payments Remaining:** | 22.00 | | |

E 19043

*Mt Hope Cemetery*
*3751 Market Street*
*San Diego, CA 92102*

# Payment Coupon

**Account Number: E-19043**

Franklin M. Mendoza
658 Stork Street
Apt 1
San Diego, CA 92114

| | | | |
|---|---|---|---|
| **Payment Number:** | 4 | **Payment Due Date:** | 08/10/2005 |
| **Payment Amount:** | 57.00 | **Amount Enclosed:** | $150.00 |
| **Payment after 08/20/2005:** | 57.00 | | |
| **Bal. After This Payment:** | 1147.20 | *For answers to billing questions, please call 619-527-3400. Thank you.* | |
| **Payments Remaining:** | 20.00 | | |

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

59212

Date: September 23, 20 05

From: Franklin M. Merdoy Address: 929 S. 29th St. San Diego CA 92113

One Hundred Fifty Dollars Dollars ($ 150— )

in part Payment of Plot Threekee Condo Transit Flower Vase

Div 102 Sec 21 Blk/Row Lot 74 Grave 74

Invoice No. E-19043

Acct. No.

W.O.

BALANCE DUE $1,111.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check ☐ 677

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | 150.— |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 150.— |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

58965

**MOUNT HOPE CEMETERY**
(619) 527-3400

Date: 6/15, 2005

From: Franklin Mendoza Address: on-record

Fifty-Seven Dollars ($ 57 —)

in Part Payment of Pre-need lot/trust.

Div 12 Sec 1 Blk/Row Lot 44 Grave 4

Invoice No. E-19043

Acct. No.

W.O.

BALANCE DUE $261.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check ☐ X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS BOX

PAID

JUN 15 2005

MOUNT HOPE CEMETERY

ISSUED BY Pcrawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 57 — |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 57 — |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58862

Date: 5/23, 2005

From: Franklin Mendoza Address: on record

Fifty-Seven and 00 Dollars ($ 57 — )

in part Payment of Pre-need Lot / Trust.

Div 12 Sec 1 Blk/Row Lot 44 Grave 4

Invoice No. E 19043

Acct. No.

W.O.

BALANCE DUE $1318.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

6666

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

**PAID**

MAY 23 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 57 — |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 57 — |

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED
Total of 20 Chairs

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evangeline Francisca Martin - 228717

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs. April 9th 11:30

Church, Chapel, Graveside Greenwood Mortuary, 619 264-3430

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 2864 Grave _____

| | |
|---|---|
| Grave space & Care Fund D-4227 | Ø |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | 138.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1,101.31 |
| Paid receipt number MasterCard | 1,101.31 |
| Balance due | Ø |

PAID
APR 04 2005
MOUNT HOPE CEMETERY

Res. Fee

PC

I hereby certify I am the Grand-daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature R. Trunkfield

Print Name Rhonda Trunkfield

Address 19362 123rd Ave

City Pitt Meadows, BC Zip Code V3Y2K3

Telephone 604-465-1627

Paulette

Work Order # E 19044

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

2:39 6195273089
GREENWOOD MORTUARY

6195

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evangeline Frances Martin

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs-Apr 7

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2864 Grave _____

| | |
|---|---|
| Grave space & Care Fund D-4227 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 963.31 |

Res. fee

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

217405

I hereby authorize the interment in lot I hold under deed.

X Eddie Ruiz
Signature

* Eddie Ruiz
Print Name
3225 National Ave
Address
San Diego Ca 92
City Zip Code
619-232-5917
Telephone

Paid

Work Order # E 19044

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 19044

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | DHLIN | Williams | Grady | |
| | | | X | Ruiz | Ruiz | McNeal |
| | | | Hagan | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4/4

Interment space for: Evangeline F. Martin

Interment Date: Thurs. 7 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2864 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKKEYI Date: 4-4-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19044

USE BLACK 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 |
|---|---|---|---|---|---|
| EVANGELINE | FRANCISCA | MARTIN | 08/04/1912 | 04/01/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| CHULA VISTA | SAN DIEGO | RUTH RUIZ-BROTHER<br>3225 NATIONAL AVE.<br>SAN DIEGO CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| GREENWOOD MORTUARY, I-805 & IMPERIAL AVE.<br>SAN DIEGO, CA 92102 | FD 843 | ▶ [signature] | 04/04/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/05/2005 | K JONES ▶ 2505794 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| PO BOX 85222<br>SAN DIEGO, CA 92186-5222 | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4-7-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PRE-Need
LOT only
(RES)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Espinoza Family

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 121 Grave 11

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 985.00 |
| Paid receipt number R-58701 | 246.00 |
| Balance due | 739.00 |

PAID
FEB 26 2007
MOUNT HOPE CEMETERY

pd in full 2/26/07 $12.00
P-0078

I hereby certify I am the x Familia of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot (228531) hold under deed.

x Maria Elena Rodriguez
Signature

x Maria Elena Rodriguez
Print Name

x 3052 K st
Address

x San Diego Ca 92102
City Zip Code

x 619/ 2394501
Telephone

Invoice # _____

Work Order # E 19045

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Deed 2/27/07 Mailed

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

58834

Date: May 11, 2005

From: Maria E. Rodriguez De Espinoza Address: on records

Thirty-One and 00 Dollars ($ 31— )

in part Payment of pre-need lot,

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE 700.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

128

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 1 0 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 31.00 |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 31.00 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3480

58954
E 19045

Date: 6/14, 20 05

From: Maria Elena Address: on record

Thirty-One and Dollars ($ 31— )

in part Payment of Pre-need Lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E 19045

Acct. No.

W.O.

BALANCE DUE $ 677.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 167

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 13 2005

MOUNT HOPE CEMETERY

ISSUED BY Drawford

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | 31 | — |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 31 | — |

AC-212 (Rev. 4-04)
*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

59044

Date: July 11, 20 05

From: Maria E. Rodriguez De Espinoza Address: on record

Thirty One Dollars ($ 31.00 )

in part Payment of Pre-need lot

Div 2 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $646.-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 171

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

**PAID**

JUL 11 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 31.— |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 31.00 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59059

**MOUNT HOPE CEMETERY**
(619) 527-3400

Date: 8/ , 2005

From: Maria Espinoza Address: On record

Thirty-One and 00 Dollars ($ 31.00 )

in Part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE 615.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 177

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 0 9 2005

MOUNT HOPE CEMETERY

ISSUED BY Perawpard

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 31.00 |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 31.00 |

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59203

**MOUNT HOPE CEMETERY**
**(619) 527-3400**

Date: 9-22, 20 05

From: Rodriguez, Maria Elena Address: on record

Truly One Dollars ($ 31 —)

in part Payment of Pre-need lot

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $ 584. —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐ X 186

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 20 2005

MOUNT HOPE CEMETERY

ISSUED BY

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 31 — |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 31 — |

AC-212 (Rev. 4-04)
*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59329

**MOUNT HOPE CEMETERY**
(619) 527-3400

Date: 10/20, 20 05

From: Maria Elena Rodriguez Re Copies of record Address:
Thirty-One and 00 Dollars ($ 31.— )
in part Payment of pre-need lot.
Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $ 553.—

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
224

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 19 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 31.— |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 31.— |

AC-212 (Rev. 4-04)
*This information is available in alternative formats upon request.*

R- 59437

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**
(619) 527-3400

E-19045

Date: 11-28, 20 05

From: Maria De Espinosa Address: on record

Thirty One Dollars ($ 31— )

in part Payment of Pre-need lot

Lot 121 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE $ 322.—

Pre-Need Lot X At Need | | On Acct | |

Pre-need Trust | | Cash | | Check X

237

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 2 8 2005

MOUNT HOPE

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | $ | 31 — |

AC-212 (Rev. 10-02)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00010

Date: Dec. 22, 20 05

From: Maria Espinoza Address: on record

thirty-One Dollars ($ 31— )

in part Payment of Pre-need Lot.

Div 12 Sec 2 Blk/Row ____ Lot 121 Grave 11

Invoice No. 5-19045

Acct. No. ____

W.O. ____

BALANCE DUE 491.—

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 238

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 22 2005

MOUNT HOPE CEMETERY

ISSUED BY Pabelle

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 31 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

**CITY OF SAN DIEGO, CALIFORNIA**
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
**(619) 527-3400**

P 00083

Date: 1-30 , 20 06

From: Maria Elena Rodriguez De Espinoza Address: on record

Thirty - One and 00 Dollars ($ 31.- )

in part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $ 460—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 3 0 2006

MOUNT HOPE CEMETERY

ISSUED BY Faulkner

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77164 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 31 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

248

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

**CITY OF SAN DIEGO, CALIFORNIA**
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
**(619) 527-3400**

P 00130

Date: 2/15, 20 06

From: M. Espinoza Address: on record

Thirty-One and 00 Dollars ($ 31 —)

in part Payment of Pre-need Lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-R045

Acct. No.

W.O.

BALANCE DUE $ 429. —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 248

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 15 2006

MOPE

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 31 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
**(619) 527-3400**

P 00236

Date: 4-14 .20 06

From: Maria E. Address: on records

Thirty-One Dollars ($ 31.—)

in part 12 Payment of Pre-need

Div Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $ 307.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 062

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 13 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 31 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-9400

P 00293

Date: 5-16 5 pc, 20 06

From: Maria Elena Rodriguez De Espinoza Address: on record

Thirty-One Dollars ($ 31 — )

in full Payment of Pre-need Lot

Div 12 Sec 2 Blk/Row ____ Lot 121 Grave 11

Invoice No. E-19045

Acct. No. ____

W.O. ____

BALANCE DUE $ 336 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 270

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 15 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 31 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00359

Date: 6/27, 20 06

From: Maria Espinoza Address: on record
Sixty One and 00 Dollars ($ 31.- )
in part Payment of pre-need lot only.
Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045
Acct. No.
W.O.
BALANCE DUE $ 305.00

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
JUN 27 2006
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 31. — |

☑ Pre-Need Lot ☐ Money Order
☐ Pre-Need Trust ☐ Charge
☒ Check 281

AC-212 (11-05)
*This information is available in alternative formats upon request*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00425

Date: August 2, 20 06

From: Maria Elena Rodriguez De Espinoza Address:

Thirty-One Dollars ($ 31.00 )

in part Payment of Pre-need Lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $274.00

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 289

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 02 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 31 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
• (619) 527-3400

P 00464

Date: 8/31 , 20 ____

From: Maria De Espinoza Address: on record

Thirty-One Dollars ($ ____ )

in part Payment of Pre-need Lot Coupon # 16

Div 12 Sec 2 Blk/Row ____ Lot 121 Grave 11

Invoice No. E-19045

Acct. No. ____

W.O. ____

BALANCE DUE $ 243.-

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 896

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 31 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31 — |
| Trust | 77186 | |
| TOTAL PAID | $ | 31 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00549

Date: Oct. 24, 2006

From: Maria Espinoza Address: On-record

Thirty One Dollars ($ 31— )

in part 1 Payment of Pre-need lot

Div 12 Sec 2 Blk/Row ____ Lot 121 Grave 11

Invoice No. E 19045

Acct. No. ____

W.O. ____

BALANCE DUE $ 212

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 24 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 31— |
| Trust | 77186 | |
| TOTAL PAID | $ | 31— |

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 299

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00550

Date: 10/24, 20 06

From: Maria Espinoza Address: one cord

One hundred Dollars ($ 100 — )

in part Payment of Pre-need lot only.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E ~~[illegible]~~ 19045

Acct. No.

W.O.

BALANCE DUE $ 112 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 308

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 24 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 100 — |
| Trust | 77186 | |
| TOTAL PAID | | $ 100 — |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00663

Date: 1/19, 20 07

From: Maria Elena Rodriguez-De Espinosa Address: On record

One Hundred and 00/00 Dollars ($ 100.-)

in part Payment of Pre-need lot only, Coupons 19, 20 & 21

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $12.00

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 314

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 19 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 100.- |
| Trust | 77186 | |
| TOTAL PAID | $ | 100.- |

AC-212 (11-05)

*This information is available in alternative formats upon request*

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

P 00181

Date: 3-16, 20 06

From: Maria Espinoza Address: on record

Thirty-one 00 Dollars ($ 31- )

in part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 121 Grave 11

Invoice No. E-19045

Acct. No.

W.O.

BALANCE DUE $ 398.-

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 255

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 15 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77164 | |
| Pre-Need | 63033 | 31.— |
| Trust | 77186 | |
| TOTAL PAID | | $ 31.— |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

E 19045

P00718

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
**PRE-NEED PURCHASE**
**MOUNT HOPE CEMETERY**
(619) 527-3400

Date: February 26 , 20 07

From: Maria Espinoza Address: on record

Twelve and 00/00 Dollars ($ 12.00 )

in Full Payment of Paid in full for lot. Camp# 22

Div 12 Sec 2 Blk/Row _____ Lot 121 Grave 11

Invoice No. E-19045

Acct. No. _____

W.O. _____

BALANCE DUE $ 0

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 26 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|---|---|---|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | 12.- |
| Trust | 77186 | |
| TOTAL PAID | $ | 12.- |

AC-212 (11-05)

*This information is available in alternative formats upon request.*

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 4-4-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth Blackshear 228692

in a Liner (Type of Burial Container) Funeral, date, time Tues. Apr. 5. 12:00 noon

Church, Chapel, Graveside ; S.D. memorial Mortuary. Joseph

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 95 Grave 7

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1,833.20 |
| Paid receipt number R-58707 | 1,833.20 |
| Balance due | Ø |

PAID

APR 04 2005

MOUNT HOPE CEMETERY

Res. fee Mort 2 Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Print Name

Address

City Zip Code

Telephone See attached for signature

Invoice # _____

Acct. # _____

Work Order # E 19046

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19046

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Davis | | | Sneed | |
| | | Zackery Jr. | X | Cohn | | |
| | | | | | Ladner | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4-4-05

Interment space for: Kenneth Blackshear

Interment Date: 4-5-05 Time: 12:00 noon

Div: 12 Sect: 1 Blk/Row: ____ Lot: 95 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEYI Date: 4-4-05

12-2-98-12

12-2-164-4

12-2-164 5

12-2-76-2

Z 19046

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| KENNETH | DEWAYNE | BLACKSHEAR | 07/31/1973 | 03/30/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| TORRANCE | LOS ANGELES | EMMA J. BAKER-MOTHER 1000 GREENFIELD DR. #1 EL CAJON, CA 92021 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104 | FD-1575 | ▶ Bonnie Hope | 04/01/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/05/2005 | ▶ Nancy L Bowman MD |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| 313 N. FIGUEROA ST. RM. L-1 LOS ANGELES, CA 90012 | VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 4.5.05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E19046

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 4-4-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth Blacksheer

in a Liner (Type of Burial Container) Funeral, date, time Tues. Apr. 5 12:00 noon

Church, Chapel, Graveside _____ ; S.D. memorial Mortuary. Joseph

All Funeral cars must arrive before 3.00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 95 Grave 7

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 100.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 10.70 |
| Total Due | 1,833.20 |
| Paid receipt number | |
| Balance due | |

Rec. pmt. mail 2 Pay

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said cremation and interment.

I hereby authorize the interment in lot I hold under deed.

Emma J. Baker
Signature

Power of Attorney

Emma J. Baker 228693
Print Name
1000 Greenfield Dr. #1
Address
El Cajon, CA 92021
City
619.447-0431
Telephone

Invoice # _____

Acct. # _____

Work Order # E 19046

MGA-104 (3-94)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

Pin# 228531 Two year contract / contract Expires April 2007 Monthly $31.00

Maria Elena

E-19045

Due 4th each month

RODRIQUEZ-DE ESPINOZA 3052 K St. SD CA 92102 (619) 239-4501

DIV 12 SEC 2 LOT 121 GR 11

| | | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|---|
| 04-01-05 | Opened Pre-Need Lot only w/25% down R-58701 | | 985.00 | 246.00 | 739.00 |
| 5-10-05 | Payment #1 | R-58834 may 05 | | 31.00 | 708.00 |
| 6-14-05 | " #2 | R-58954 June 05 | | 31.00 | 677 — |
| 7-11-05 | " 3 | R-59044 July 05 | | 31.00 | 646. — |
| 8-9-05 | " 4 | R-59059 aug 05 | | 31.00 | 615 — |
| 9-20-05 | 5 | R-59203 Sept 05 | | 31 — | 584 — |
| 10-20-05 | 6 | R-59329 oct 05 | | 31 — | 553. — |
| 11-28-05 | 7 | R-59437 NOV 05 | | 31 — | 522 — |
| 12-22-05 | 8 | P-00010 Dec 05 | | 31 — | 491 — |
| 1-30-06 | 9 | P-00083 Jan 06 | | 31 — | 460 — |
| 2-15-06 | 10 | P-00130 Feb 06 | | 31 — | 429 — |
| 3-16-06 | 11 | P-00181 Mar 06 | | 31 — | 398 — |
| 4-14-06 | 12 | P-00236 Apr 06 | | 31 — | 367 — |
| 5-15-06 | #13 | P-00293 May 06 | | 31 — | 336 — |
| 6-27-06 | #14 | P-00359 June 06 | | 31 — | 305 — |
| 8-2-06 | #15 | P-00425 July 06 | | 31 | 274 — |
| 8-31-06 | #16 | P-00464 Aug 06 | | 31 — | 243 — |
| 10-24-06 | #17 | P-00549 Sept 06 | | 31 — | 212. — |
| 10-24-06 | #18 | P-00550 Oct, Nov, Dec 06 | | 100 — | 1[illegible] |
| 1-19-07 | #19, 20 & 21 | P-00663 Jan, Feb, Mar 07 | | 100 — | |
| 3-26-07 | #22 | P-00718 | | 12 — | |

PAID

FEB 26 2007

MOUNT HOPE CEMETERY

AT-Need urn Garden Res (Two) Burials

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-4-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of (X) Amos Lee Hall / Willie Mae Hall (X)

In a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Family needs to pick different lot was in computer wrong

Family still owes balance S.B.

Division 8 Section 4 Blk/Row _____ Lot _____ Grave _____

| | | |
|---|---|---|
| Grave space & Care Fund | | $ 330.00 |
| Overtime/Late Arrival Fees | | — |
| Opening/Closing & Setup | 2 @ $116.00 | 232.00 |
| Burial Container | | |
| Handling Fees | | |
| Flower vases - Marker setting fee | | 138.00 |
| Recording/Filing/Transfer Fees | 2 @ $50.00 | 100.00 |
| Sales taxes | | |
| Total Due | | $ 800.00 |
| Paid receipt number | | |
| Balance due | | |

Cancel

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Paulette A. Lopez
Signature

x Paulette Lopez
Print Name

x 7319 Bullock Dr
Address

x San Diego Ca 92114
City Zip Code

x (619) 479-8853
Telephone

Invoice # _____

Work Order # E 19047

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-5-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Pullum JR 228728

in a Liner (Type of Burial Container) Funeral, date, time Monday April 11th 10:00, 2005

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ N/A X will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 246 Grave 2

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | 0 |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases - Marker setting fee | 138.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,971.20 |
| Paid receipt number pd by m/c | $1,971.20 |
| Balance due | 0 |

PAID APR 05 2005 MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228729

I hereby authorize the interment in lot I hold under deed.

X [signature] Signature

Sandra

X Michael Pullum Print Name

X 10005 Helix mont DR Address

X LA MOSA 91942 City Zip Code

X [signature] Telephone

Invoice # _____

Work Order # E 19048

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19048

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| Emily Calhoun | John Pullum Lot 245#6 | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-7-05

Interment space for: John Pullum JR.

Interment Date: Monday April 11th, 05 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 246 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4-7-05

F Raggal

E19048

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| John | - | Pullum, Jr. | 11/02/1931 | 04/04/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Michael Pullum, Son<br>10005 Helix Mont Drive<br>La Mesa, CA 91941 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ B Campbell | 04/08/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/08/2005<br>B. Campbell | 2506065 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-11-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT need

Date 4-5-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Micheal Martin - 228722

in a Liner (Type of Burial Container) Funeral, date, time Thurs April 14th 1:00

Church, Chapel, Graveside Scottishrite : Rogsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $165 Skipper will be applied and billed to undersigned.

Division 10 Section ____ Blk/Row ____ Lot 1033 Grave 1

PAID

APR 13 2005

MOUNT HOPE CEMETERY

| | |
|---|---|
| Grave space & Care Fund | 1045.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1943.20 |
| Paid receipt number R-58740 | 194320 |
| Balance due | 0 |

mort. 2 pay

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228723

I hereby authorize the interment in lot I hold under deed.

Michael Martin (Signature)

Paulette

Michael Martin (Print Name)

43 Warren Dr #44 (Address)

L Rock Ark 72209 (City, Zip Code)

501 5622544 (Telephone)

Invoice # ____

Work Order # E 19049

Acct. # ____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19049

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Cenetta | Navarrete | | |
| Chambers | | Hunt | X | | | |
| | | | | Cotner | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4-1-05

Interment space for: Micheal Martin

Interment Date: 4-14-04 Time: 11:00 AM

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1033 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARKEY Date: 4-1-05

E 19049

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Michael | Jysheri | Martin | 07/31/1975 | 04/02/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Pine Valley | San Diego | Michael Martin, Father<br>43 Warren Drive #43<br>Little Rock, AR 72209 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, Ca 92102 | FD-1329 | ▶ Blair Campbell | 04/06/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/08/2005<br>S. Campbell | 2506072 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-14-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need (Res). over size

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

TS Vault #7 38"92"32" Date 4-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maxine Price 228742 Tues

in a TS Vault #7 (Type of Burial Container) Funeral, date, time April 12th, 2005 1:00

Church/Chapel, Graveside mt Erie S.D.; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Bp x will be applied and billed to undersigned. $165.00

Division 12 Section 1 Blk/Row ____ Lot 75 Grave 4

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS Vault #7 | 578.00 |
| Handling Fees | 440.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 44.80 |
| Total Due | $ 2,510.80 |
| Paid receipt number R58716 | 1,833.20 |
| Balance due | $677.60 |

PAID

APR 06 2005

MOUNT HOPE CE

R-58718 677.60 Bal 0

I hereby certify I am the ~~X Barbara~~ Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228743

I hereby authorize the interment in lot I hold under deed.

X Barbara Price
Signature

Sandra/Maria S.

X Barbara Price
Print Name

X 4758 Logan Ave, Apt G
Address

X San Diego CA 92113
City Zip Code

X 619-262-7375
Telephone

Invoice # ____

Work Order # E 19050

Acct. # ____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19050

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Anthony Oliver Lot-70 #5 | | | | | |
| | | | Price X Lot 75-4 | | | |
| | Crawford Lot 75-6 | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-7-05

Interment space for: Maxine Price

Interment Date: Tues April 12th, 05 Time: 1:00 p.m

Div: 12 Sect: 1 Blk/Row: ____ Lot: 75 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Daniel Fambro Date: 4-7-05
P Ferguson

E19050

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Maxine | - | Price | 01/19/1930 | FD04/03/2005 | F |

| 5A. COUNTY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Barbara Price, Daughter<br>4758 Logan Avenue Apt G<br>San Diego, CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ B Campbell | 04/08/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/08/2005<br>B. Campbell | 2506074 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-12-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need
Res

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Macho Sironda 228904

in a Liner (Type of Burial Container) Funeral, date, time Mon April 11th 1:00p.

Church (Chapel) Graveside Family would like to witness ; So Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ X

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row 92 Grave 7

PAID

APR 05 2005

MOUNT HOPE CEMETERY

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,833.20 |
| Paid receipt number R-58723 | 1833.20 |
| Balance due | Ø |

mort To pay

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Signature _____

X Print Name _____

X Address _____ See attach

X City _____ Zip Code

X Telephone _____

Invoice # _____

Work Order # E 19051

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

AT-Need
Res

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Macho Sironda

in a Liner (Type of Burial Container) Funeral, date, time ?

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. or regular work day or an extra charge of $ _____ X will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 92 Grave 7

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container Liner | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,833.20 |

Paid receipt number _____

Balance due _____

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

X Elmaurek S
(Signature)

X Alex Sironda 228703
(Print name)
X 5349 Rex Ave.
(Address)
X S.D. CA 92105
(City) (Zip Code)
X 619.265.5281
(Telephone)

Invoice # _____

Work Order # E 19051

Acct # _____

RSA-104 (3-06)

*This information is available in alternative formats upon request*

Printed on recycled paper

MT HOPE CEMETERY E 19051

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | James Blunt | X | | | |
| | | | Carolyn Gates | Obie Gates LOT 98-3 | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-8-05

Interment space for: MACHO Sirorida

Interment Date: Mon April 11 Time: 1:00 p.m

Div: 12 Sect: 1 Blk/Row: ____ Lot: 92 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAHLEN Date: 4-8-05

Flagged

E 19051

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FD

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| MACHO | NAMUDAI | SIRONDA | 03/03/1983 | 04/04/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | CHRISTOPHER SIRONDA-BROTHER<br>8564 ECHO DR. #6<br>LA MESA, CA 91941 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| SAN DIEGO MEMORIAL CHAPEL<br>2441 UNIVERSITY AVE. SAN DIEGO, CA 92104 | FD-1575 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit ▶ Joyce Lemonda

8B. DATE SIGNED 04/07/2005

**PERMIT**

[redacted]ORIZATION OF [redacted]AL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: 04/08/2005 J. LEMON JR.

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 2506086

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY<br>3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-11-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Joyce Lemonda | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need (Res) military need 12 chairs Extra-Deep (D.P.)

Double, Interment privilege

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-7-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shirley Jones - 228733

in a TS - Vault (Type of Burial Container) Funeral, date, time Thurs April 14, 05 1:00 GS

Church, Chapel, (Graveside) : So memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Omax

will be applied and billed to undersigned. $165.00

Division 11 Section 1 Blk/Row ____ Lot 41 Grave 4

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS Vault | 275.00 |
| Handling Fees | 204.00 |
| Flower vases - (Marker setting fee) | 138.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $2,086.31 |
| Paid receipt number R58735 | 2,086.31 |
| Balance due | 0 |

PAID

APR 12 2005

MOUNT HOPE CEMETERY

mortuary To pay

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

Sandra

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attach

Invoice # _____

Work Order # E 19052

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

AT-need
(Res)
military

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-7-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shirley Jones Thurs

in a TS-Vault (Type of Burial Container) Funeral, date, time April 7th 1:00

Church, Chapel, Graveside _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. $165.00

Division 11 Section 1 Blk/Row _____ Lot 41 Grave 4

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS Vault | 275.00 |
| Handling Fees | 204.00 |
| Flower vases - Marker setting fee | $138.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $2,086.31 |

mortuary To pay

Paid receipt number _____

Balance due _____

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228734

I hereby authorize the interment in lot(s) _____ holder-per deed

X Ophelia M. Jones
Signature

X Ophelia M. Jones
X 1424 Gravity way
X San Diego CA 92114
Name, Address, Zip Code
X (619) 262-3644
Telephone

Invoice # _____

Work Order # E 19052

Acct # _____

REA-10a (3-04)

This information is available in alternative formats upon request

MT HOPE CEMETERY E19052

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Dig Extra Deep (D.P)

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Emmett Rogers LOT 41-3 | X | Ralsch George LOT 42-1 | | |
| | | | John Wyse LOT 41-8 | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-12-05

Interment space for: Shirley Jones

Interment Date: Thurs April 14th Time: 13:00 (GS)

Div: 11 Sect: 1 Blk/Row: ____ Lot: 41 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 4-12-05

Flagged

E19052

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| SHIRLEY | EUGENE | JONES | 07/06/1936 | 04/03/2005 | M |

| 5A. COUNTY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | OPHELIA JONES-SPOUSE 1424 GRAVITY AVE. SAN DIEGO,CA 92105 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104 | 96-1575 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | Ronnie Dugos | 04/07/2005 |

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/07/2005 R. PRYOR | 2505953 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-14-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4 - 8 - 05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Add Son's name: Duncan Dean McArthur

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MAS Section P Blk/Row _____ Lot 29 Grave 1

Grave space & Care Fund ..... 0

Overtime/Late Arrival Fees .....

Opening/Closing & Setup.....

Burial Container.....

Handling Fees.....

Flower vases – Marker setting fee.....

Recording/Filing/Transfer Fees.....

Sales taxes.....

Total Due..... 0

Paid receipt number _____

Balance due 0

Paid

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

Paulette

Work Order # E 19053

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

AT-Need (RES) 1st & 2nd Burial pd in full

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vicente Hernandez 228724

in a DD crypt (A) (Type of Burial Container) Funeral, date, time Thurs April 14th, 10:00 A

Church, Chapel, Graveside _____ : Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ NV X will be applied and billed to undersigned. $165.00

Division 12 Section 2 Blk/Row PA Lot 103 Grave 1

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 2 @ 413.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| Flower vases – Marker setting fee | 25.85 |
| Recording/Filing/Transfer Fees | 2 @ 50.00 |
| Sales taxes | 32.40 |
| Total Due | $2,739.25 |
| Paid receipt number R-58725 VISA | $2,739.25 |
| Balance due | 0 |

APR 11 2005 MOUNT HOPE

I hereby certify I am the X son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228725

I hereby authorize the interment in lot I hold under deed.

X Alfredo Vargas (Signature)

X Alfredo Vargas (Print Name)

X 3661 arnold ave #14 (Address)

X San Diego CA 92104. (City, Zip Code)

X (619) 297-0551 (Telephone)

Sandra

Invoice # _____

Work Order # E 19054

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19054

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

DD crypt (A)

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Angela Epperly | GR-1 X | | Corse Gilbert | |
| | | | | Garcia Guillerno | | |
| | | | | | | |

Blind Check Initiated By: Sanchez Date: 4-12-05

Interment space for: Vicente Hernandez

Interment Date: April 14th, 05 Thurs Time: 10:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 103 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Jose Date: 4-13-05

Flagged

E 1905

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| VICENTE | - | HERNANDEZ | 01/22/1944 | 04/08/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | TERESA LEDEZMA-WIFE<br>3661 ARNOLD AVE.#14<br>SAN DIEGO,CA.92104 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| GUADALUPANA MORTUARY,2601 IMPERIAL AVE.<br>SAN DIEGO,CA.92102 | FD-1425 | ▶ [signature] | 04/12/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | SELENE CHAVEZ 04/12/2005 | 2506227 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO,CA.92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY,3751 MARKET ST.<br>SAN DIEGO,CA.92102 | 11B. DATE BURIED<br>4-14-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Michael Alle | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At-Need
NON-RES

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Skeen 228726

in a Liner (Type of Burial Container) Funeral, date, time Weds April 13th, 2005 1:00 p.m.

Church, Chapel (Graveside) Poway Bernardo Mort Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ X

will be applied and billed to undersigned.

Division 8 Section 3 Blk/Row Lot 1221 Grave

| | |
|---|---|
| Grave space & Care Fund B-5170 | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 549.00 |
| Burial Container Liner | 278.00 |
| Handling Fees | 213.00 |
| Flower vases - Marker setting fee | 184.00 |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 21.54 |
| Mort To pay — Total Due | $1,1311.54 |
| Paid receipt number R 58727 | $1,1311.54 |
| Balance due | 0 |

PAID
APR 10 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Signature

Sandra

X Print Name

X Address

X City Zip Code

X Telephone

See attach

Invoice #

Work Order # E 19055

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19055

# 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Elmer Skeen | X | Frank Elmore | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-11-05

Interment space for: Lillian Skeen

Interment Date: Weds April 13th, 05 Time: 11:00A

Div: 8 Sect: 3 Blk/Row: ____ Lot: 121 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 9/11/05

Ferg sect

CITY OF SAN DIEGO, CALIFORNIA

# INVOICE

E19055

51766

Your Order No. B-5170 Date 9/22 19 59

Department Cemetery Dept. Memo No.

Lewis Colonial Mortuary
3051 El Cajon Blvd.
San Diego 4, Calif.

Credit: Fund 306 $160.00 Acct. 7781 $78.00 7784 $160.00

Detach and Forward with Remittance

| DATE 9/21/1959 DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| Elmer Skeen Service | |
| Lots 1220 & 1221 Sec 3 Div 8 | $ 320.00 |
| Opening (Air seal) | 78.00 |
| | $ 398.00 |

Dm 10-21-59 Jnl # 10291

PAID

OCT 14 1959

Lillian Skeen
3016 Comstock St.
San Diego 11, Calif.

CITY AE SEP 24 1959 AUDITOR

Concession percentages invoiced subject to audit verification

YABLE TO, AND FORWARD SAME TO CITY
NTER, SAN DIEGO 1, CALIFORNIA

Invoice prepared by kgw

FORM 22

AT-Need
NON-RES

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Skeen

in a Liner (Type of Burial Container) Funeral, date, time Weds April 13th, 2005 1:00 PM

Church, Chapel, Graveside ____ ; ____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned. ____

Division 8 Section 3 Blk/Row ____ Lot 1221 Grave ____

| | |
|---|---|
| Grave space & Care Fund B-5170 | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 549.00 |
| Burial Container Liner | 278.00 |
| Handling Fees | 213.00 |
| Flower vases - Marker setting fee | 184.00 |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 21.54 |
| Mort To pay — Total Due | $1,311.54 |
| Paid receipt number | |
| Balance due | |

I hereby certify I am the X daughter (DPOHC) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the Interment in lot I hold under deed.

X Martha J Hicks
Signature

X MARTHA HICKS
Print Name
X 12526 HOLLAND PL
Address
X POWAY CA 92064
City Zip Code
X 858 748-2238
Telephone

Invoice # ____

Work Order # E 19055

Acct. # ____

RSA-104 (3-04) *This information is available in alternative formats upon request.*

ORDER

CITY OF SAN DIEGO, CALIFORNIA

HOPE CEMETERY
E19055

DATE 9/21 1959

CHARGE Lewis Colonial Mortuary

ADDRESS 3057 El Cajon Blvd.

NAME OF DECEASED Elmer Skeen

OWNER Lillian Skeen

ADDRESS 3016 Comstock St. (11)

MORTUARY

| | | |
|---|---|---|
| LOT 1220 + 1221 GR ROW SEC 3 DIV 8 | 320 | 00 |
| OPENING TIME 1:00 DAY DATE Thurs 9/22/59 | 78 | 00 |
| VAULT Air Seal SIZE #3 | | |
| REMOVAL OR FOUNDATION | | |
| TOTAL | $398 | 00 |
| PAID RECEIPT NUMBER | | |
| BALANCE | | |

2x1 Flush marker only

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON / PHONE BY D. Stark

ORDER TAKEN BY K. Wells

W.O. NO. B 5170

INVOICE NO. 57766

FORM 974 (REV.)

At-Need
NON-RES

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Skeen

in a Liner (Type of Burial Container) Funeral, date, time Weds April 13th, 2005 1:00 pm

Church, Chapel (Graveside) ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ X will be applied and billed to undersigned.

Division 8 Section 3 Blk/Row Lot 1221 Grave

| | |
|---|---|
| Grave space & Care Fund B-5170 | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 549.00 |
| Burial Container Liner | 278.00 |
| Handling Fees | 213.00 |
| Flower vases (Marker setting fee) | 184.00 |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 21.54 |
| Mort To pay — Total Due | $1,1311.54 |
| Paid receipt number | |
| Balance due | |

I hereby certify I am the X daughter (DPOHC) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228727

I hereby authorize the interment in lot I hold under deed.

X Martha J Hicks
Signature

X MARTHA HICKS
First Name

X 12526 HOLLAND PL
Address

X POWAY CA 92064
City Zip Code

X 858 748-2238
Telephone

Invoice #

Work Order # E 19055

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19055

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Lillian | Adeline | Skeen | 06/29/1908 | 04/08/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| Poway | San Diego | Martha Hicks- Daughter<br>12526 Holland Place<br>Poway, CA 92064 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Poway Bernardo Mortuary<br>13243 Poway Road, Poway, CA 92064 | FD-1195 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ | 04/13/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | $11.00 | 04/13/2005<br>E. Vigney | ▶ 2506270 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery, 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-13-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kima F. Jones | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

At Need
Intigent Burial
pin #2 - PA

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4/11/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe P.A. # 20051355 9:30

in a DD CRYPt "A" (Type of Burial Container) Funeral, date, time Friday April 15th

Church, Chapel, Graveside Delivery ; Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section 2 Blk/Row _____ Lot 20 Grave 1A

| | |
|---|---|
| Grave space & Care Fund | 131.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 454.00 |
| Burial Container | 132.00 |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 49.00 |
| Sales taxes | 10.23 |
| Total Due | 776.23 |
| Paid receipt number pd by Visa | 776.23 |
| Balance due | 0 |

pd 9-12-05

PA DARNEL PRICE
858-694-3507

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
Billed PA 4-20-05 S.B.
Paulette pd 9-12-05

Print Name

Address

City Zip Code

Telephone

Invoice # 418801

Work Order # E 19056

Acct. # 000952

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

F19056

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 09/12/05 TIME: 14:33:39
MERH: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 004
CD TYPE: VISA
TR TYPE: MP
ENTER INVOICE : 418801

TOTAL: $776.23M

ACCT: **********6319 EXP: ****
AP#: 016764
CUST CD: TAX: 0.00

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X_____

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E19056

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| John | - | Doe | Unknown | FD02/06/2004 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Darnell Price - PA<br>5201 - A Ruffin Road<br>San Diego, CA. 92123 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Preferred Cremation and Burial<br>3094 El Cajon Blvd. Ste. A San Diego,Ca 92104 | FD-1746 | ▶ [illegible] | [illegible] |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

| PERMIT | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| 04-00318<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | $11.00 | [illegible]<br>Mark Jenkins | ▶ Nancy L Bowen MD |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. Box 85222<br>San Diego, California 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery<br>3751 Market Street<br>San Diego, California 92102 | 11B. DATE BURIED<br>4-15-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| [illegible]RING/BURIAL [illegible]T SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

PRE-Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF Magdalena Robles - 228276

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 192 Grave 5

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | $985.00 |
| Paid receipt number R-58732 | $246.00 |
| Balance due | $739.00 |

PAID
JAN 04 2007
MOUNT HOPE CEMETERY

I hereby certify I am the x Family of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228276

I hereby authorize the interment in lot I hold under deed.

x Magdalena L Robles
Signature

Sandra

x Magdalena L Robles
Print Name

x 1207 Evelyn St
Address

x San Diego 92114
City Zip Code

x 6195013588
Telephone

Invoice # _____

Work Order # E 19057

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

Due 12th each month monthly $31.00

Pin 228276 E-19057

ROBLES, MAGDALENA L. 1207 Evelyn St. San Diego, 92114 619 501-3588

DIV 12 SEC 2 LOT 192 GR 5

| | | | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|---|---|
| 04-12-05 Opened Pre-need Lot only with 25% down | | | | 985.00 | 246.00 | 739.00 |
| | | | | #197 20% 124 2.00 | | |
| 5-9-05 | R 58827 | Coupon 1 | May 05 | | 31 - | 708 00 |
| 6-9-05 | R 58931 | " 2 | June 05 | | 31 - | 677 00 |
| 7-15-05 | R- 59368 | " 3 | July 05 | | 31 - | 646 00 |
| 8-18-05 | R-59091 | " 4 | aug 05 | | 31 - | 615 00 |
| 9-13-05 | R-59179 | " 5 | Sept 05 | | 31 - | 584 00 |
| 10-18-05 | R-59323 | " 6 | Oct 05 | | 31 - | 553 00 |
| 11-22-05 | R-59423 | " 7 | Nov 2005 | | 31 - | 522 00 |
| 12/19/05 | R-[illegible] | " 8 | Dec 2005 | | 31 - | 491 — |
| 1-20-06 | P 00073 | " 9 | Jan 2006 | | 31 - | 460 — |
| 2-16-06 | P 00132 | " 10 | Feb 2006 | | 31 - | 429 — |
| 3-22-06 | P-00186 | " 11 | Mar 2006 | | 31 - | 398 — |
| 4-17-06 | P-00239 | " 12 | Apr 2006 | | 31 - | 367 — |
| 5-6-06 | R-59609 | " 13 | MAY 2006 | | 31 - | 336 — |
| 6-16-06 | P-00347 | " 14 | June 2006 | | 31 - | 305 - |
| 7-25-06 | P00411 | " 15 | July 2006 | | 31 - | 274.00 |
| 8-28-06 | P00460 | " 16 | aug 2006 | | 31 - | 243.00 |
| 9-28-06 | P00506 | " 17 | Sept 2006 | | 31 - | 212.00 |

(over)

Pin: 228276 DUE $31 on 12th of each month E-19057

Robles, Magdalena L. (619) 501-3588

04/12/2005 - Open Pre-need Lot account. Div 12, Sec 2, Lot 192, Grave 5

| | | | | | |
|---|---|---|---|---|---|
| 10/24/06 | | Balance Forwarded | | | 212.00 |
| 10/24/06 | P-00552 | Coupon 18 | OCT 06 | 31.00 | 181.00 |
| 11/30/06 | P-00597 | Coupon 19 | NOV 06 | 31.00 | 150.00 |
| 1/4/07 | P-00638 | Coupons 20,21,22,23 | Paid off | 150.00 | -0- |

AT-need
To Be In
Grave with
James C. Walsh

Total of
20 Chairs

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hertha Walsh 228739

in a DD Crypt (B) (Type of Burial Container) Funeral, date, time FRI April 15th 11:00 GS

Church, Chapel, (Graveside) ; Humphey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ X

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row Lot 45 Grave 7

| | |
|---|---|
| Grave space & Care Fund ..... E-7977, E 7036 (1987) | 0 |
| Overtime/Late Arrival Fees | 0 |
| Opening/Closing & Setup | 0 |
| Burial Container | 0 |
| Handling Fees | 0 |
| Flower vases – Marker setting fee | 0 |
| Recording/Filing/Transfer Fees | 0 |
| Sales taxes | 0 |
| Total Due | 0 |
| Paid receipt number | 0 |
| Balance due | 0 |

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

Sandra

X
Print Name

See attach

X
Address

X
City Zip Code

X
Telephone

Invoice #

Work Order # E 19058

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Grewell

MT. ~~HOPE CEMETERY~~

# INTERMENT ORDER

City of San Diego

Date 11-18-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James & Hertha Walsh

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 45 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

| | |
|---|---|
| *Grave space & Care Fund* | 250.00 |
| Additional spaces and care fund | |
| Opening/Closing & Setup 2 @ 320.00 = | 640.00 |
| Burial Container | 330.00 |
| Handling Fees | 320.00 |
| Flower vases - Marker setting fee | |
| Recording and filing fee 2 @ 35.00 = | 70.00 |
| Sales taxes | 19.80 |
| Total Due | 1629.80 |
| *Paid receipt number* _____ | |
| Balance due | |

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Hertha Walsh
Signature
250 E. Bradley Ap 153
Address
El Cajon, CA 92021
State Zip Code
448-8190
Telephone

Invoice # _____

Work Order # E 7036

Acct. # _____

PY-593 (REV. 8-85)

NAME Walsh, James & Hertha ACCT. NO. E-7036

ADDRESS 450 E. Bradley Space 153, El Cajon, Ca 92021 RATING LIMIT

| DATE | | ITEMS | DEBIT | ✓ | CREDIT | BALANCE |
|---|---|---|---|---|---|---|
| v 18 | 87 | Lot 45, Grave 7, Section 2, Division 11 | 1629 80 | | 136 00 | 1493 80 |
| | | 2 Opening/Closings, Double Crypt, 2 Recording | | | | |
| 3 | 88 | Coupon #3, Receipt # 35640 | | | 67 00 | 1426 80 |
| 4 | 88 | Coupon #4, Receipt # 35813 | | | 67 00 | 1359 80 |
| 11 | 88 | Coupon #5, Receipt 36006 | | | 67 00 | 1292 80 |
| 8 | 88 | Coupon #6, Receipt 36056 | | | 67 00 | 1225 80 |
| 1 | 88 | Coupon #7 Receipt 36221 | | | 67 00 | 1158 80 |
| | | Lot is Paid in Full | | | | |
| 27 | 88 | Coupon 8, Receipt 36334 | | | 67 00 | 1091 80 |
| 2 | 88 | Coupon 9 Receipt 36475 | | | 67 - | 1084 80 |
| 31 | 88 | Coupon 10, Receipt 36603 | | | 67 00 | 957 80 |
| 5 | 88 | Coupon 11, Receipt 36771 | | | 67 00 | 890 80 |
| 31 | 88 | Coupon 12, Receipt 36883 | | | 67 00 | 823 80 |
| 30 | 88 | Coupon 13, Receipt 37008 | | | 67 00 | 756 80 |
| 30 | 88 | Coupon 14, Receipt 37137 | | | 67 00 | 689 80 |
| 2 | 89 | Coupon 15, Receipt 37246 | | | 67 00 | 622 |
| 27 | 89 | Coupon 16, Receipt 37405 | | | 67 00 | 555 80 |

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 3-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Walsh

in a Vault/Crypt Funeral, date, time Fri 3/24 2:00

Church, Chapel, Graveside Grove ; Heemsbury Mortuary.

*All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned.* War time veteran ____ .

Lot 45 Grave 78 Row ____ Section 2 Division/Block 11

| | |
|---|---|
| Grave space & Care Fund | |
| Additional spaces and care fund | Presaid Trust 36 |
| Opening/Closing & Setup | 270 |
| Burial Container | |
| Handling Fees | 42.70 |
| Flower vases - Marker setting fee | 35.00 |
| Recording and filing fee | |
| Sales taxes | 23.10 |
| Total Due | 200.80 |
| *Paid receipt number* | 375-89 200.80 |
| Balance due | |

30 day rate

I hereby certify I am the Hertha Walsh Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Hertha Walsh
Signature

450 E Bradley ave Sp 153
Address

Ca. 92021
State Zip Code

448-8190
Telephone

Invoice # 082745

Acct. # 029695

Work Order # E 7977

PY-593 (REV. 6-86)

AT-need
To Be In
Grave with
James E. Walsh

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mertha Walsh

in a D.D. Crypt (B) (Type of Burial Container) Funeral, date, time FRI April 15, '05 11:00 GS

Church, Chapel, Graveside ; Humphrey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ X will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row Lot 45 Grave 7

| | |
|---|---|
| Grave space & Care Fund E-7977, E 7036 | 0 |
| Overtime/Late Arrival Fees | 0 |
| Opening/Closing & Setup | 0 |
| Burial Container | 0 |
| Handling Fees | 0 |
| Flower vases – Marker setting fee | 0 |
| Recording/Filing/Transfer Fees | 0 |
| Sales taxes | 0 |
| Total Due | 0 |
| Paid receipt number | 0 |
| Balance due | 0 |

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228741

I hereby authorize the interment in lot I hold under deed.

Signature: Jeanette Elmore

X JEANETTE ELMORE
Print Name
X 3142 DENVER
Address
X SAN DIEGO, CA 92117
City Zip Code
X 619-276-0748
Telephone

Invoice #

Work Order # E 19058

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

E19058

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| HERTHA | - | WALSH | 07/22/1917 | 04/10/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | JEANETTE ELMORE (DAUGHTER)<br>3142 DENVER ST.<br>SAN DIEGO, CA 92117 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT | 8B. DATE SIGNED |
|---|---|---|---|
| HUMPHREY CHULA VISTA MORTUARY<br>753 BROADWAY CHULA VISTA, CA 91910 | FD-964 | | 04/14/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/14/2005<br>SANDRA PENA | 2506431 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| SAN DIEGO CO: P.O. BOX 85222<br>SAN DIEGO, CA 92186 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-15-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E19058

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.

DD crypt (B)

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Lester Hill | X | marilyn McCormic | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: Hertha Walsh

Interment Date: FRI April 15th, 05 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 45 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: JM Date: 4-13-05

pre-need
LOT only

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Michelle Martinez

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 159 Grave 8

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | $985.00 |
| Paid receipt number R58733 | 246.00 |
| Balance due | 739.00 |

Delinquent sent to collections on 12-16-05

I hereby certify I am the x Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228706

I hereby authorize the interment in lot I hold under deed.

x Michelle Herrera
Signature

Sancha

x Michelle Martinez
Print Name

x 4007 daves way
Address

x sandiego ca 92154
City Zip Code

x (619) 428-1416
Telephone

437308 2-21-06
Invoice # ~~432392~~ ~~12-16-05~~

Acct. # 128258

Work Order # E 19059

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E10059

SENDER: COMPLETE THIS SECTION

- 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Michelle Martinez
4007 Daves Way
San Diego, CA 92154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert Herrera

☐ Agent
☐ Addressee

B. Received by (Printed Name)

ROBERT HERRERA

C. Date of Delivery

10-22-05

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 1820 0000 0810 3861

# U.S. Postal Service™
# CERTIFIED MAIL™ RECEIPT
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at www.usps.com®

**OFFICIAL USE**

E19059

| | |
|---|---|
| Postage | $ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ |

Postmark Here

*Sent To*

*Street, Apt. No.; or PO Box No.*

*City, State, ZIP+4*

PS Form 3800 June 2002 See Reverse for Instructions

Office of the City Treasurer | City of San Diego E19059

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

Pin 228706 Huerra $31.00 monthly payment. final payment $26.00 E-19059
Contract Expires June 2007
MARTINEZ, MICHELLE 4007 DAVES WAY SAN DIEGO, CA 92154 619591-9858 619 428-1416 Disc #
DIV 12 SEC 2 LOT 159 GR8

| | | DEBIT | CREDIT | BALANCE |
|---|---|---|---|---|
| 04-[illegible]-05 | Opened Lot only Pre-need with 25% down | 985.00 | 246.00 | 739.00 |
| 7-13-05 | Pd by Visa No Coupons - (1) May, (2) June, (3) July 2005 | | 93.00 | $646.00 |
| 10-19-05 | mail Cert. Delinquent letter must pay $55.00 per month to be up to date, past due aug, sept, oct, nov, dec | | | |
| | need up date phone # | | | |

City Treasurer
Ref# 3251531

(ARIS)

12-16-05 Account 128258

Delinquent

Sent To Collections

Invoice
Old ~~432392~~ ~~2-16-06~~
New 437308 2-21-06

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: SSB ACCOUNT: 128258 INVOICE: 437308 INV DATE: 02 21 06
NAME: MICHELLE MARTINEZ
1) 4007 DAVES WAY 2) E19059
3) 4)
CITY: SAN DIEGO ST: CA ZIP: 92154 COUNTRY:
DEPT: 072 CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400
REFER NO: E-19059 DAYS DUE: 010 INV TYPE: GE TYPE CHG: NOTICES: Y
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: ACCRUAL CODE:
TIME PAYM CODE: STD DESC CODE: INVOICE TOTAL: 646.00

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| PRE-NEED LOT | 646.00 |
| DIVISION 12 SECTION 2 | |
| LOT 159 GRAVE 8 | |

TOTAL DUE 646.00
DATE CHARGE #1 - DAYS DUE: AMOUNT: AND/OR PCT CODE:
#2
THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

this is new invoice 437308 as of 2-21-06

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: D BY: SSB ACCOUNT: 128258 INVOICE: 432392 INV DATE: 12 16 05
NAME: MICHELLE MARTINEZ
1) 4007 DAVES WAY 2) E19059
3) 4)
CITY: SAN DIEGO ST: CA ZIP: 92154 COUNTRY:
DEPT: 072 CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400
REFER NO: E-19059 DAYS DUE: 015 INV TYPE: GE TYPE CHG: NOTICES: Y
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: ACCRUAL CODE:
TIME PAYM CODE: STD DESC CODE: INVOICE TOTAL: 646.00

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| PRE-NEED LOT | 646.00 |
| DIVISION 12 SECTION 2 | |
| LOT 159 GRAVE 8 | |

TOTAL DUE 646.00
LATE CHARGE #1 - DAYS DUE: AMOUNT: AND/OR PCT CODE:
#2

HERE IS THE INVOICE TO BE DELETED. HIT PA1 FORACCTING OR ENTER TO DELETE.

Issued two invoices
432392
and
437308

we need to delete 432392
and use invoice as new invoice 437308

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: D BY: SSB ACCOUNT: 128258 INVOICE: 432392 INV DATE: 12 16 05

NAME:

1) 2) _____ E 19059

3) 4)

CITY: ST: ZIP: COUNTRY:

DEPT: 072 CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400

REFER NO: E-19059 DAYS DUE: 015 INV TYPE: GE TYPE CHG: __ NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 646.00

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| PRE-NEED LOT | 646.00 |
| DIVISION 12 SECTION 2 | |
| LOT 159 GRAVE 8 | |

TOTAL DUE 646.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 ___ _____ __

REQUEST COMPLETE. INVOICE MARKED FOR DELETE.

INVOICE: 432392 INV TOTAL: 646.00

ACCOUNT: 128258 NAME: MICHELLE MARTINEZ

I19059

INVOICE STATUS

| DISPOSITION | DATE | AMOUNT |
|---|---|---|
| INVOICE TO BE DELETED | | |

COLLECTION ACTIONS

LATE NOTICE - 1ST:
- 2ND:
- 3RD:

REFERRED TO - TREAS COLLECTION:
- CITY ATTORNEY :
- COLLECTION AGENCY:

LATE CHGS BILLED

| | DATE | INVOICE | AMOUNT |
|---|---|---|---|
| LATE CHG-1: | | | |
| -2: | | | |

DEPRESS PA1 KEY FOR NEXT SCREEN

| ACTION | OPTION | ACCOUNT | EDI CODE |
|---|---|---|---|
| A | 1 | 128258 | _ |

E 19059

| CUSTOMER NAME | SHORT NAME |
|---|---|
| MICHELLE MARTINEZ | MICHELLE |

ADDRESS: 4007 DAVES WAY

| CITY | STATE | ZIP | COUNTRY |
|---|---|---|---|
| SAN DIEGO | CA | 92154 | |

| CUSTOMER CONTACT - NAME | PHONE | ORIG DEPT |
|---|---|---|
| MT. HOPE CEMETERY | 619 527 3400 | 072 |

| STATEMENTS | UPD BY | LAST UPDATED |
|---|---|---|
| N | SSB | 12/16/05 |

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: SSB ACCOUNT: 128258 INVOICE: 432392 INV DATE: 12 16 05

NAME: MICHELLE MARTINEZ

1) 4007 DAVES WAY 2) E19059

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92154 COUNTRY:

DEPT: 072 CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400

REFER NO: E-19059 DAYS DUE: 015 INV TYPE: GE TYPE CHG: NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: ACCRUAL CODE:

TIME PAYM CODE: STD DESC CODE: INVOICE TOTAL: 646.00

| DESCRIPTION OF CHARGE | AMOUNT |
|---|---|
| PRE-NEED LOT | 646.00 |
| DIVISION 12 SECTION 2 | |
| LOT 159 GRAVE 8 | |

TOTAL DUE 646.00

DATE CHARGE #1 - DAYS DUE: AMOUNT: AND/OR PCT CODE:

#2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E19059

THE CITY OF SAN DIEGO

10/19/2005

**CERTIFIED MAIL**
**RECEIPT NO. 7005 1820 0000 9810 3861**

Michelle Martinez
4007 Daves Way
San Diego, CA 92154

Reference: Delinquent Pre-Need Account

Dear Ms Martinez,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since July 2005. Your contract specified that your first payment of $31.00 was due May 2005, and every month thereafter. To bring your account to a current status, you need to pay **$93.00.** Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by November 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-19059, issued April 12, 2005. Cemetery location: Division 12, Section 2, Lot 159, Grave 8.

Sincerely,

OCA/CM

David Lugo
Cemetery Manager

Attachments:

Interment Order
Contract Entry Verification

**Mt. Hope Cemetery**
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

E19059

CITY OF SO-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92130-4527
619-527-5474
4301302159683464

[illegible] 14:31:17 SWIPE

VC XXXXXXXXXXXX7616

AUTH# 271432 REF# 72002001

SALE $ 93.00

TOTAL $ 93.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

x Michelle Herrera

MICHELLE B HERRERA

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

pre-need lot payments for
May June July 3 months
2005 3 @ $31.00 =
$93.00

E-19059
michelle Martinez for 80%

E19059

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

58733

**MOUNT HOPE CEMETERY**
(619) 527-3400

(619) 428-1416

Date: 4-12-05, 20 05

From: Michelle Martinez Address: 4007 Daves Way S.D. 92154

Two hundred & Forty-Six 00/100 Dollars ($ 246.00 )

in PART Payment of PRE-Need lot only

Div 12 Sec 2 Blk/Row Lot 159 Grave 8

Invoice No. E-19059

Acct. No.

W.O.

BALANCE DUE $739.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #2004

AC-212 (Rev 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR OTHER PURPOSES STATED UNLESS STAMPED "PAID" IN RED INK.

PAID

APR 12 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 177 | 00 |
| 80% Sales | 100 | 49 | 00 |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | $ | 246 | 00 |

E19059

# AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 12 day of April, ~~19~~ 05, between Michelle Martinez, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 159, Grave 8, ~~Row~~ ____, Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 985.00, payable as follows: $ 246.00 cash herewith, the receipt of which is hereby acknowledged; $ 31.00 on the 12th day of MAY, ~~19~~ 05; and the balance in installments of $ 26.00 or more, payable at the office of Mt. Hope Cemetery, on the 12th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E 19059

WITNESS our hands this day and year above written.

Deed to be issued to:

Name

Address

Down payment - $246.00
23 months - $31.00
final payment - $26.00

PURCHASER phone # (619) 428-1416

X Michelle Herrera
Print Name

X Michelle Herrera
Signature

X 4007 daves way
Street Address (Mail)

X San Diego ca 92154
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sandra

SLW:st(62-1)
1-23-90

Pre-need to At-need Disinterment

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-12-05

Pin# 228125

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IZETTA VIRGINIA CHAMBERS

in a DOCCOT "A" (Type of Casket or Container) THURS. June 16 Funeral, date, time June 16, 2005 12:00 ~~Wed. May 4 1:00~~

Church, Chapel, Graveside _____ ; Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 687 Grave 1

Grave space & Care Fund ..... E-18649 (1994) 2004 ~~0~~

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... 1100.00

Sales taxes ..... _____

Total Due ..... 1100.00

Paid receipt number Visa card 1100.00

Balance due ~~0~~

PAID

APR 12 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228124

I hereby authorize the interment in lot I hold under deed.

Signature

Norman E. Chambers
Print Name

6243 Amunitos Plata
Address

San Diego, CA 92120
City Zip Code

619 265-8040
Telephone

Paulette

Work Order # E 19060

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

NO MARKER

MT HOPE CEMETERY E-19060

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Disinterment

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Baker | Nicholson | Fenderson | | | |
| | Haslam | Hanson | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 6-14-05

Interment space for: Izetta Chambers

Interment Date: 6/16/05 Time: 10:00

Div: 8 Sect: 1 Blk/Row: ____ Lot: 687 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flat

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 6-15-05

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

pre-need lots/Trust

Date 4-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Norman E. Chambers / Elzetta V. Chambers

In a T.S. Vaults (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 15 Blk/Row _____ Lot 94 Grave 2 & 3

| | | |
|---|---|---|
| Grave space & Care Fund | 2@ 1535.00 | 3070.00 |
| Overtime/Late Arrival Fees | | — |
| Opening/Closing & Setup | 2@ 413.00 | 826.00 |
| Burial Container | 2@ 275.00 | 550.00 |
| Handling Fees | 2@ 204.00 | 408.00 |
| Flower vases – Marker setting fee | | — |
| Recording/Filing/Transfer Fees | 2@ 50.00 | 100.00 |
| Sales taxes | 2@ 21.31 | 42.62 |
| Total Due | | 4996.62 |
| Pr. of Paid receipt number DWN Visa | | 424.16 |
| R-58796 Balance due | | 4572.46 |
| | | -2200.00 |
| | | 2372.46 |

VOIDED

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Norman E. Chambers

Address: 6243 Caminito Plata

City: San Diego, Ca Zip Code: 92120

Telephone: 619 265-8040

Pauletta

Invoice # _____

Work Order # E 19061

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

PAULETTE

# INTERMENT ORDER

In grave of Estanislao Rengifo Alva

City of San Diego

Date 4-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angelica Rengifo 228746

in a N/A (Type of Burial Container) Funeral, date, time SAT. APRIL 16 1:00

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 8 Section 4 Blk/Row _____ Lot 3 Grave 1

| | | |
|---|---|---|
| Grave space & Care Fund | E-18743 | Θ |
| Overtime/Late Arrival Fees | SAT CHARGE | 231.00 |
| Opening/Closing & Setup | R-58314 | Θ |
| Burial Container | N/A | — |
| Handling Fees | N/A | — |
| Flower vases – Marker setting fee | | — |
| Recording/Filing/Transfer Fees | R-58078 | Θ |
| Sales taxes | N/A | — |
| Total Due | | 231.00 |
| Paid receipt number | R-58741 | 231.00 |
| Balance due | | Θ |

PAID APR 13 2005 MOUNT HOPE CEMETERY

I hereby certify I am the GRANDDAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

GENOVEVA CHICANO

Print Name

7414 BEAL ST.

Address

SAN DIEGO CA

City Zip Code 92111

Telephone

Paulette

Work Order # E 19062

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

E19062

City of San Diego
12-14-04 11:51 PAID

AT NEED

Date 12-7-04

228504

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESTANISLAO RENGIFO

in a ~~DD~~ (Type of Burial Container) Funeral, date, time Fri. Jan 21, 2005 12:30

Church, Chapel, Graveside ; Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row — Lot 3 Grave 1

| | |
|---|---|
| Grave space & Care Fund E-1[illegible] | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116 |
| Burial Container NOT NEEDED | — |
| Handling Fees | |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | |
| Sales taxes N/A | — |
| Total Due | 116 |
| Paid receipt number 58314 | 116 |
| Balance due | 0 |

PAID
DEC 14 2004
MOUNT HOPE CEMETERY

I hereby certify I am the grandfather ABELO POLITICO of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature (R) Maria

Work Order # E 18842

Print Name GONZALO CATOINO
Address 7414 BEAL ST.
City SAN DIEGO Zip Code CA 92111
Telephone (619) 278 8168

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Pd Rud

E 19062

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 10/4/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angelica Renginfo

In a _____ Type of Burial Container Funeral, date, time ESTANISLAO

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 3 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 330 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 110 |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees 50 x 2 | 100 |
| Sales taxes | |
| Total Due | 540 |
| Paid receipt number R 58078 | 540 |
| Balance due | 0 |

PAID

OCT 04 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Grandi Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

(R) PH

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Genoveva Chiaino
Print Name

X 7414 Beal St.
Address

X San Diego CA 92111
City Zip Code

X (858) 278 8168
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18743

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 19062

# 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. en grave of Estanislao Rengifo

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | Fillmore | King | Robinson | | | |
| | Sisson | Sharp | Sharp | | | |

Blind Check Initiated By: Paulette Date: 4/14/05

Interment space for: Angelica Rengifo

Interment Date: April 16 Time: 1:00 G.S.

Div: 8 Sect: 4 Blk/Row: ____ Lot: 3 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: C Warren Date: 4-14-05

E19062

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| ANGELICA | — | RENGIFO | 05/09/1911 | 04/05/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | EMILSE JOKIC - DAUGHTER<br>4023 ILLINOIS ST.<br>SAN DIEGO, CA 92104 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| AMERICAN CREM. SERV., 6136 MISSION GORGE RD. #100, SAN DIEGO, CA 92120- | FD-1752 | ▶ | |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/11/2005 | 2506111 R.MARTINEZ ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | — |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 6251 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>COUNTY CREM.192 COMMERCE DR., PERRIS,CA 92571 | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT-NEED

Date 4-13-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DANNY CALLOWAY SR. - 228751

in a LINER (Type of Burial Container) Funeral, date, time MON. APRIL 18th 1:00

Church, Chapel, Graveside _____ : CA BURIAL Mortuary nat'l city

All Funeral 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 163 Grave 3

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1833.20 |
| Paid receipt number R-58740 | $1,833.20 |
| Balance due | 0 |

PAID
APR 13 2005
MOUNT HOPE CEMETERY

MORT. 2 Pay
fax 229-2750

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address See attach

City _____ Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19063

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT-NEED

Date 4-13-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remai

of DANNY CALLOWAY SR.

In a LINER (Type of Burial Container) Funeral, date, time MON. APRIL 18th

Church, Chapel, Graveside : CA BURIAL Mort nat

All Funeral 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 163 Grave 3

| | |
|---|---|
| Grave space & Care Fund | 985 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413 |
| Burial Container | 209. |
| Handling Fees | 160. |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 500 |
| Sales taxes | 162 |
| Total Due | $ 1,832 |
| Paid receipt number R-58740 | $ 4,83 |
| Balance due | 0 |

PAID
APR 13 2005
MOUNT HOPE CEMETERY

fax 229-2750

I hereby certify I am the _____ of the above named decea
and this is your authority to make disposition of remains as above indicated. I certify and repre
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless f
any liability on account of said authorization and interment.

228752

I hereby authorize the interment in lot 1 hold under deed.

Barbara J Rome
Signature

BARBARA ROME
Print name

5019 PALM ST.
Address

SAN DIEGO CA 92
City

619-262-9016
Telephone

Paulette

Work Order # E 19063

Invoice # _____

Acct. # _____

This information is available in alternative formats upon requ

E 19063

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.

Liner

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Anthony I-Van | X | | Moses Pendarvis | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-13-05

Interment space for: Danny Calloway SR

Interment Date: April 18th 05 (mon) Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 163 Gr: 3

Grave Laid out by: Norman Fergson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

Flagged

E 19063

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| DANNY | - | CALLOWAY, SR. | 07/15/1952 | 04/10/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | DANNY CALLOWAY, JR.-SON<br>5034 PALIN ST.<br>SAN DIEGO, CA 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| CALIFORNIA CREMATION & BURIAL CHAPEL<br>8880 EL CAJON BLVD., SAN DIEGO, CA 92115 | FD-1357 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: [signature] 8B. DATE SIGNED: 04/18/2005

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/18/2005<br>J.BENYARD | ▶ 2506552 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS-P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-18-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Res
At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4/13/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cecilia Araceli Zarate 228754

in a Liner (Type of Burial Container) Funeral, date, time Mon. April 18 9:00

Church, Chapel, Graveside _____ : Cypress View Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MAS Section C Blk/Row _____ Lot 3 Grave 10

| | |
|---|---|
| Grave space & Care Fund | 1755.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 309.00 |
| 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-58743 | 770.00 |
| Balance due | 1833.20 |

PAID
APR 14 2005
MOUNT HOPE CEMETERY

MORTUARY TO PAY BALANCE

R-58744 1,833.20 Bal 0

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

FELIPE PERALTA
Signature

FELIPE 228756
Print Name

2233 DUNLOP ST
Address

SAN DIEGO CA 92111
City Zip Code

(858) 278-46-44
Telephone

Paulette

Work Order # E 19064

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19064

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 | | | |
| | | Baby Alice Harper | Joseph Harper | Howard Harper | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-14-05

Interment space for: Cecilia A. Zarate

Interment Date: 4/18/05 Time: 9:00

Div: MAS Sect: C Blk/Row: ____ Lot: 3 Gr: 10

Grave Laid out by: Norman Fe[illegible]

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: ____

Flagged

E 19064

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| CECILIA | ARACELI | ZAMATE | 07/31/1973 | 04/12/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | FELIPE PERALTA - HUSBAND<br>2233 DUNLOP ST<br>SAN DIEGO CA 92111 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| BCM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE<br>SAN DIEGO CA 92113 | FD-670 | ▶ | 04/13/2005 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/15/2005<br>L CASTRO | 2506498 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4 1 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT-need
Liner O

Long 26"
wide 16"
high 16" } casket

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Miguel Angel Sotelo Barron 6-months old 228759

in a Liner O (Type of Burial Container) Funeral, date, time SAT April 16th, 11:00

Church, Chapel, Graveside ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ X

will be applied and billed to undersigned.

Division 9 Section 1 Blk/Row Lot 1156 Grave

| | |
|---|---|
| Grave space & Care Fund | $110.00 |
| Overtime/Late Arrival Fees SAT | 275.00 |
| Opening/Closing & Setup | 138.00 |
| Burial Container Liner | 77.00 |
| Handling Fees | 28.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 5.97 |
| Total Due | $683.97 |
| Paid receipt number R-58745 | 683.97 |
| Balance due | 0 |

PAID
APR 14 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Signature

Sandra

X Print Name

X Address

X City Zip Code

X Telephone

See attach

Invoice #

Work Order # E 19065

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

6195449334

07:46 6195449334 GUADALUPANA MORTUARY

13:47 SD MT HOPE CEMENTERY → GUADALUPANA

AT-need
Liner 0

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Sotela Barron 6-months old

in a _____ (Type of Burial Container) Funeral, date, time SAT April 16, 11:00

Church Chapel Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ X

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1156 Grave _____

| | |
|---|---|
| Grave space & Care Fund | $110.00 |
| Overtime/Late Arrival Fees SAT | 275.00 |
| Opening/Closing & Setup | 138.00 |
| Burial Container Liner | 77.00 |
| Handling Fees | 38.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 5.97 |
| Total Due | $683.97 |
| Paid receipt number R-58745 | 683.97 |
| Balance due | 0 |

PAID APR 14 2005 MOUNT HOPE

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Maria Barron
Signature

228760

X Maria Barron
Print name

X 2203 Dunlap St
Address

X San Diego 92111
City Zip Code

X 858 569-1729
Telephone

Work Order # E 19065

Invoice # _____

Acct. # _____

REA-154 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

AT-need
Liner O

5379

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Sotela Barron 6-months old

in a _____ (Type of Burial Container) Funeral, date, time SAT April 16, 11:00

Church Chapel Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ X

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1156 Grave _____

| | |
|---|---|
| Grave space & Care Fund | $110.00 |
| Overtime/Late Arrival Fees SAT | 275.00 |
| Opening/Closing & Setup | 138.00 |
| Burial Container Liner | 77.00 |
| Handling Fees | 28.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 5.97 |
| Total Due | $683.97 |
| Paid receipt number R-58745 | 683.97 |
| Balance due | 0 |

PAID
APR 14 2005
MOUNT HOPE

I hereby certify I am the X MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Maria Barron
Signature

X Maria Barron
Print Name
X 2203 Dunlap ST
Address
X San Diego 92111
City Zip Code
X 858 569-1729
Telephone

Invoice # _____

Work Order # E 19065

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

19065

casket
Long 26"
wide 16"
high 16"

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.

Liner O

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Denise Wamble | | LOT 1156 X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-14-05

Interment space for: Baby Sotelo Barron 6 mth old

Interment Date: SAT April 16th Time: 11:00 GS

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1156 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 4-15-05

7 layered

E19065

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| MIGUEL | ANGEL | SOTELO-BARRON | 04/11/2005 | 04/11/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | LUIS SOTELO-FATHER<br>2203 DUNLOP ST.<br>SAN DIEGO, CA. 92111 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| GUADALUPANA MORTUARY, 2601 IMPERIAL AVE.<br>SAN DIEGO, CA. 92102 | FD-1425 | ▶ | 04/14/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | SELENE CHAVEZ<br>04/14/2005 | 2506448 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO, CA. 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA. 92102 | 11B. DATE BURIED<br>4-16-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kim F. [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

To: Maria Sanders, E19065

Re: Cooket Measurements,

Please send me the Amount to pay so I can take the check to you.

+ Long 26" x 16" wide x 16" high.

+ Baby Sotelo Barron.

Guadalupana Mortuary

Thank you

527 3403

(Non Res)
At Need
Total of 20 Chairs. if possible

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martin Kanlund pin #51

In a Liner (Type of Burial Container) Funeral, date, time Tues. April 19th 10:15

Church, Chapel Graveside ; Humphreys 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 6 Section 5 Blk/Row _____ Lot 22 Grave 1

| | |
|---|---|
| Grave space & Care Fund ..... E-17045 (2002) | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 549.00 |
| Burial Container | 278.00 |
| Handling Fees | 213.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 21.54 |
| Total Due | 1127.54 |
| Paid receipt number R-5874 | 1127.54 |
| Balance due | 0 |

PAID
APR 15 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See Attached for signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19066

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19066

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | Henry Kanlund | | | | |
| | | | | Emelia Kanlund | | |
| | EVERTZ | EVERTZ | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4-15

Interment space for: MARTIN KANLUND

Interment Date: 4-19-05 Time: 10:15

Div: 6 Sect: 5 Blk/Row: ____ Lot: 22 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4-18-05

E19066

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| MARTIN | NELS | KANLUND | 10/08/1919 | 04/14/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| CHULAVSISTA | SANDDIEGO | STEVEN P. HASKETT (ATTORNEY)<br>701 B STREET #1190<br>SAN DIEGO CA 92101 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT — Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| HUMPHREY CHULA VISTA,MORTUARY<br>753 BROADWAY, CHULA VISTA, CA 91910 | FD 964 | ▶ | 04/19/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/19/2005<br>SANDRA PENA | 2506637 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SANDDIEGO, CA 92123-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET, SANDIEGO, CA 92102 | 11B. DATE BURIED<br>4-19-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E190066

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 4-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martin Kanlund

in a Liner (Type of Burial Container) Funeral, date, time Tues. April 19th 10:15

Church, Chapel Graveside ; Humphreys 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 6 Section 5 Blk/Row _____ Lot 22 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 549.00 |
| Burial Container | 278.00 |
| Handling Fees | 213.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 21.54 |
| Total Due | 1127.54 |
| Paid receipt number | |
| Balance due | |

I hereby certify I am the X Attorney / Trustee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

X Steven P. Hassett
Print Name

X 701 B St. Ste 1190
Address

X San Diego CA 92101
City Zip Code

619 231-3737
Telephone

Paulette

Work Order # E 19066

Invoice # _____

Acct. # _____

REA-10a (3-04)

This information is available in alternative formats upon request.

Daughter - Denise Cook
209-765-5528

#7
TS vault
over size
AT-Need
(Res)
33½ x 84½ x Standard
W L H

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joyce Marie Perine 228748

in a over size TS Vault (Type of Burial Container) Funeral, date, time Weds April 20th 10:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ C.P. x will be applied and billed to undersigned. $165.00

Division 12 Section 2 Blk/Row _____ Lot 230 Grave 11 & 12

| | |
|---|---|
| Grave space & Care Fund ..... oversize Grave 11 & 12 - @ $985 each | 1,970.00 |
| Overtime/Late Arrival Fees ..... | |
| Opening/Closing & Setup ..... | 413.00 |
| Burial Container ..... TS Vault #7 | 578.00 |
| Handling Fees ..... $220.00 PAID ...ery charge $220.00 | 440.00 |
| Flower vases – Marker setting fee ..... | |
| Recording/Filing/Transfer Fees ..... APR 15 2005 | 50.00 |
| Sales taxes ..... | 44.80 |
| Total Due ..... R-58755 ~~$985.00~~ | $ 3,495.80 |
| Paid receipt number R 58748 | 2,510.80 |
| Balance due | 0 |

MOUNT HOPE CEMETERY

I hereby certify I am the x Sandra Perine of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228749

I hereby authorize the interment in lot I hold under deed.

x Sandra Perine
Signature

Sandra

x Sandra Perine
Print Name
x 6354 Mt Ainsworth way
Address
x San Diego CA 92111
City Zip Code
x (858) 571-3317
Telephone
(858) 560-9491

Invoice # _____

Work Order # E 19067

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19067

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | Ruben Nunez | | |
| | | | 230-11 X | 230-12 X | | Frances 231-8 Ting |
| | | | | 242-6 Ralph Evans | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-19-05

Interment space for: Joyce M. Perine

Interment Date: April 20th weds Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 230 Gr: 11 & 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4-20-05

Flagged

E19067

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Joyce | Marie | Perine | 08/21/1957 | 04/13/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Ondra Perine, Mother w/DPOA<br>6354 Mt. Ainsworth Way<br>San Diego, CA 92111 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ [signature] | 04/19/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/19/2005<br>B. Campbell | 2506710 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4 [illegible] | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| [illegible]TERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 4-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virgina Huehn

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs. April 21 Time ?

Church, Chapel, Graveside _____ Merkley Denisel Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 3867 Grave 1

Grave space & Care Fund C - 5729 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup E-18017 0

Burial Container 0

Handling Fees —

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees 0

Sales taxes 0

Total Due 0

fax (619) 295-6039

Paid receipt number 0

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Brenda Aldridge
Signature

Paulette

Brenda Aldridge
Print Name
7144 Bullock Dr.
Address
SAN DIEGO CA 92114
City Zip Code
(619) 420-9314
Telephone

Invoice # _____

Work Order # E 19068

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

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ORDER E19068 MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-26-1968

CHARGE Beardsley Funeral Home

ADDRESS 1818 Sunset cliffs Blvd., S.D.

NAME OF DECEASED Arthur M. Huehn

OWNER Virginia H. Huehn

ADDRESS 1664 Willow St., S.D. 92106

MORTUARY 222-3150

PP-8

(3866)

LOT 3867 GR ____ ROW ____ SEC ____ DIV 10 — 290.00

OPENING TIME 2 PM DAY DATE MON. 4-29-68 — 90.00

VAULT A.S. SIZE #4 — —

REMOVAL OR FOUNDATION (VET) marker inst. — 25.00

TOTAL $405.00

PAID RECEIPT NUMBER ____

BALANCE ____

Res lots 3868 & 3869 to 8-1-68

Flush markers only

Full detail

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON / PHONE BY Mrs Beardsley ORDER TAKEN BY D. Phillips

W.O. NO. C 5729 INVOICE NO. 93268

FORM PR-974 REV.

E19068

# 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. Marker on grave no death date

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Arthur Huehn | x | Haines | Canfield | |
| | | | Lee | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4/8

Interment space for: Virginia Huehn

Interment Date: Thurs April 21 Time: ?

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3867 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E19068

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| VIRGINIA | HARRIET | HUEHN | 04/08/1912 | 04/15/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| LEMON GROVE | SAN DIEGO | BRENDA ALDRIDGE - FRIEND<br>7144 BULLOCK DRIVE<br>SAN DIEGO, CA 92114 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| [redacted]ARDSLEY-MITCHELL FUNERAL HOME<br>1818 SUNSET CLIFFS BLVD.<br>SAN DIEGO, CA 92107 | FD816 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit ▶ [signature] | 8B. DATE SIGNED 04/19/2005 |
|---|---|---|---|

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID $11.00 | 9B. DATE PERMIT ISSUED B.A. ELLANO 04/19/2005 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2506683 ▶ |
|---|---|---|---|---|

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-20-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Pre-need Lot

Date 4-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Fabian, Paul 228758

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 140 Grave 6

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |
| Total Due | 985.00 |
| Paid receipt number Visa | 985.00 |
| Balance due | Ø |

PAID
APR 18 2005
MOUNT HOPE CEMETERY

Res. fees

I hereby certify I am the nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228757

I hereby authorize the interment in lot I hold undersigned.

Signature

JOHN B RISKOSKY
Print Name

6761 GREENBRIER CT
Address

SAN DIEGO CA 92120
City Zip Code

619-265-8089
Telephone

Paulette

Work Order # E 19069

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

AT-Need (RES)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie mae Jackson 228763

in a Liner (Type of Burial Container) Funeral, date, time Sat April 23rd 10:00

Church, Chapel, Graveside ; Raggsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ N/A

will be applied and billed to undersigned. $165.00

Division 12 Section 2 Blk/Row Lot 187 Grave 12

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees Sat Fee | 660.00 |
| 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 | $2,493.20 |
| | $2,493.20 |

PAID

APR 18 2005

MOUNT HOPE CEMETERY

Paid receipt number pd by master card

Balance due 0

I hereby certify I am the x Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228764

I hereby authorize the interment in lot I hold under deed.

x Clifforine L Massey
Signature

Sandra

x CLIFFORINE L. MASSEY
Print Name

x 5304 Encina Dr
Address

x S.D. CA 92114
City Zip Code

x 619-267-8324
Telephone

Invoice # _____

Acct. # _____

Work Order # E 19070

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19070

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| mario quinonez | | | X | | | |
| | | | Barbara Govan | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-19-05

Interment space for: Jessie M. Jackson

Interment Date: SAT April 23rd Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 187 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKKEYI Date: 4-20-05

7 logged

E19070

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Kessie | Mae | Jackson | 02/15/1927 | 04/17/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Clifforine Massey, Daughter<br>8538 Paradise Valley Road #21<br>Spring Valley, CA 91977 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Klan Campbell

8B. DATE SIGNED: 04/22/2005

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/22/2005<br>B. Campbell | 2506914 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-23-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

At Deed 20 CHAIRS

City of San Diego

Date 4-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julio Ereneta 207783

in a Liner (Type of Burial Container) Funeral, date, time Thurs. April 21 11:00

Church, Chapel Graveside ; Mayer Mortuary. Deanne

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4940 Grave 1

| | |
|---|---|
| Grave space & Care Fund E-15034 (1999) | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | — |
| Burial Container | — |
| Handling Fees | — |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | — |
| Sales taxes | — |
| Total Due | 0 |
| Paid receipt number | |
| Balance due | 0 |

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the Interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

See attached for signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19071

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Pre-need Set a Trust

MT. HOPE CEMETERY

# INTERMENT ORDER

E19071

City of San Diego

Date 5-6-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julio Ernesto

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 4940 Grave _____ Row _____ Section _____ Division/Block 10

| | |
|---|---|
| Grave space & Care Fund | 1095.00 |
| Additional spaces and care fund PAID IN | |
| Opening/Closing & Setup | 375.00 |
| Burial Container FULL | 190.00 |
| Handling Fees 9-17-99 | 145.00 |
| Flower vases – Marker setting fee | |
| Recording and filing fee | 45.00 |
| Sales taxes | 14.73 |
| Total Due | 1864.73 |
| Paid receipt number Credit Card | 466.00 |
| Balance due | 1398.73 |

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Julio Ernesto
Signature
412 Los Alamos Dr.
Address
San Diego CA. 92114
City Zip Code
(619) 262-8121
Telephone

Invoice # _____

Work Order # E 15034

Acct. # _____

REA-104 (7-96)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19071

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 | Samoila | Dinkovska | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Pauline Date: 4/18

Interment space for: Julio Ereneta

Interment Date: 4-21-05 Time: 11:00 GS

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4940 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: 4-19-05

E19071

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| JULIO | - | ERENETA | 01/02/1908 | 04/15/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | FRANK ERENETA - SON<br>412 LOS ALAMOS DR.<br>SAN DIEGO, CA 921184 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| MAYER MORTUARY, 2859 ADAMS AVE.,SAN DIEGO, CA 92116 | FD 1424 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit ▶ | 8B. DATE SIGNED 04/19/2005 |
|---|---|---|---|

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID<br>$11.00 | 9B. DATE PERMIT ISSUED<br>04/19/2005<br>R.MARTINEZ | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT<br>2506685 ▶ |
|---|---|---|---|---|
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA<br>VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA<br>- | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-21 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E19071

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Deed

Date 4-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julio Ereneta

Funeral, date, time Thurs. April 21 11:00

in a Liner (Type of Burial Container) ; Mayer Mortuary

Church, Chapel, Graveside

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Deanne will be applied and billed to undersigned.

Division 10 Section E-15034 Blk/Row Lot 4940 Grave 1

| | |
|---|---|
| Grave space & Care Fund | |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |
| Total Due | 0 |
| Paid receipt number | |
| Balance due | 0 |

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Name FRANKLIN GRENETA
Address 412 LOS ALAMOS DR.
City SAN DIEGO Zip Code CA. 92114
Telephone (619) 262-8121

Paulette

Work Order # E 19071

Invoice #

Acct. #

This information is available in alternative formats upon request.

AT-need
(ReS)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty H. Craven 228769

in a TS Vault (Type of Burial Container) Funeral, date, time 4/23 SAT. 1:00

Church/Chapel/Graveside _____ ; RAGSDALE 230 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ RCMX

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 92 Grave 8

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees SAT. FEE | 660.00 |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS Vault | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $2608.31 |
| Paid receipt number pd by visa | 2608.31 |
| Balance due | Ø |

PAID
APR 21 2005
MOUNT HOPE CEMETERY

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228770

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: MONALIZA B. McCOY

Address: 6414 EDMONDS ST

City: SD. CA 92114 Zip Code

Telephone: 619 527-7105

Invoice # _____

Acct. # _____

Work Order # E 19072

ReS fee Verified by Cox Bill

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19072

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Blunt | | X | | | |
| | | Gates | Gates | | Austin | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4-21

Interment space for: Betty Craven

Interment Date: 4/23 Chapel Time: 1:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 92 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4-21-05

E19072

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Betty | - | Craven | 06/26/1923 | FND 04/16/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Mona Lisa McCoy, Niece<br>6414 Edmond Street<br>San Diego, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ B Campbell | 04/22/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | 11.00 | 04/22/2005<br>B. Campbell | 2506954 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-22-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

Quit claim from Dorothy L. Evans

Please open back gate

City of San Diego

Date 4/19/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Lewis Ewings Jr. 228761

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Friday 22 April 11:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 66 Grave 2

| | | |
|---|---|---|
| Grave space & Care Fund | D-6002 | — |
| Overtime/Late Arrival Fees | | — |
| Opening/Closing & Setup | 2@ 413.00 | 826.00 |
| Burial Container | D.D. CRYPT. | 418.00 |
| Handling Fees | | 352.00 |
| Flower vases – Marker setting fee | | — |
| Recording/Filing/Transfer Fees | 2@ 50.00 | 100.00 |
| Sales taxes | | 32.40 |
| | Total Due | 1728.40 |
| | Paid receipt number R-58761 | $ 1,728.40 |
| | Balance due | — |

PAID

APR 20 2005

MOUNT HOPE CEMETERY

Family in to pay 4/20/05 9:00 am

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.

228762

I hereby authorize the interment in lot I hold under deed.

Signature: Gaynella Ewings

Print Name: Gaynella Ewings

Address: 872 Dassau St

City: San Diego CA Zip Code: 92103

Telephone: 619 264-7985

Paulette

Work Order # E 19073

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19073

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Sever | Gaddy | | |
| | ORR | | X | Duarte | Yarbrough Jr. | Materson |
| | | Fairley | Leonard | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4 20

Interment space for: James Ewings

Interment Date: 4/22/05 Fri. Time: 11:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 66 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Joe Date: 4-20-05

E19073

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| James | Lewis | Ewings, Jr. | 04/28/1928 | 04/18/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Gaynella Ewings, Wife<br>872 Dassco Street<br>San Diego, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ Bla Lawlee | 04/21/2005 |

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/22/2005<br>B. Campbell | 2506892 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Bus. (619) 579-9456
Fax (619) 659-5070

E 19073

# Cemetery Services Agency

**Discount Sales**

**Lots and Crypts**

**FRED ZARSE**
Cemetery Broker

P.O. Box 2454
Alpine, CA 91903

E-19073

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

7/1/1975
E19073
8031

# DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Newell E. & Dorothy L. Evans for the sum of $ 330.00 (DOLLARS)

LEGAL DESCRIPTION Lot 66 Graves 1 & 2 Section 1 Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-6002

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only Allowed

R. W. Delane
Cemetery Manager

W. L. MacFarlane
Property Director

PY-884

Bus. (619) 579-9456
Fax (619) 659-5070

E 19073

# Cemetery Services Agency

Discount Sales
Lots and Crypts

FRED ZARSE
Cemetery Broker

P.O. Box 2454
Alpine, CA 91903

E 19073

# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

NEWELL E. & DOROTHY EVANS

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE , a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE CEMETERY

DIVISION 11, LOT 66, SECTION 1, GRAVES 1+2

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary , or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

x Newell E. Evans — Signature

x Dorothy L. Evans — Signature

## ALL PURPOSE ACKNOWLEDGEMENT

State of California County of Santa Barbara

On August 23rd, 2004 before me, the undersigned, a Notary Public in and for said State

personally appeared, NEWELL E EVANS, DOROTHY L EVANS

personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

x Charles J. Brock (SEAL)

Notary Public Signature

CHARLES J. BROCK
COMM. #1350658
NOTARY PUBLIC-CALIFORNIA
SAN LUIS OBISPO COUNTY
My Comm. Expires April 11, 2006

## OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney

DATE OF DOCUMENT _____ NUMBER OF PAGES _____

SIGNER(S) OTHER THAN NAMED ABOVE _____

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4/19/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Mae Stiggers 228771

in a Liner (Type of Burial Container) Funeral, date, time Mon. April 25 11:00

Church, Chapel, Graveside ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 91 Grave 9

| | |
|---|---|
| Grave space & Care Fund ..... E-10413 | — |
| Overtime/Late Arrival Fees ..... | — |
| Opening/Closing & Setup ..... | 413.00 |
| Burial Container ..... | 209.00 |
| Handling Fees ..... | 160.00 |
| Flower vases – Marker setting fee ..... | — |
| Recording/Filing/Transfer Fees ..... | 50.00 |
| Sales taxes ..... | 16.20 |
| Total Due ..... | 848.20 |
| Paid receipt number R-58773 | 848.20 |
| Balance due | — |

PAID
APR 25 2005
MOUNT HOPE CEMETERY

Reg fees verified by Skip or MUST 2 PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

signatures attached

Invoice # _____

Work Order # E 19074

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

09:59 SD M HOPE CEMENTERY → RAGSDALE

At Dead

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4/19/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Mae Stiggers

in a Liner (Type of Burial Container) Funeral, date, time Mon. April 25 11:00

Church, Chapel, Graveside : Roosdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 91 Grave 9

| | |
|---|---|
| Grave space & Care Fund E-10413 | — |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 848.20 |

Paid receipt number _____

Balance due _____

Refund fees if not by Sept or pay 2 pay

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228772

I hereby authorize the interment in lot I hold under deed.

Signature: Ruby Johnson

Ruby Johnson
Print Name

512 N. 29th Street
Address

San Diego, CA 92102
City Zip Code

(619) 236-1059
Telephone

Invoice # _____

Acct. # _____

Work Order # E 19074

Paulette

REA-10 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19074

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | Thompson | | |
| | | Crews | x | Griffin | Josey | |
| | | Estrada | Jordan | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4-22

Interment space for: Willie M. Stigger

Interment Date: Mon 4/25 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 91 Gr: 9

Grave Laid out by: KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: DAVID Date: 4-22-09

E19074

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Willie | Mae | Stiggers | 04/05/1913 | 04/17/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Ruby Johnson, Daughter<br>512 N. 29th Street<br>San Diego, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|
| ▶ B. Campbell | 04/22/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/25/2005<br>B. Campbell ▶ | 2506971 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4/25/05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Kenneth Collins | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

~~AT NEED~~ Preneed

Date 4-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For MARTHA BOOKER ⊗ Pin# 229705

In a N/A (Type of Burial Container) Funeral, date, time NO TIME OR DATE

Church, Chapel, Graveside _____ : SD MEMORIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 0 Section 4 Blk/Row _____ Lot 214 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 330.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 116.00 |
| Burial Container N/A | — |
| Handling Fees | — |
| Flower vases - Marker setting fee 12X24 MARKER | 138.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | — |
| Total Due | 634.00 |
| Paid receipt number R-58762 | 634.00 |
| Balance due | Ø |

PAID

APR 20 2005

MOUNT HOPE CEMETERY

MART. 2. PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # See attached for signature

Acct. # _____

PAULETTE Res. fee

Work Order # E 19075

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19075

# MT HOPE CEMETERY

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: Martha Booker

Interment Date: _____ Time: _____

Div: 8 Sect: 4 Blk/Row: _____ Lot: 214 Gr: 1

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

I returned call

E 19075

# MT. HOPE CEMETERY
## INITIAL 1st CALL SHEET

DATE / TIME RECEIVED CALL: 4/13/05 8:40AM

CALL TAKEN BY: Paulette

**RECEIVED CALL FROM:**

☒ MORTUARY NAME: SD Memorial
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: SHEILA Joseph
TELEPHONE NUMBER:
RELATIONSHIP TO DECEASED:

**NAME OF DECEASED:**

LAST NAME: Booker
FIRST NAME: Martha INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

**FUNERAL SERVICE:**
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE:
DATE OF SERVICE: TIME OF SERVICE:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

CEMETERY PROPERTY: ☒ A/N ☐ P/N ☐ P/N Trust

Veh Garden DIV: 8 SECT: 4 BLK/ROW: LOT: GR:
☐ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

**CEMETERY SERVICE:**
TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS:

$496.00 + 138.00 = $634.00

12x24

04-19-2005 11:32 SD MT. HOPE CEMETERY → SD MEMORIAL

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 4-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For MARTHA BUOKER

in a N/A (Type of burial container) Funeral, date, time NO TIME

Church, Chapel, Graveside SD MEMORIAL (Mortuary)

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division B Section 4 Bin/Row _____ Lot 214 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 330.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 116.00 |
| Burial Container N/A | — |
| Handling Fees | — |
| Flower vases Marker setting fee 12X24 MARKER | 138.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | — |
| Total Due | 634.00 |
| Paid receipt number | — |
| Balance due | — |

MBRT. 2. pay

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot / Hold under deed.

Signature

Jewel Daniels Pg 229704

Name

2754 E. ST.

Address

S.D. CA 92102

City Zip Code

619-696-7373

Telephone

PAWETTE

Invoice # _____

Work Order # E 19075

Recd. # _____

This information is available in alternative formats upon request.

E19075

FORM 51

L

Lot 205 thru 216 SEC 4 DIV 8

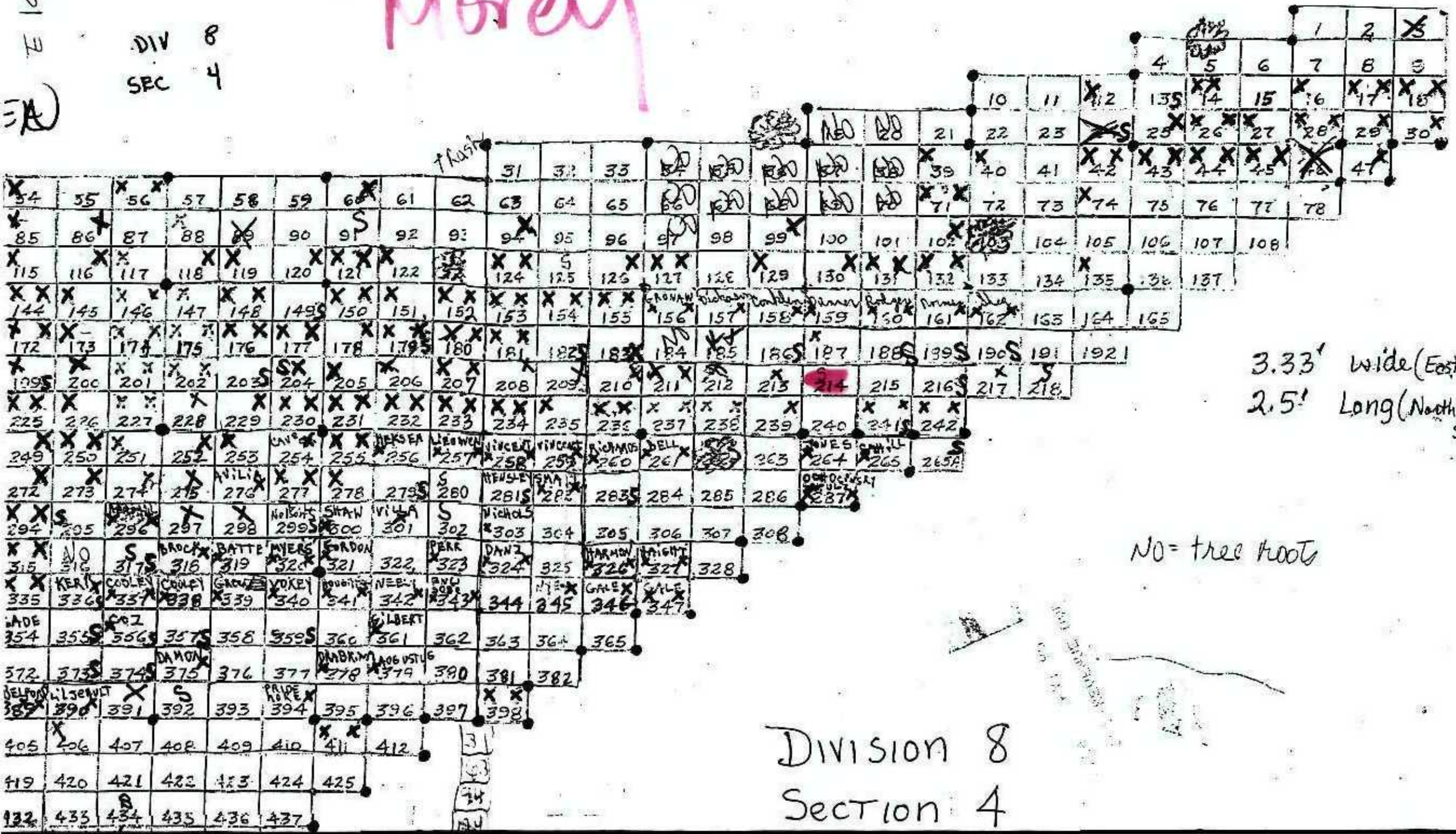
| | DECEASED | OWNER |
|---|---|---|
| 205 | GARDNER, Earl Hall ☒ B<br>GARDNER, Lily ☒ A | Jeanette Jones |
| 206 | McCRAY, LaDONNA ☒ | Gray, Angela |
| 207 | COFFEY, Albert R. ☒ B<br>COFFEY, Julia A. A ⊗ | COFFEY, Albert R. |
| 208 | | " " |
| 209 | JACOBS, RUTH JANE | JACOBS, Peter D. |
| 210 | JACOBS, Peter Dalton B (X)<br>JACOBS, Mary A. ☒ A | JACOBS, Peter D. |
| 211 | HOPPER, Theodore D. ☒ B<br>HOPPER, Gertrude M. A | Hopper, Theodore D. |
| 212 | LOWE, BETTY ☒ | Castrejon, Miguel |
| 213 | SWAN, FERN MARCELINE ☒ | ESTATE OF |
| 214 | | |
| 215 | | |
| 216 | | WHITE, Mary Ellen |

TAYLO

E 190 75

DIV 8
SEC 4

Morey




3.33' wide (East & West)
2.5' Long (North & South)

Division 8
Section 4

(Res)
PRE-Need
urn-Garden

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-need For Delia Soto Dewitt-Pre Need

In a urn Garden (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 100 Grave _____

| | | |
|---|---|---|
| Grave space & Care Fund | LOT | $ 330.00 |
| Overtime/Late Arrival Fees | | — |
| Opening/Closing & Setup | | 116.00 |
| Burial Container | | — |
| Handling Fees | | — |
| Flower vases – Marker setting fee | | — |
| Recording/Filing/Transfer Fees | | 50.00 |
| Sales taxes | | — |
| Total Due | | $ 496.00 |
| Paid receipt number R-58763 | | $ 496.00 |
| Balance due | | 0 |

PAID
APR 20 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X EX HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228753 - owner

X James A. deWitt
Print Name

X 8551 Neva Ave
Address

X San Diego CA 92123
City Zip Code

X 858 571 7950
Telephone

I hereby authorize the interment in lot I hold under deed.

X James A. deWitt
Signature

Invoice # _____

Work Order # E 19076

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

AT-Need
(Res)
TS Vault

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Warner Machele Prenters II 228793

in a TS Vault (Type of Burial Container) Funeral, date, time Tues, May 3rd, 05 10:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ L.P. x will be applied and billed to undersigned. $165.00

Division 12 Section 2 Blk/Row _____ Lot 108 Grave 7

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $1,948.31 |
| Paid receipt number R-58784 | 1948.31 |
| Balance due | 0 |

PAID
APR 28 2005
MOUNT HOPE CEMETERY

Mortuary To pay

I hereby certify I am the x Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228794

I hereby authorize the interment in lot I hold under deed.

x Lorraine Prenters
Signature

Sandra

x Lorraine Prenters
Print Name

x 3822 Z street
Address

x San Diego CA. 92113
City Zip Code

x 619 263-7937
Telephone

623 218-7985 cell

Invoice # _____

Work Order # E 19077

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19077

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | Mildred Conquest | | |
| | | | X | | Dee Edward Cook | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-28-05

Interment space for: Warner M. Prenters

Interment Date: Tues MAY 3rd 2005 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 108 Gr: 7

Grave Laid out by: Norman Fenger

Agrees with Legal Card: ☒ Yes ☐ No Flagged

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-2-05

E19077

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Warner | Machele | Prenters, II | 11/27/1984 | 04/18/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Lorraine Prenters, Mother<br>3822 Z Street<br>San Diego, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|
| ▶ B. Campbell | 04/27/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/27/2005<br>B. Campbell | 2507183 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery, 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>5-3-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-need (RES)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Henry Davis JR 228776

in a Liner (Type of Burial Container) Funeral, date, time monday, April 25th, 05 12:30

Church, Chapel, Graveside ; SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ X

will be applied and billed to undersigned.

Division 12 Section 7 Blk/Row Lot 63 Grave 10

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container Liner | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,833.20 |
| Paid receipt number R 58767 | 1,833.20 |
| Balance due | 0 |

PAID APR 22 2005 MOUNT HOPE CEMETERY

mort. To pay

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

X
Print Name

X
Address

X
City

X
Telephone

Zip Code

see attach

Invoice #

Work Order # E 19078

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

SD MT. HOPE CEMETERY → SD MEMORIAL

AT-need (Res)

E19078

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Davis in a Liner (Type of Burial Container) Funeral, date, time monday April 25th 05 12:30 Church, Chapel, Graveside, SD Memorial Mortuary.

All Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row ____ Lot 63 Grave 10

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,833.20 |
| Paid receipt number R 58767 | 1,833.20 |
| Balance due | 0 |

PAID APR 22 2005 MOUNT HOPE CEMETERY

mort. To pay

I hereby certify I am the ✗ Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228777

I hereby authorize the interment in lot I hold under deed.

✗ Henn Davis
Signature

✗ Henrietta Davis
Print Name
✗ 904 Las Flores Terr.
Address
✗ San Diego, CA 92114
City Zip Code
✗ 619.501.9952
Telephone

Invoice # ____

Work Order # E 19078

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19078

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Robert Wayne Savela | X | Luke Davis SR | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-22

Interment space for: William Davis

Interment Date: Monday April 25th, 05 Time: 12:30

Div: 12 Sect: 1 Blk/Row: _____ Lot: 63 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4-22-05

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19078

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| WILLIAM | HENRY | DAVIS JR. | 03/08/1919 | 04/15/2005 | M |

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: HENRIETTA DAVIS-DAUGHTER 404 LAS FLORES TERRACE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1575

8A. SIGNATURE OF APPLICANT—Person taking permit: Ronnie Pryor

8B. DATE SIGNED: 04/20/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: 04/21/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2506864 R. PRYOR

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED: 4-25-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: Kim F Jamison | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need
NON-RES

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lottie M. Moore 215425

in a TS Vault (Type of Burial Container) Funeral, date, time Tues April 26th 10:30

Church, Chapel, Graveside Family witness only ; Featheringill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 3093 Grave 1

| | |
|---|---|
| Grave space & Care Fund D-7897 (1977) | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 549.00 |
| Burial Container TS Vault | 366.00 |
| Handling Fees | 271.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 28.37 |
| Total Fees | $ 1,280.37 |
| Paid receipt number pd by VISA | $ 1,280.37 |
| Balance due | 0 |

PAID
APR 20 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228773

I hereby authorize the interment in lot I hold under deed.

X Lee Moore
Signature

X LEE MOORE
Print Name

X 6810 CLAREMONT AVE
Address

X SAN DIEGO 92120
City Zip Code

X 619-287-7872
Telephone

Invoice # _____

Work Order # E 19079

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

ORDER E19079

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-15 1977

CHARGE Lottie M. Moore

ADDRESS 4930 Clearview Way, La Mesa, CA 92041

NAME OF DECEASED Pre-need

OWNER Lottie M. Moore

ADDRESS Same

MORTUARY

| | | |
|---|---|---|
| LOT 3093 GR ROW SEC DIV 10 | $200 | 00 |
| OPENING TIME DAY DATE | | |
| VAULT BOX SIZE | | |
| REMOVAL OR FOUNDATION VET. | | |
| TOTAL | $200 | 00 |
| PAID RECEIPT NUMBER 24494 | | |
| BALANCE | | |

PAID
MAR 15 1977
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Flush marker only

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

# 8838

AUTHORIZED
IN PERSON
PHONE BY mail

ORDER TAKEN BY O. E. Buford

W.O. NO. D 7897

INVOICE NO. Cash

FORM PR-974 REV.

MT HOPE CEMETERY E 19079

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Lottie Mitchell | | X | Martha Edlund | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-22-05

Interment space for: Lottie M. Moore

Interment Date: ~~April 26, 05~~ Tues Time: ~~10:30~~ 10:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3093 Gr: 1

Grave Laid out by: CWarren

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: ____

Flagged

E19079

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Lottie | Mea | Moore | 02/13/1924 | 04/19/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Lee A. Moore (Son)<br>6810 Charemore Ave.<br>San Diego, CA 92120 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Featheringill Mortuary: 6322 El Cajon Bl.<br>San Diego, CA 92115 | FD-1083 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ M Dominguez | 8B. DATE SIGNED: 04/22/2005 |
|---|---|---|---|

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID: 11.00 | 9B. DATE PERMIT ISSUED: 04/22/2005<br>M. Dominguez | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2506949 ▶ |
|---|---|---|---|---|

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetary: 3751 Market St.<br>San Diego, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

# INTERMENT ORDER

AT NEED
IN grave of Sierra & F. Suyako Uyeda

City of San Diego

Date 4/21/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARL UYEDA ⊗ 228833

in a ASH VAULT (Type of Burial Container) Funeral, date/time SAT. MAY 7th 2005 10:00

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 11 Blk/Row _____ Lot 164 Grave 1

| | |
|---|---|
| Grave space & Care Fund A. 3201 | ⊖ |
| Overtime/Late Arrival Fees SAT. FEES | 231.00 |
| Opening/Closing & Setup | 116.00 |
| Burial Container | 81.00 |
| Handling Fees | 66.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 4.73 |
| Total Due | ~~528.73~~ |
| Paid receipt number M/C | 528.73 |
| Balance due | ⊖ |

PAID
APR 21 2005
MOUNT HOPE CEMETERY

M.H. Res Fee

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

224962

I hereby authorize the interment in lot I hold under deed.

Kenneth Uyeda
Signature

KENNETH UYEDA
Print Name

4077 GRAS VENTRE AVE
Address

SAN DIEGO, CA. 92117
City Zip Code

858-273-2116
Telephone

son - Craig Uyeda 501 978-7303
501 912-0452

Paulette

Invoice # _____

Work Order # E 19080

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Inquire of Tom Uyeda

MT HOPE CEMETERY E19080

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Ninomiya | Nakagawa | | | |
| | | Inamura | X | Yamaguchi | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 5-4

Interment space for: CARL UYEDA

Interment Date: 5-7-05 Sat. Time: 10:00 GS.

Div: 7 Sect: 11 Blk/Row: ____ Lot: 164 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Collins Date: 5/4/05

E 19080

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| CARL | KAORU | UYEDA | 07/11/1922 | 04/18/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| LITTLE ROCK | ARKANSAS | CRAIG UYEDA-SON<br>17 HILTON DR.<br>CONWAY, AR 72034 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| ECM-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE.<br>SAN DIEGO, CA 92113 | FD-670 | ▶ | 05/09/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 05/09/2005<br>C GRIER | 2507823 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| - | VITAL RECORDS...PO BOX 85222<br>SAN DIEGO, CA 92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY 3751 MARKET ST.<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-7-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT-Need (RES) In grave with Louie Henderson

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Verna I. Henderson (X) 228783

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday April 29 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2098 Grave _____

| | |
|---|---|
| Grave space & Care Fund D-1700 (1972) | 0 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116.00 |
| Burial Container Ash Vault | 61.00 |
| Handling Fees | 66.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 4.73 |
| Total Due | $ 297.73 |
| Paid receipt number R58764 (over) | $ 297.73 |
| Balance due | 0 |

PAID

APR 21 2005

MOUNT HOPE CEMETERY

9-26-05 Paid in full by VISA AP 760848

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attach

Sandra

CK returned to MT. Hope Cemetery NSF 5/12/05 Letter went out but was sent to the deceased instead of daughter (Florience Henderson) owner

Invoice #

Work Order # E19081

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Visa Card
pd 4/29/05
AP# 760848

Family came in on 4-25-05 and stated on R-58764 they had stopped payment on check. Family did not give reason. on 4-25-05 family pd burial services in full with Visa. Balance due in D Rhanford / Brollini

Check has already left the office

AT-Need
(RES)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Verna I. Henderson (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time Family will call

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2098 Grave _____

| | |
|---|---|
| Grave space & Care Fund | Ø |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 116.00 |
| Burial Container Ash Vault | 61.00 |
| Handling Fees | 66.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 4.73 |
| Total Due | $ 297.73 |
| Paid receipt number R58764 | $ 297.73 |
| Balance due | Ø |

PAID
APR 21 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X [redacted] Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

208548

I hereby authorize the interment in lot I hold under deed.

X Florieca Henderson
Signature

X Florieca Henderson
Print Name

X 1935 Winnett St
Address

X San Diego, CA 9
City Zip Code

X (619) 267-1370
Telephone

287-3046 Joyce

Invoice # _____

Work Order # E 19081

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

(over)

E 19081

# 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| Keith Olen | | | X | Blanche Kyle | | |
| | | | Crapo George | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-27

Interment space for: Verna Henderson (X)

Interment Date: Friday April 29 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2098 Gr: ____

Grave Laid out by: ____

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: ____

7 lagged

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

age 53 E19081

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Verna | Irraine | Henderson | 01/22/1952 | 04/19/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Joyce Henderson, Sister-In-Law<br>6759 Charlene Avenue<br>San Diego, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ [signature] | 04/27/2005 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/28/2005<br>B. Campbell | 2507239 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-29-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>CSI Cremation Services, Inc.; 2570 Fortune Way; Vista, CA 92083 | 12B. DATE CREMATED<br>4/28/05 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E 19081

April 21, 2005

To: Whom it Concerns:

I, Floriece Henderson is the owner of lot # 2098, in division 10, at Mt Hope Cemetry. I give permission to deposit the remains of Verna Henderson in the grave of Louie Henderson.

Floriece Henderson

E 19081

# Certificate of Cremation

This certifies that Verna Irraine Henderson, who died on April 19, Two Thousand Five, was cremated at Cremation Services, Inc. Crematory, 2570 Fortune Way, Vista, California on April 29, Two Thousand Five.

L Schuch

Director of Operations

AT-Need
(Res)
D.I.P.
Dig Extra Deep
Dig Liner

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladis Bryant 228765

in a Liner (Type of Burial Container) Funeral, date, time Tues April 26th, 2005 10:00

Church, Chapel, Graveside christ united presbyterian ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $C.B. X will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row Lot 63 Grave 4

| | |
|---|---|
| Grave space & Care Fund | $485.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| ~~Handling Fees~~ | 160.00 |
| Trion Flower vases - Marker setting fee | 51.63 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | $1,884.83 |
| Paid receipt number R-58765 | $1,884.83 |
| Balance due | 0 |

PAID
APR 21 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228766

I hereby authorize the interment in lot I hold under deed.

X Clarissa W. Bryant
Signature

Sandra

CLARISSA W. BRYANT
X Clarissa W. Bryant
Print Name
X 2149 EVERETT AVE.
Address
X SAN DIEGO 92113-1221
City Zip Code
X 619 238-0609
Telephone

Invoice #

Work Order # E 19082

Acct. #

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19082

# 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.

(DIP) Dig Extra Deep (Liner)

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | Bauer max | Eugene Poulion | X | Taylor morgan | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-22-05

Interment space for: Gladis Bryant

Interment Date: April 26th, 05 Tues Time: 10:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 63 Gr: 4

Grave Laid out by: [illegible]

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

Flagged

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 19082

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| Gladis | - | Bryant | 06/02/1925 | 04/19/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Gladis Everett Bryant, Wife<br>2149 Everett Avenue<br>San Diego, CA 92113 |

| 7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ Blair Campbell | 04/22/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | 11.00 | 04/25/2005<br>B. Campbell | 2506973 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records, P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4 26 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Mike Allen | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E19082

*(CODES): Insert N/A in the items below which are not applicable

**PERSONAL DATA**

1. LAST NAME – FIRST NAME – MIDDLE NAME: BRYANT, GLADIS (MMN)
2. SERVICE NUMBER: 831 72 29
3 a. GRADE, RATE OR RANK: CS1(SS) (E-6)
3 b. DATE OF RANK (Day, Month, Year): 16 Nov 61
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: Navy USN
5. PLACE OF BIRTH (City and State or Country): Slocomb, Alabama
6. DATE OF BIRTH: DAY 01 MONTH June YEAR 25
7 a. RACE: NA
7 b. SEX: Male
8 a. COLOR HAIR: Black
8 d. COLOR EYES: Brown
8 e. HEIGHT: 71"
8 f. WEIGHT: 175
8 g. U.S. CITIZEN: [X] YES [ ] NO
9. MARITAL STATUS: Married
10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: High School (08)
10 b. MAJOR COURSE OR FIELD: General

**TRANSFER OR RELEASE DATA**

11 a. TYPE OF TRANSFER OR DISCHARGE: RELEASE FROM ACTIVE MILITARY SERVICE
11 b. STATION OR INSTALLATION AT WHICH EFFECTED: U. S. NAVAL STATION, SAN DIEGO, CALIFORNIA
11 c. REASON AND AUTHORITY: TRANSFER TO FLEET RESERVE - 232 - BUPERS MANUAL ART C-1340 & BUPERS LTR PERS-E314-DV:mmh of 14 Oct 1964
11 d. EFFECTIVE DATE: DAY 10 MONTH Feb YEAR 65
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: VU-3, NAB, North Island, San Diego, Calif.
13 a. CHARACTER OF SERVICE: HONORABLE
14. TYPE OF CERTIFICATE ISSUED: NP 632 & DD217N

**SELECTIVE SERVICE DATA**

14. SELECTIVE SERVICE NUMBER: NOT APPLICABLE
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: NOT APPLICABLE
16. DATE INDUCTED: DAY MONTH YEAR
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: NAVAL RESERVE MANPOWER CENTER, BAINBRIDGE, MARYLAND

**SERVICE DATA**

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY MONTH YEAR NOT APPLICABLE
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION & SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [X] REENLISTED [ ] OTHER
b. TERM OF SERVICE (Years): 04
c. DATE OF ENTRY: DAY 19 MONTH Apr YEAR 60
20. PRIOR REGULAR ENLISTMENTS: Four
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: CS2(SS)
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): San Francisco, California
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): Rt #1, Box 291, Slocomb, Geneva, Alabama
24. STATEMENT OF SERVICE

| | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 04 | 09 | 22 |
| | (2) OTHER SERVICE | 16 | 03 | 11 |
| | (3) TOTAL (Line (1) + line (2)) | 21 | 01 | 03 |
| b. TOTAL ACTIVE SERVICE | | 21 | 00 | 26 |
| c. FOREIGN AND/OR SEA SERVICE | | 02 | 09 | 04 |

25 a. SPECIALTY NUMBER AND TITLE: 0000/0000
25 b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: Commissary Man (Any Ind) 0-72.55
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: SILVER STAR FOR GOOD CONDUCT, 6th AWARD FOR PERIOD ENDING 2 Aug 62
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): None
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

| SCHOOL OR COURSE a | DATES (From - To) b | MAJOR COURSES c |
|---|---|---|
| CS"B" Pkg #1 | 10/24/61-11/9/61 | None |

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NTC CS1&C

**VA DATA**

30 a. GOVERNMENT LIFE INSURANCE IN FORCE: [ ] YES [ ] NO
b. AMOUNT OF ALLOTMENT:
c. MONTH ALLOTMENT DISCONTINUED:
31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify Dpt):
b. VA CLAIM NUMBER: C-

**AUTHENTICATION**

32. REMARKS: TRANSFERRED TO THE FLEET RESERVE, CLASS E-6, AND RELEASED FROM ACTIVE DUTY ON 10 FEB 1965 AT SAN DIEGO, CALIFORNIA. RECOMMENDED FOR REENLISTMENT. NUMBER OF DAYS LEAVE PAID: 10½. EXCESS LEAVE: NONE. TIME LOST: NONE. SOCIAL SECURITY NUMBER: 417 22 4770 *EXTENDED ENLISTMENT FOR TWO (2) FULL YEARS.
X X X X X X X
33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): 3604 N. Commercial Ave., Portland 17, Oregon
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Gladis Bryant
35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: M. E. CRIL, CHIEF POLK, USN, SEPARATIONS OFFICER
b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN:

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

E19082

LEGEND: Insert N/A to the items below which are not applicable.

**PERSONAL DATA**

1. LAST NAME - FIRST NAME - MIDDLE NAME: BRYANT, Gladis (n)
2. SERVICE NUMBER: 831 72 29
3a. GRADE, RATE OR RANK: CS2(SS)
b. DATE OF RANK (Day, Month, Year): 16 JUN 45
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: NAVY - USN
5. PLACE OF BIRTH (City and State or Country): Slocomb, Alabama
6. DATE OF BIRTH: DAY 1 MONTH JUNE YEAR 25
7a. RACE: Negroid
b. SEX: Male
c. COLOR HAIR: Black
d. COLOR EYES: Brown
e. HEIGHT: 71"
f. WEIGHT: 168
g. U.S. CITIZEN: [X] YES [ ] NO
9. MARITAL STATUS: Separated
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: High School - 2
b. MAJOR COURSE OR FIELD: Vocational

**TRANSFER OR DISCHARGE DATA**

11a. TYPE OF TRANSFER OR DISCHARGE: Discharged
b. STATION OR INSTALLATION AT WHICH EFFECTED: San Francisco Naval Shipyard, San Francisco, California
c. REASON AND AUTHORITY: Art. C-0306, BuPers Manual - 313 - To immediately reenlist
d. EFFECTIVE DATE: DAY 18 MONTH APRIL YEAR 60
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: NAVSHIPYD, SFRAN Temp. Connection USS MACARI (SS 375)
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: DD256N, DD227N

**SELECTIVE SERVICE DATA**

14. SELECTIVE SERVICE NUMBER: NONE
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: Not Available
16. DATE INDUCTED: DAY Not MONTH Applicable YEAR
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: Not Applicable

**SERVICE DATA**

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY NONE MONTH YEAR
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [X] REENLISTED [ ] OTHER:
b. TERM OF SERVICE (Years): 06
c. DATE OF ENTRY: DAY 23 MONTH FEB YEAR 55
20. PRIOR REGULAR ENLISTMENTS: 3
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: SD2(SS)
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Long Beach, California
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): Slocomb, Geneva, Alabama
24a. SPECIALTY NUMBER AND TITLE: CS2(SS)
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER:

| 24. STATEMENT OF SERVICE | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 05 | 01 | 26 |
| | (2) OTHER SERVICE | 11 | 02 | 15 |
| | (3) TOTAL (Line (1) + line (2)) | 16 | 03 | 11 |
| b. TOTAL ACTIVE SERVICE | | 16 | 03 | 04 |
| c. FOREIGN AND/OR SEA SERVICE | | 03 | 07 | 20 |

25. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NONE
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

| SCHOOL OR COURSE a | DATES (From - To) b | MAJOR COURSES c |
|---|---|---|
| Commissaryman "B" | 21Jun57-4Oct57 | Commissary Inst. |

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NTC for SD1, NTC for CS2, Bakers Handbook, NTC for CS1, GTC for PO's, BUD Mil Req PO1&2

**VA DATA**

30a. GOVERNMENT LIFE INSURANCE IN FORCE: [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: NOT APPLICABLE
c. MONTH ALLOTMENT DISCONTINUED: NOT APPLICABLE
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type): NONE
b. VA CLAIM NUMBER: C-NOT APPLICABLE

**AUTHENTICATION**

32. REMARKS

Reenlisted in the U.S. Navy 19 April 1960 at San Francisco Naval Shipyard, San Francisco, California.

PAID MEMBER REENLISTMENT BONUS UNDER SECTION 208, CCA of 1949 FOR THIRD REENLISTMENT IN AMOUNT $299.11. 4/19/60 (NOP PREV PAID )

D. HINZ, LTJG,SC,USN

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): Route #1, Box 291 Slocomb, Geneva, Alabama
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Gladis BRYANT
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: M.L.HUFFMAN, LT, USN, NAVPERSHPT
b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN:

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED

Date 4 - 22 - 05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Curtis Bolton 228774

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Weds. April 27th 10:00

Church (Chapel) Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 56 Grave 1

| | |
|---|---|
| Grave space & Care Fund | 985.- |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.- |
| Burial Container | 418.- |
| Handling Fees | 352.- |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 32.40 |
| Total Due | 2,250.40 |
| Paid receipt number R-58766 | 2250.40 |
| Balance due | Ø |

PAID
APR 22 2005
MOUNT HOPE CEMETERY

VA-DD214 VERIFIED
RES FEE

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228775

I hereby authorize the interment in lot I hold under deed.

Dollie M. Bolton
Signature

Dollie M. Bolton
Print Name
235 Santa Rosalia Dr
Address
San Diego
City
CA. 92114
Zip Code
Telephone (619) 263-1356

Paulette

Work Order # E 19083

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19083

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | McCune | Knittel | | | |
| | | Graham | x | Gray | Manus | |
| | | | | Cuglione | Duarte | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4-26

Interment space for: Curtis Bolton

Interment Date: 4-27-05 Time: 10:00 weds

Div: 11 Sect: 1 Blk/Row: ____ Lot: 56 Gr: 1

Grave Laid out by: C Darling

Agrees with Legal Card: ☑ Yes ☐ No Fray

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Hesiger Date: 4-25-05

E 19083

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Curtis | - | Bolton | 05/18/1929 | 04/20/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Dollie Bolton, Wife<br>235 S. Santa Rosalia Drive<br>San Diego, CA 92114 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 | ▶ Blan Campbell | 04/26/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| 11.00 | 04/26/2005<br>B. Campbell | 2507132 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4-27-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ Mike Allen | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

File Copy

E 19083

NEFR

LEGEND: Insert N/A in the items below which are not applicable

**PERSONAL DATA**

| 1. LAST NAME - FIRST NAME - MIDDLE NAME | 2. SERVICE NUMBER | 3a. GRADE, RATE OR RANK | b. DATE OF RANK (Day, Month, Year) |
|---|---|---|---|
| Bolton, Curtis | RA 14 296 800 | Sgt (T) | 23 Apr 56 |

| 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS | 5. PLACE OF BIRTH (City and State or Country) | 6. DATE OF BIRTH | DAY | MONTH | YEAR |
|---|---|---|---|---|---|
| ARMY RA Inf | Memphis, Tennessee | | 18 | May | 29 |

| 7a. RACE | b. SEX | c. COLOR HAIR | d. COLOR EYES | e. HEIGHT | f. WEIGHT | 8. U.S. CITIZEN | 9. MARITAL STATUS |
|---|---|---|---|---|---|---|---|
| Negroid | Male | Black | Brown | 71" | 145 | ☒ YES ☐ NO | Married |

| 10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED | b. MAJOR COURSE OR FIELD |
|---|---|
| High School - 2 yrs | Academic |

**TRANSFER OR DISCHARGE DATA**

| 11a. TYPE OF TRANSFER OR DISCHARGE | b. STATION OR INSTALLATION AT WHICH EFFECTED |
|---|---|
| Discharge | Fort Riley, Kansas |

| c. REASON AND AUTHORITY | d. EFFECTIVE DATE | DAY | MONTH | YEAR |
|---|---|---|---|---|
| Para 2 AR 635-205 SPN 741 & DA Cir 635-2 dtd 19 Aug 57 | | 17 | Oct | 57 |

| 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND | 13a. CHARACTER OF SERVICE | b. TYPE OF CERTIFICATE ISSUED |
|---|---|---|
| Co A 2nd Battle Gp, 2nd Inf | HONORABLE | DD Form 256A |

**SELECTIVE SERVICE DATA**

| 14. SELECTIVE SERVICE NUMBER | 15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE | 16. DATE INDUCTED | DAY | MONTH | YEAR |
|---|---|---|---|---|---|
| NA NA NA NA | NA | | NA | NA | NA |

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

NA

**SERVICE DATA**

| 18. TERMINAL DATE OF RESERVE OBLIGATION | DAY | MONTH | YEAR |
|---|---|---|---|
| | NA | NA | NA |

19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: ☐ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☒ REENLISTED ☐ OTHER:

| b. TERM OF SERVICE (Years) | c. DATE OF ENTRY | DAY | MONTH | YEAR |
|---|---|---|---|---|
| 6 | | 24 | Oct | 56 |

| 20. PRIOR REGULAR ENLISTMENTS | 21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE | 22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) |
|---|---|---|
| 2 | Pvt-2 | Ft. Lewis, Washington |

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)

1607 May Street,
Memphis (Shelby) Tennessee

| 24. STATEMENT OF SERVICE | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 0 | 11 | 24 |
| | (2) OTHER SERVICE | 7 | 11 | 13 |
| | (3) TOTAL (Line (1) + Line (2)) | 8 | 11 | 7 |
| b. TOTAL ACTIVE SERVICE | | 8 | 11 | 7 |
| c. FOREIGN AND/OR SEA SERVICE | | 0 | 0 | 0 |

| 25a. SPECIALTY NUMBER AND TITLE | b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER |
|---|---|
| 111.10 Lt Wpns Inf | NA |

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NONE

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

NONE

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

| SCHOOL OR COURSE a | DATES (From - To) b | MAJOR COURSES c |
|---|---|---|
| NONE | NA | NA |

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

NONE

**VA DATA**

| 30a. GOVERNMENT LIFE INSURANCE IN FORCE | b. AMOUNT OF ALLOTMENT | c. MONTH ALLOTMENT DISCONTINUED |
|---|---|---|
| ☐ YES ☒ NO | NA | NA |

| 31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) | b. VA CLAIM NUMBER |
|---|---|
| NA | C. NA |

**AUTHENTICATION**

32. REMARKS

Para 9 AR 601-210 Applies.
Item 3a--Pvt-2(P) Aptd 5 Feb 57, Date of Rank, 20 Oct 49.
Item 3b--Date of Appointment 5 Feb 57.
No time lost under Sec 6(a) App 2b MCM 1951. Blood Group "A".
Excess Leave - 10 Days.

| 33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) | 34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED |
|---|---|
| Same as Item #23 | + Curtis Bolton |

| 35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER | b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN |
|---|---|
| HARVEL M THARP, Capt, WAC Act Asst AG | Harvel M Tharp |

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 53, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

2

At Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Noble Bell 228767

in a Liner (Type of Burial Container) Funeral, date, time Tues. April 26th 2:00

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 132 Grave 11

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| *Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases - Marker setting fee | 138.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 16.20 |
| Total Due | 1971.20 |
| Paid receipt number R-58770 | 1971.20 |
| Balance due | Ø |

PAID

APR 22 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Kate G. Bell

228768 Kate G. Bell
Print Name

411 N. 46th
Address

San Diego 92102
City Zip Code

619 262 8767
Telephone

Paulette

Invoice # _____

Work Order # E 19084

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E19084

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Groves | x | Jones | Gales | |
| | | | Booker | | | |
| | | | Edwards | | | |

Blind Check Initiated By: Paulette Date: 4/25

Interment space for: Charles Noble Bell

Interment Date: 4-26-05 Time: 2:00 G.S.

Div: 11 Sect: 1 Blk/Row: ____ Lot: 132 Gr: 11

Grave Laid out by: C Warren

Agrees with Legal Card: ☒ Yes ☐ No Map

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 4/25/05

E 190084

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Charles | Noble | Bell, Jr. | 08/14/1918 | 04/19/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| La Mesa | San Diego | Kate Bell, Wife<br>411 N. 46th Street<br>San Diego, CA 92102 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| Anderson-Ragsdale Mortuary; 5050 Federal Blvd<br>San Diego, CA 92102 | FD-1329 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | ▶ [illegible] | 04/25/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | 0<br>11.00 | 04/25/2005<br>B. Campbell | 2507028<br>▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| Vital Records; P.O. Box 85222<br>San Diego, CA 92102 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery; 3751 Market Street<br>San Diego, CA 92102 | 11B. DATE BURIED<br>4.26.05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [illegible] |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ |

| | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |
|---|---|
| SCATTERING/BURIAL AT SEA OR 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.

# ENLISTED RECORD AND REPORT OF SEPARATION E19084

## HONORABLE DISCHARGE

| 1. LAST NAME - FIRST NAME | 2. MIDDLE INITIAL | 3. ARMY SERIAL NO. | 4. GRADE | 5. ARM OR SERVICE | 6. COMPONENT |
|---|---|---|---|---|---|
| BELL CHARLES N | | 39 759 709 | PVT | QMC | AUS |

| 7. ORGANIZATION | 8. DATE OF SEPARATION | 9. PLACE OF SEPARATION |
|---|---|---|
| 2057TH QM TRK CO | 27 OCT 45 | SEP CEN FT MACARTHUR CALIF |

| 10. PERMANENT ADDRESS FOR MAILING PURPOSES | 11. DATE OF BIRTH | 12. PLACE OF BIRTH |
|---|---|---|
| 3044 IMPERIAL AVE SAN DIEGO CALIF | 14 AUG 17 | DENVER COLO |

| 13. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT | 14. COLOR EYES | 15. COLOR HAIR | 16. HEIGHT | 17. WEIGHT | 18. NO. DEPEND. |
|---|---|---|---|---|---|
| SEE 9 | BROWN | BLACK | 5' 2" | 117 LBS | 0 |

| 19. RACE | | | 20. MARITAL STATUS | | | 21. U.S. CITIZEN | | 22. CIVILIAN OCCUPATION AND NO. |
|---|---|---|---|---|---|---|---|---|
| WHITE | NEGRO | OTHER (Specify) | SINGLE | MARRIED | OTHER (Specify) | YES | NO | SALESPERSON GENERAL 1-57.71 |
| | X | | X | | | X | | |

### MILITARY HISTORY

| 23. DATE OF INDUCTION | 24. DATE OF ENLISTMENT | 25. DATE OF ENTRY INTO ACTIVE SERVICE | 26. PLACE OF ENTRY INTO SERVICE |
|---|---|---|---|
| 16 JUN 41 | | 16 JUN 41 | LOS ANGELES CALIF |

| SELECTIVE SERVICE DATA | 27. LOCAL U.S. BOARD NO. | 28. COUNTY AND STATE | 29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE |
|---|---|---|---|
| YES X NO | 163 | SAN DIEGO CALIF | SEE 9 |

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.: CLERK NON TYPIST 055

31. MILITARY QUALIFICATION AND DATE (I.e., Infantry, Aviation and marksmanship badges, etc.): MARKSMAN RIFLE M 03

32. BATTLES AND CAMPAIGNS: NONE

33. DECORATIONS AND CITATIONS: GOOD CONDUCT MEDAL AMERICAN CAMPAIGN MEDAL EUROPEAN AFRICAN MIDDLE EASTERN CAMPAIGN MEDAL

34. WOUNDS RECEIVED IN ACTION: NONE

35. LATEST IMMUNIZATION DATES

| SMALLPOX | TYPHOID | TETANUS | OTHER (Specify) |
|---|---|---|---|
| JUN 43 | AUG 45 | JUN 44 | TYPHUS AUG 43 |

36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN

| DATE OF DEPARTURE | DESTINATION | DATE OF ARRIVAL |
|---|---|---|
| 4 SEP 43 | EUROPEAN THEATER | 23 SEP 43 |
| 26 AUG 45 | UNITED STATES | 31 AUG 45 |

37. TOTAL LENGTH OF SERVICE

| CONTINENTAL SERVICE | | | FOREIGN SERVICE | | | 38. HIGHEST GRADE HELD |
|---|---|---|---|---|---|---|
| YEARS | MONTHS | DAYS | YEARS | MONTHS | DAYS | |
| 2 | 4 | 25 | 1 | 11 | 27 | CPL |

39. PRIOR SERVICE: NONE

40. REASON AND AUTHORITY FOR SEPARATION: CONVENIENCE OF THE GOVERNMENT RR1-1 (DEMOBILIZATION) AR 615-365 15 DEC 44

41. SERVICE SCHOOLS ATTENDED: CLERICAL 3 WEEKS SEP 41

42. EDUCATION (Years): Grammar 8 | High School 4 | College 1

### PAY DATA

| 43. LONGEVITY FOR PAY PURPOSES | | | 44. MUSTERING OUT PAY | | 45. SOLDIER DEPOSITS | 46. TRAVEL PAY | 47. AMOUNT | NAME OF DISBURSING OFFICER |
|---|---|---|---|---|---|---|---|---|
| YEARS | MONTHS | DAYS | TOTAL | THIS PAYMENT | | | | |
| 4 | 4 | 12 | $300 | $100 | None | $7.55 | $2,322.05 | F MURRAY MAJ FD |

Vol 11906

### INSURANCE NOTICE

IMPORTANT — IF YOU DO NOT PAY WITHIN ONE OF WITHIN THREE MONTHS FROM THE DATE HEREOF, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO CONVENIENT REPRESENTATIVE, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

| 48. KIND OF INSURANCE | | | 49. HOW PAID | | 50. Effective Date of Allotment | 51. Date of next premium due (One month after 50) | 52. PREMIUM DUE EACH MONTH | 53. INTENTION OF VETERAN TO | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Nat. Serv. | U.S. Govt. | None | Allotment | Direct to V.A. | | | | Continue | Continue Only | Discontinue |
| X | | | X | | 31 Oct 45 | 30 Nov 45 | $6.70 | X | $ | |

54. [illegible] RIGHT THUMB PRINT

55. REMARKS (This space for completion of above items or entry of other items specified by W. D. Directives): ASR SCORE (2 SEP 45)-75 LAPEL BUTTON ISSUED

56. SIGNATURE OF PERSON BEING SEPARATED: [illegible]

57. PERSONNEL OFFICER (Type name, grade and organization - signature): M E HOFT 1ST LT AC

WD AGO Form 53-55 1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

2 FINAL INDORSEMENT COPY (Affixed to final indorsement page of Service Record)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 04-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Danielle Stewart (228785

in a Liner (Type of Burial Container) Funeral, date, time SAT. APRIL 30 1:00

Church, Chapel, Graveside SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 72 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees SAT. FEE | 600.00 |
| 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 | 2,493.20 |
| Paid receipt number R-58781 | 2,493.20 |
| Balance due | ~~0~~ |

PAID APR 28 2005 MOUNT HOPE CEMETERY

Res. fee MORT. 2 Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. $2.00 credit

pd billed 6-5-05

pd $167.00 R-58914

$100.00 credit

Billed for late arrival fees 5-2-05

Paulette

Signature

Print Name

Address

City Zip Code

Telephone

Signature attached

Invoice # _____

Work Order # E 19085

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 04-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Danielle Stewart / 228785

in a Liner (Type of Burial Container) Funeral, date, time SAT. APRIL 30 1:00

Church, Chapel, Graveside SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 72 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees SAT. FEE | 600.00 |
| 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 | 2,493.20 |
| Paid receipt number R-58781 | 2,493.20 |
| Balance due | 0 |

PAID APR 28 2005 MOUNT HOPE CEMETERY

Res. fee MORT. 2 Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. $2.00 credit

pd billed 6-5-05

pd $167.00 R-58914

$600 credit

Billed for late arrival fees 5-2-05

Paulette

Signature

Print Name

Address

City Zip Code

Telephone

Signature attached

Invoice # _____

Work Order # E 19085

Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

ARRIVED AT 3:18 PM

MT HOPE CEMETERY E 19085

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Haywood | Grams | Bryant | | | |
| | Sullivan | ~~Jeff~~ Lynch | X | | Williams | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4/28

Interment space for: Danielle Stewart

Interment Date: SAT. 4-30-05 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 72 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 4-28-05

E 19085

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| DANIELLE | ANTOINETTE | STEWART | 03/25/1976 | 04/19/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | BARBARA BERRY-MOTHER 9118 BARNEVELD ST. SPRING VALLEY, CA 91977 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104 | FD-1575 | ▶ | 04/22/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/22/2005 R. PRYOR | 2506937 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222 | – |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 4 30 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E 19085

FAX
04/26/2005
2010 gl

MT HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 04-25-05

Attached

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dunie M. Stewart Funeral, date, time SAT. APRIL 30 1:00

in a Liner (type of casket or urn) SD Memorial 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

Division 12 Section 2 Blk/Row Lot 72 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees SAT. FEE | 1200.00 |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower Vases – Marker setting fee | 50.00 |
| Recording/Filing/Transfer Fees | 16.20 |
| Sales taxes | |
| Total Due | 2,033.20 |

Pres. fee
Mkr. 2 Pay

Paid receipt number

Balance due

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under deed.

Reginald Stewart

Paulette

Work Order # E 19085

Print Name: Reginald Stewart 228784

Address: 360 E. Lena Alta Dr

City, State, Zip Code: Alta Dena CA 91001

Daytime Phone: 626-798-0354

Invoice #

Acct. #

This information is available in alternative formats upon request

PRE Need
RES
1st + 2nd
Burial pd
IN Full

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF martin B Steele 228755

in a DD crypT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 109 Grave 3

| | |
|---|---|
| Grave space & Care Fund | $ 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup 2 @ $413.00 | 826.00 |
| Burial Container DD crypT | 418.00 |
| Handling Fees | 352.00 |
| Flower vases (Trion $51.63) / Marker setting fee ($138.00) | 189.63 |
| Recording/Filing/Transfer Fees 2 @ $50.00 | 100.00 |
| Sales taxes | 32.40 |
| Total Due | $ 2,903.03 |
| Receipt number R-58774 | 2,903.03 |
| Balance due | Ø |

PAID
APR 25 2005
MOUNT HOPE CEMETERY

I hereby certify I am the x Family _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Mark B. Steele
Signature

x Martin B. Steele
Print Name

x 4954 Federal Blvd.
Address

San Diego. 92102.
City Zip Code

x 619-263-2534.
Telephone

Invoice # _____

Work Order # E 19086

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

AT-Need (Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Enrique Onofre Rodriguez 228788

in a DD Crypt (A) (Type of Burial Container) Funeral, date, time monday may 2nd 9:00 A.m

Church, Chapel, Graveside _____ ; Berge-Robert 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 58 Grave 4

| | |
|---|---|
| Grave space & Care Fund | $985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container DD Crypt | 418.00 |
| Handling Fees | 352.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 32.40 |
| Total Due | $2,250.40 |
| Paid receipt number pd by VISA | 2,250.40 |
| Balance due | 0 |

PAID

APR 27 2005

MOUNT HOPE

I hereby certify I am the x Mamá of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228789

I hereby authorize the interment in lot I hold under deed.

x Abdulia Rodriguez
Signature

c/o purchasers
Marlene Onofre-Rodriguez
Angelica Onofre-Rodriguez
Jorge D. Rodriguez

Work Order # E 19087

x Abdulia Rodriguez
Print Name

x 3869 Highland Ave
Address

x San Diego Cal
City

x 92105
Zip Code

Telephone (619) Cell CASH

Invoice # (619) 957-2625 6240897

Acct. # Cell# 619 944-3928

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19087

# 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | Sublett Nora | X | Marcelo Agabin Balaivao | | |
| | | | Allen Thomas | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-27-05

Interment space for: Enrique Onofre Rodriguez

Interment Date: monday May 2nd Time: 9:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 58 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 4-28-05

7 looked

E19087

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| ENRIQUE | - | ONOFE RODRIGUEZ | 03/02/1980 | 04/24/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | ORDULIA RODRIGUEZ - MOTHER<br>3869 HIGHLAND AVE<br>SAN DIEGO CA 92105 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| BERGHROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950 | FD-284 | ▶ | 04/26/2005 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/27/2005<br>L CASTRO | 2507166 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS...PO BOX 85222<br>SAN DIEGO CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY 3751 MARKET ST<br>SAN DIEGO CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At NEED

E 19089

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-26-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARJORIE PIERCE

in a #7 TS. Vault (Type of Burial Container) Funeral, date, time SAT. APRIL 30 11:30

Church, Chapel, Graveside (circled) : GREENWOOD Mortuary. GERALDINE

All Funeral 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 5 Section 4 Blk/Row _____ Lot 61 Grave 6

| | |
|---|---|
| Grave space & Care Fund E-19089 | -0- |
| Overtime/Late Arrival Fees SAT FEES | 660.00 |
| Opening/Closing & Setup | 413.00 |
| Burial Container 32½ W x 87L x 23h | 578.00 |
| Handling Fees | 220.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 41.80 |
| Total Due | 1,965.80 |
| Paid receipt number R-58777 | 1,965.80 |
| Balance due | Ø |

PAID APR 26 2005 MOUNT HOPE CEMETERY

RES 2865 Luna Ave

I hereby certify I am the x Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x [signature]
Signature

x Greg Pierce
Print Name

x 2865 Luna Ave
Address

San Diego 92117
City Zip Code

858-272-0946
Telephone

Paulette

Work Order # E 19088

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19089

# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

ERNESTINE DE LAFONT

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE , a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE

DIVISION 5 SEC 4 LOT 61 GRAVES 5+6

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary , or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

x Ernestine L. De La Font

Signature

## ALL PURPOSE ACKNOWLEDGEMENT

State of CA County of San Diego

On April 26 2005 before me, the undersigned, a Notary Public in and for said State personally appeared, Ernestine L. Delafont

~~personally known to me~~ (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(~~s~~) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/she/~~they~~ executed the same in his/her/their authorized capacity(ies), and that by his/her/~~their~~ signature(~~s~~) on the instrument the person(s), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

WITNESS my hand and official seal

x Larry Dean Rodgers (SEAL)

Notary Public Signature

OFFICIAL SEAL
LARRY DEAN RODGERS
NOTARY PUBLIC-CALIFORNIA
COMM. NO. 1424807
SAN DIEGO COUNTY
MY COMM. EXP. JULY 3, 2007

## OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney

DATE OF DOCUMENT _____ NUMBER OF PAGES _____

SIGNER(S) OTHER THAN NAMED ABOVE _____

CERTIFICATION OF VITAL RECORD

# COUNTY OF SAN DIEGO

E 19089

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 1/97)

STATE FILE NUMBER: 3 199937 002157

LOCAL REGISTRATION NUMBER

**DECEDENT PERSONAL DATA**

1. NAME OF DECEDENT—FIRST (GIVEN): WILLIAM
2. MIDDLE: JOSEPH
3. LAST (FAMILY): De La FONT
4. DATE OF BIRTH MM/DD/CCYY: 11/12/1924
5. AGE: 74
6. IF UNDER 1 YEAR: MONTHS / DAYS
7. IF UNDER 24 HOURS: HOURS / MINUTES
8. SEX: M
9. DATE OF DEATH MM/DD/CCYY: 02/10/1999
10. HOUR: 2215
11. STATE OF BIRTH: MO
12. SOCIAL SECURITY NO.: 496-12-6882
13. MILITARY SERVICE: [X] YES [ ] NO [ ] UNK
14. MARITAL STATUS: married
15. EDUCATION—YEARS COMPLETED: 14
16. RACE: White
17. HISPANIC—SPECIFY: [ ] YES [X] NO
18. USUAL EMPLOYER: General Dynamics
19. OCCUPATION: ElectronicsDivisionManager
20. KIND OF BUSINESS: Aerospace
21. YEARS IN OCCUPATION: 31

**USUAL RESIDENCE**

22. RESIDENCE—(STREET AND NUMBER OR LOCATION): 1648 East Lexington
23. CITY: El Cajon
24. COUNTY: San Diego
25. ZIP CODE: 92019
26. YRS IN COUNTY: 57
27. STATE OR FOREIGN COUNTRY: CA

**INFORMANT**

28. NAME, RELATIONSHIP: Ernestine L.DeLaFont, Wife
29. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 1648 East Lexington,El Cajon,CA 92019

**SPOUSE AND PARENT INFORMATION**

30. NAME OF SURVIVING SPOUSE—FIRST: Ernestine
31. MIDDLE: Luvae
32. LAST (MAIDEN NAME): Knepp
33. NAME OF FATHER—FIRST: William
34. MIDDLE: Joseph
35. LAST: DeLaFont Sr.
36. BIRTH STATE: MO
37. NAME OF MOTHER—FIRST: Theresa
38. MIDDLE: -
39. LAST (MAIDEN): Babst
40. BIRTH STATE: MO

**DISPOSITION(S)**

41. DATE MM/DD/CCYY: 02/12/1999
42. PLACE OF FINAL DISPOSITION: Ft.Rosecrans National Cemetery; San Diego,CA 92106

**FUNERAL DIRECTOR AND LOCAL REGISTRAR**

43. TYPE OF DISPOSITION(S): CR/BU
44. SIGNATURE OF EMBALMER: not embalmed
45. LICENSE NO.: -
46. NAME OF FUNERAL DIRECTOR: Balboa Cremation Services
47. LICENSE NO.: FD1370
48. SIGNATURE OF LOCAL REGISTRAR: [signature] MM
49. DATE MM/DD/CCYY: 02/12/1999 KK

**PLACE OF DEATH**

101. PLACE OF DEATH: KAISER HOSPITAL
102. IF HOSPITAL, SPECIFY DNR: [X] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES. CARE [ ] OTHER
104. COUNTY: SAN DIEGO
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 4647 ZION AVENUE
106. CITY: SAN DIEGO

**CAUSE OF DEATH**

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

| | | TIME INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) HEPATORENAL SYNDROME | 10 DAYS |
| DUE TO | (B) CIRRHOSIS D/T PASSIVE CONGESTION OF LIVER | MOS |
| DUE TO | (C) LONGSTANDING CONGESTIVE HEART FAILURE | YRS |
| DUE TO | (D) | |

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER
109. AUTOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: MULTIPLE MYELOMA

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

**PHYSICIAN'S CERTIFICATION**

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY: 11/--/1997 — DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 02/10/1999
115. SIGNATURE AND TITLE OF CERTIFIER: [signature]
116. LICENSE NO.: G080423
117. DATE MM/DD/CCYY: 02/11/1999
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: CHARLES J. HAMORI, MD 4405 VANDEVER AVE. SAN DIEGO, CA 92120

**CORONER'S USE ONLY**

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] NO
121. INJURY DATE MM/DD/CCYY
122. HOUR
123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)
126. SIGNATURE OF CORONER OR DEPUTY CORONER
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

**STATE REGISTRAR**

A | B | C | D | E | F | G | H | FAX AUTH. #: 9902496 | CENSUS TRACT

A0296932

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: February 16, 1999

ROBERT K. ROSS, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

At NEED

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-26-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARJORIE PIERCE 228810

In a #7 T.S. Vault (Type of Burial Container) Funeral, date, time SAT. APRIL 30 11:30

Church, Chapel, Graveside : GREENWOOD Mortuary. GERALDINE

All Funeral 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 5 Section 4 Blk/Row _____ Lot 61 Grave 6

| | |
|---|---|
| Grave space & Care Fund E-19089 | Ø |
| Overtime/Late Arrival Fees SAT FEES | 660.00 |
| Opening/Closing & Setup | 413.00 |
| Burial Container 32½ W x 87L x 23H | 578.00 |
| Handling Fees | 220.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 44.80 |
| Total Due | 1,965.80 |
| Paid receipt number R-58777 | 1,965.80 |
| Balance due | Ø |

PAID

APR 26 2005

MOUNT HOPE CEMETERY

RES 2865 Luna Ave

I hereby certify I am the x Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x [signature]
Signature

x Greg Pierce 228809
Print Name

x 2865 Luna Ave
Address

San Diego 92117
City Zip Code

858-272-0946
Telephone

Paulette

Work Order # E 19088

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT HOPE CEMETERY E 19088

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | BRYAN | X | | Knepp | Knepp |
| | | Young | South ward | South ward | South ward | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4/27

Interment space for: Marjorie Pierce

Interment Date: SAT. 4-30-05 Time: 11:30 AM

Div: 5 Sect: 4 Blk/Row: ____ Lot: 61 Gr: 6

Grave Laid out by: Norman Fenger

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Collier Date: 4/28/05

E 190888

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| MARJORIE | MARIE | PIERCE | 11/28/1959 | 04/20/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | GREG PIERCE-HUSBAND<br>2865 LUNA AVE.<br>SAN DIEGO CA 92117 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| GREENWOOD MORTUARY, I-805 & IMPERIAL AVE<br>SAN DIEGO CA 92102 | FD 843 | ▶ K L | 04/26/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/27/2005<br>K JONES | ▶ 2507133 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| PO BOX 85222<br>SAN DIEGO CA 92186-5222 | — |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO CA 92102 | 11B. DATE BURIED<br>4-30 05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Quit Claim Transfer

Date 4-26-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from: Ernestine Delyont to: Greg Pierce

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 5 Section 4 Blk/Row 61 Grave 5 & 6

PAID

APR 2 6 2005

MOUNT HOPE CEMETERY

| | |
|---|---|
| Grave space & Care Fund | |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases – Marker setting fee | |
| Recording/Filing Transfer Fees | 50.00 |
| Sales taxes | |
| Total Due | 50.00 |
| Paid receipt number Credit Card | 50.00 |
| Balance due | Ø |

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Fredric E. Zarse
Signature

x FREDRIC E. ZARSE 228790
Print Name

x PO BOX 2454
Address

x ALPINE CA 91903
City Zip Code

x 619-579-9456
Telephone

Pauline

Work Order # E 19089

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

AT NEED
IN grave of Elmer F. Cook

Date 4-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary E. Cook ♀ 207327

in a ASH VAULT. (Type of Burial Container) Funeral, date, time Thurs. April 28 9:30

Church, Chapel, Graveside Witness Only ; Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 34 Grave 10

| | |
|---|---|
| Grave space & Care Fund D-5985 8/9/1976 | ⊖ |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 154.00 |
| Burial Container | 81.00 |
| Handling Fees | 88.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 16.00 |
| Sales taxes | 6.28 |
| Total Due | 345.28 |
| Paid receipt number MasterCard | 345.28 |
| Balance due | ⊘ |

PAID
APR 2 7 2005
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Non-Res.

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 19090

Acct. # _____

*able in alternative formats upon request.*

4/27

Margaret will be in on thurs. to sign paperwork and get her receipt.

E 19090

# MT HOPE CEMETERY

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. In grave of Elmer T. Cook. VA Marker

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Hill | Dawson | Dawson | Gern |
| | ALBAN | Hupf | X | | Zomes | Harris |
| | | | manus | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4/27

Interment space for: Mary E. Cook

Interment Date: 4-28-05 Time: 9:30 Witness

Div: 11 Sect: 1 Blk/Row: ____ Lot: 34 Gr: 10

Grave Laid out by: [signature]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 4-27-05

E19090

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| MARY | ELIZABETH | COOK | 06/02/1926 | 02/11/1999 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| POWAY | SAN DIEGO | MARGARET L. COOK - DAUGHTER<br>5040 W. POINT LOMA BLVD.<br>SAN DIEGO, CA 92107 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CONRAD LEMON GROVE MORTUARY<br>7387 BROADWAY - LEMON GROVE, CA 91945-1533 | FD-941 | ▶ [signature] | 02/12/1999 |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $7.00 | Grant K. Conrad<br>02/16/1999 | 9902653 ▶ |

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES<br>VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO, CA 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | | |
|---|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT. HOPE CEMETERY<br>3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>4-28-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>OCEANVIEW CREMATORY<br>1625 GISLER AVENUE<br>COSTA MESA, CA 92626 | 12B. DATE CREMATED<br>FEB 18 1999 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ [signature] | | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE | |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albertha Robinson 228786

in a Liner (Type of Burial Container) Funeral, date, time Sat. April 30th 11:00

Church, Chapel, Graveside _____ : Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 139 Grave 7

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees SATURDAY | 660.00 |
| Opening/Closing & Setup | 443.00 |
| 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 | 2493.20 |
| Paid receipt number R-58783 " | 2493.20 |
| Balance due | Ø |

PAID
APR 28 2005
MOUNT HOPE CEMETERY

Mortuary to pay
fax 584-7030

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

fee attached

Invoice # _____

Acct. # _____

1 Mon. Reg fee
ID verified PC

Work Order # E 19091

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

6195847030

05 23:35 6195847030 PREFERRE CREMATION

SD M HOPE CEMETERY

AT Need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albertha Robinson Funeral, date, time Sat. April 30th 11.00 in a Liner (Type of Burial Container) Preferred Mortuary. Church, Chapel, Graveside

All Funeral calls must arrive before 3:00 p.m. of regular work day or an extra charge of $ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 139 Grave 7

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees SATURDAY | 660.00 |
| 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 R-58703 | 2493 2 |
| Paid receipt number " | 2493 2 |
| Balance due | 0 |

PAID APR 2 8 2005 MOUNT HOPE CEMETERY

Mortuary to pay fax 584-7030

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.

Vikki Robinson
Signature

Reg. fee
ID verified PC

Vickie Robinson 228787
Print Name
6163 University Avenue
Address
San Diego 92115
City Zip Code
619-584-7000
Telephone

Work Order # E 19091

Invoice # _____

Acct. # _____

REA 104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19091

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Daniel | Sharp | | |
| | | | X | Boudreaux | Norris | |
| | | | Perez | Canon | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 4/28

Interment space for: ALBERTHA ROBINSON

Interment Date: SAT. APRIL 30 Time: 11:00 (c)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 139 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 4/28/05

E19091

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS age 66

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| Albertha | W. | Robinson | 08/05/1938 | 04/22/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| San Diego | San Diego | Leo Clifton Robinson - Son<br>1505 Avenida Rosa<br>Chula Vista, CA. 91911 |

| NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT — Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| Preferred Cremation and Burial<br>3094 El Cajon Blvd., Ste A<br>San Diego, Ca. 92104 | FD-1746 | ▶ Mark Jd | 04/25/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/25/2005 | Mark Jenkins ▶ 2507041 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>San Diego, CA. 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>Mt. Hope Cemetery<br>3751 Market Street<br>San Diego, California 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At need

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia Ford 228791

in a Liner (Type of Burial Container) Funeral, date, time TUCS, May 3 11:00

Church, Chapel, Graveside _____ : CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 95 Grave 11

| | |
|---|---|
| Grave space & Care Fund | 1310.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 549.00 |
| Burial Container | 278.00 |
| Handling Fees | 213.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | 66.00 |
| Sales taxes | 21.00 |
| Total Due | 2437.00 |
| Paid receipt number R-58782 | 2437.00 |
| Balance due | Ø |

PAID
APR 28 2005
MOUNT HOPE CEMETERY

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 228792 hold under deed.

Signature

Rosalind R. Cottingham
Print Name

7942 Mission Ctr. Ct. #A
Address

San Diego, CA 92108
City Zip Code

(619) 252-7602
Telephone

Non-Res. Paulette

Invoice # _____

Work Order # E 19092

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E1/0012

# MT HOPE CEMETERY

## GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Sneed | | WISON | Wilson | | |
| | | | X | | | |
| | | | | Mramirez Cruz | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 5-2

Interment space for: Virginia Ford

Interment Date: Tues May 3 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 95 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: ____

E19092

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| VIRGINIA | - | FORD | 09/26/1933 | 04/28/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| CHULA VISTA | SAN DIEGO | ROSALIND COTTINGHAM<br>DAUGHTER<br>7942 MISSION CENTER CT. #A<br>SAN DIEGO CA 92108 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| CALIFORNIA CREMATION & BURIAL<br>5880 EL CAJON BLVD. SAN DIEGO CA 92115 | FD-1357 | ▶ [signature] | 04/26/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
**NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | 04/27/2005<br>V MITCHELL | ▶ 2507156 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| VITAL RECORDS P.O. BOX 85222<br>SAN DIEGO CA 92186-6222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MT HOPE CEMETERY<br>3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY<br>- | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS<br>- | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED<br>- | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE<br>- | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need Trust (Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Adeline Holmgren For Anne Groenhagen 208256

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside _____ ; Lewis Colonial El Camino Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1135 Grave _____

| | |
|---|---|
| Grave space & Care Fund | C-2457 (1965) 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | $413.00 |
| Burial Container | Liner $209.00 |
| Handling Fees | $160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | $50.00 |
| Sales taxes | $16.20 |
| Total Due | $848.20 |
| Paid receipt number R-58823 | $848.20 |
| Balance due | 0 |

PAID

MAY 06 2005

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attach

Invoice # _____

Work Order # E 19093

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

Adeline Holmgren
823 Pecos St.
Spring Valley, CA. 91977
(619) 460-4199

E19093

CASA COLINA DEL SOL

Resident Card

Name Anne Groenhagen

Address 5207 - 52nd Place Apt #225

/San Diego, CA 92115

B/D 06-26-07

SS # [redacted]

pre-Need Trust (Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Adeline Holmgren For Anne Groenhagen

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Lewis Colonial / El Camino Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Division 8 Section 3 Blk/Row Lot 1135 Grave

| | |
|---|---|
| Grave space & Care Fund ..... C-2457 | 0 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | $ 413.00 |
| Burial Container ..... Liner | $ 209.00 |
| Handling Fees | $ 160.00 |
| Flower vases – Marker setting fee | — |
| Recording/Filing/Transfer Fees | $ 50.00 |
| Sales taxes | $ 16.20 |
| Total Due | $ 848.20 |
| Paid receipt number R-58823 | $ 848.20 |
| Balance due | 0 |

PAID
MAY 06 2005
MOUNT HOPE CEMETERY

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228807

I hereby authorize the interment in lot I hold under deed.

x Adeline Holmgren
Signature

x Adeline Holmgren
Print Name

x 823 Pecos St
Address

x Spring Valley Ca 91977
City Zip Code

x (619) 460 4199
Telephone

Invoice # _____

Work Order # E 19093

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

E 19093

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE Sept. 27 19 65

CHARGE Anne Troenhagen

ADDRESS P.O. Box 786, Chula Vista

NAME OF DECEASED pre-need

OWNER Anne Troenhagen

ADDRESS same

MORTUARY

| | | |
|---|---|---|
| LOT 1135 GR ROW SEC 3 DIV 8 | $145 | 00 |
| OPENING TIME DAY DATE | | |
| VAULT BOX SIZE | | |
| REMOVAL OR FOUNDATION | | |
| TOTAL | $145 | 00 |
| PAID RECEIPT NUMBER 13382 | | |
| BALANCE | | |

PAID

SEP 27 1965

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY Chris Neal

ORDER TAKEN BY Carolyn Velasco

W.O. NO. C 2457

INVOICE NO. CASH

FORM PR-974 REV.

AT-Need (Res)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PAUL HENRY STUHLER 228782

in a TS Vault (Type of Burial Container) Funeral, date, time Tues MAY 3rd 1:00 P.m

Church, Chapel Graveside ; Merkley Mitchell Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ~~00~~ X will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row ____ Lot 107 Grave 4

| | |
|---|---|
| Grave space & Care Fund | $ 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS Vault | 275.00 |
| Handling Fees | 204.00 |
| Flower vases - Marker se[illegible] | 138.00 |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $ 2,086.31 |
| Paid receipt number R-58792 | $2,086.31 |
| Balance due | 0 |

PAID APR 29 2005 MOUNT HO[illegible]

I hereby certify I am the X wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228779

I hereby authorize the interment in lot I hold under deed.

X Catharine Stuhler
Signature

Sandra

X CATHARINE STUHLER
Print Name

X 3060 SIXTH AVE., #3
Address

X SAN DIEGO 92103
City Zip Code

X Catharine Stuhler
Telephone (619) 299-6446 UNLISTED

Invoice # ____

Work Order # E 19094

Acct. # ____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

© Printed on recycled paper

E-19094

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

58792

**MOUNT HOPE CEMETERY** (Two Graves)

(619) 527-3400

Date: 4-29-05, 20 05

From: Catharine Stuhler Address: 3060 Sixth Ave #3 S.D. CA. 92103

Four Thousand thirty-four 62/100 Dollars ($ 4,034.62)

in Full Payment of AT-Need + Pre-Need Services For STuhler Family

Div 12 Sec 2 Blk/Row Lot 107 Grave 4 + 5

Invoice No. E-19094 - At Need
E-19095 pre need

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

#4931

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR ANY PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

APR 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 394 | 00 |
| 80% Sales | 100 | 1,576 | 00 |
| of Lots | 77184 | | |
| Opening/ | 100 | 826 | 00 |
| Closing | 77181 | | |
| Burial | 100 | 550 | 00 |
| Containers | 77182 | | |
| | 100 | 409 | 00 |
| Handling Fee | 77185 | | |
| Recording & | 100 | 238 | 00 |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | 42 | 62 |
| | 78390 | | |
| TOTAL PAID | $ | 4,034 | 62 |

MT HOPE CEMETERY E 19094

# GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | Samuel Jerome Carter | | | | |
| | | Georgia Sullivan | X | | crub | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Sandra Date: 4-29-05

Interment space for: Paul Henry STuhler

Interment Date: Tues MAY 3rd, 05 Time: 1:00pm (GS)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 107 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 5-2-05

flagged

E-19094

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| PAUL | HENRY | STUHLER | 02/24/1942 | 04/28/2005 | M |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | PAUL STUHLER - SON<br>3060 SIXTH AVENUE, #3<br>SAN DIEGO, CA 92103 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| MEEKLEY-MITCHELL MORTUARY<br>3655 FIFTH AVENUE<br>SAN DIEGO, CA 92103 | FD119 | ▶ [signature] | 04/29/2005 |

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

| 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|
| $11.00 | B.A. ELLANO<br>04/29/2005 | 2507393 ▶ |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO,C A 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY<br>3751 MARKET STREET<br>SAN DIEGO, CA 92102 | 11B. DATE BURIED<br>5-3-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL<br>▶ [signature] | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION<br>▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY<br>▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER<br>▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION<br>▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 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.

# Honorable Discharge

from the Armed Forces of the United States of America

*This is to certify that*

STUHLER PAUL H. 566-58-1361 SP4 USAR

*was Honorably Discharged from the*

# United States Army

*on the* 28TH *day of* FEBRUARY 1970 *This certificate is awarded as a testimonial of Honest and Faithful Service*

C. A. STANFIEL
COLONEL AGC

DD FORM 256A, 1 MAY 50

E19094

GRADE - LAST NAME - FIRST NAME - MIDDLE INITIAL & SERVICE NUMBER

SP4 Stuhler Paul H.
US 56 375 694

# PHYSICAL AND MENTAL STATUS ON RELEASE FROM ACTIVE SERVICE

*(AR 601-210)*

INSTRUCTIONS: Prepare in triplicate. Original and duplicate to be given to individual concerned. Triplicate to be filed in individual's DA Form 201.

DATE

24 Mar 66

## MENTAL STATUS

ENLISTMENT OR RE-ENLISTMENT WITHOUT MENTAL RETEST IS AUTHORIZED PROVIDED ENLISTMENT OR RE-ENLISTMENT IS ACCOMPLISHED WITHIN ONE YEAR AFTER DATE OF SEPARATION. YOUR RECORDED APTITUDE AREA SCORES OF THE ARMY CLASSIFICATION BATTERY ARE AS FOLLOWS:

| | | |
|---|---|---|
| COA - None | MM - 145 | IN - 106 |
| COB - None | CL - 108 | AE - 136 |
| EL - 121 | GT - 100 | AFQT - SCORE IS 31 OR ABOVE |
| GM - 124 | RC - 116 | ☐ YES ☐ NO |

Tested on 31 Mar 66

## PHYSICAL STATUS

YOUR PHYSICAL CONDITION ON 24 Mar 66 *(Date of Separation)* IS SUCH THAT YOU ARE CONSIDERED PHYSICALLY QUALIFIED FOR SEPARATION OR FOR RE-ENLISTMENT WITHOUT RE-EXAMINATION PROVIDED YOU RE-ENLIST WITHIN 90 DAYS AND STATE THAT YOU HAVE NOT ACQUIRED NEW DISEASES OR INJURIES DURING THE INTERVAL PERIOD WHEN NOT A MEMBER OF THE MILITARY SERVICE.

YOUR PHYSICAL PROFILE AT DATE OF SEPARATION IS

1 1 1 1 2 1 B

TYPED NAME, GRADE, AND ARM OR SERVICE OF PERS OFFICER: R. B. BARRON, CWO W-4 USA, Asst ADJUTANT

SIGNATURE: R B Barron

## STATEMENTS OF PHYSICAL AND DEPENDENT STATUS AT TIME OF ENLISTMENT

PHYSICAL STATUS

HAS THERE BEEN ANY CHANGE IN YOUR PHYSICAL CONDITION SINCE YOU WERE SEPARATED?

☐ YES ☐ NO *(If yes, describe below)*

DEPENDENT STATUS

HAS THERE BEEN ANY CHANGE IN YOUR DEPENDENT STATUS SINCE YOU WERE SEPARATED?

☐ YES ☐ NO *(If yes, describe below)*

E 19094

E-19094

RE-1

LEGEND: Insert N/A in the items below which are not applicable

**PERSONAL DATA**

1. LAST NAME - FIRST NAME - MIDDLE NAME: STUHLER PAUL HENRY
2. SERVICE NUMBER: US 56 375 694
3 a. GRADE, RATE OR RANK: SP4 E-4 (T)
b. DATE OF RANK (Day, Month, Year): 20 JAN 66
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: ARMY AUS UNASGD
5. PLACE OF BIRTH (City and State or Country): SAN DIEGO CALIFORNIA
6. DATE OF BIRTH: DAY 24 MONTH FEB YEAR 42
7 a. RACE: NA
b. SEX: MALE
c. COLOR HAIR: BROWN
d. COLOR EYES: BROWN
e. HEIGHT: 68
f. WEIGHT: 155
8. U.S. CITIZEN: [X] YES [ ] NO
9. MARITAL STATUS: SINGLE
10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: 14 YEARS
b. MAJOR COURSE OR FIELD: ACADEMIC

**TRANSFER OR DISCHARGE DATA**

11 a. TYPE OF TRANSFER OR DISCHARGE: TRFD TO USAR SEE ITEM # 18
b. STATION OR INSTALLATION AT WHICH EFFECTED: US ARMY PERSONNEL CENTER OAKLAND CALIF
c. REASON AND AUTHORITY: PAR 7 AR 635-205 SPN 411 O/S RET (RAD)
d. EFFECTIVE DATE: DAY 24 MONTH MAR YEAR 66
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 228TH SIG CO APO SF 96240 USARV
13 a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: NONE

**SELECTIVE SERVICE DATA**

14. SELECTIVE SERVICE NUMBER: 4 140 42 233
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: LB #140 SAN DIEGO CALIFORNIA
16. DATE INDUCTED: DAY 26 MONTH MAR YEAR 64
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: USAR CONTROL GROUP / ANNUAL / US ARMY ADMIN CENTER, ST LOUIS, MO.

**SERVICE DATA**

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY 25 MONTH MAR YEAR 70
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER: NA
b. TERM OF SERVICE (Years): NA
c. DATE OF ENTRY: DAY NA MONTH YEAR
20. PRIOR REGULAR ENLISTMENTS: NONE
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: PVT E-1 (P)
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): LOS ANGELES CALIFORNIA
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): 7579 OHIO PLACE LA MESA (SAN DIEGO) CALIFORNIA
24. STATEMENT OF SERVICE

| | | YEARS | MONTHS | DAYS |
|---|---|---|---|---|
| a. CREDITABLE FOR BASIC PAY PURPOSES | (1) NET SERVICE THIS PERIOD | 1 | 11 | 29 |
| | (2) OTHER SERVICE | 0 | 0 | 0 |
| | (3) TOTAL (Line (1) + line (2)) | 1 | 11 | 29 |
| b. TOTAL ACTIVE SERVICE | | 1 | 11 | 29 |
| c. FOR USARPac SEA SERVICE | | 0 | 7 | 7 |

25 a. SPECIALTY NUMBER AND TITLE: 31M20 RAD REL & CARR ATTNDT
b. RELATED CIVILIAN OCCUPATION AND D O T NUMBER: NA
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: VIETNAM SERVICE MEDAL GOOD CONDUCT MEDAL (1ST AWARD) EXPERT (RIFLE M-14)
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

| SCHOOL OR COURSE a | DATES (From - To) b | MAJOR COURSES c |
|---|---|---|
| SIG C | 12 WKS 64 | RAD REL & CARR OPN |

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NONE

**VA DATA**

30 a. GOVERNMENT LIFE INSURANCE IN FORCE: [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: NA
c. MONTH ALLOTMENT DISCONTINUED: NA
31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type): NONE
b. VA CLAIM NUMBER: C- NA

**AUTHENTICATION**

32. REMARKS
BLOOD GROUP- "A"
SSAN- 566 58 1361
LUMP SUM PAYMENT MADE FOR 17 DAYS ACCRUED LEAVE
SGLI- $10,000
ITEM 3A: PFC E3 (P) APTD 30 NOV 64

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): SAME
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Paul Henry Stuhler
35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: R.B. BARRON, CWO, W-4, USA, ASST ADJ
b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: C-21

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

PRE-Need (RES)

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CATHARINE FRANCES ~~[illegible]~~ STUHLER 228779

in a TS Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 107 Grave 5

| | |
|---|---|
| Grave space & Care Fund | $ 985.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 413.00 |
| Burial Container TS Vault | 275.00 |
| Handling Fees | 204.00 |
| Flower vases – Marker s[illegible] | — |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | $ 1,948.31 |
| Paid receipt number R-58792 | $ 1,948.31 |
| Balance due | 0 |

PAID
APR 29 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

228779

I hereby authorize the interment in lot I hold under deed.

X Catharine Stuhler
Signature

Sandra

X Catharine Stuhler
Print Name CATHARINE STUHLER

X 3060 SIXTH AVE, #3
Address

X SAN DIEGO, CA 92103
City Zip Code

X Catharine Stuhler
Telephone 619-299-6446 UNLISTED

Invoice # _____

Work Order # E 19095

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 19095
58792

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY** (Two Graves)
(619) 527-3400

Date: 4-29-05, 20 05

From: Catharine Stuhler Address: 3060 Sixth Ave #3 S.D. CA. 92103

Four thousand thirty-four 62/100 Dollars ($ 4,034.62)

in Full Payment of AT-Need + Pre-Need Services For Stuhler Family

Div 12 Sec 2 Blk/Row Lot 107 Grave 4 + 5

Invoice No. E-14094 - At Need
E-19095 pre need

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

# 4931

AC-212 (Rev. 4-04)

*This information is available in alternative formats upon request.*

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

| | | | |
|---|---|---|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 394 | 00 |
| 80% Sales | 100 | 1,576 | 00 |
| of Lots | 77184 | | |
| Opening/ | 100 | 826 | 00 |
| Closing | 77181 | | |
| Burial | 100 | 550 | 00 |
| Containers | 77182 | | |
| | 100 | 408 | 00 |
| Handling Fee | 77185 | | |
| Recording & | 100 | 238 | 00 |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | 42 | 62 |
| | 78390 | | |
| TOTAL PAID | $ | 4,034 | 62 |

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 4/29/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lena Grigsby 228797

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time Weds. May 4 11.00

Church Chapel, Graveside ; S.D. Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 88 Grave 6

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 418.00 |
| Handling Fees | 352.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 32.40 |
| Total Due | 2250.40 |
| Paid receipt number R-58802 | $2,250.40 |
| Balance due | 0 |

PAID
MAY 02 2005
MOUNT HOPE CEMETERY

Mort. 2. Pay

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1. hold Order deed.

Signature OSIE GRIGSBY

28798
5853 MARIPOSA Pl
Print Name

Address S.D.

City CA Zip Code 72104

Telephone 619-475-1984

Paulette

Work Order # E 19096

Invoice # _____

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E 190-96

# 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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Brewer | | | |
| Woodward | | Pardee | X | Moody | Cornell | Taylor Sr |
| | | | Park Sr | Sumpson | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 5/2

Interment space for: Lena Grisgby

Interment Date: 5-4-05 Time: 11:00 C

Div: 11 Sect: 1 Blk/Row: ____ Lot: 88 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: C Warren Date: 5-3-05

E 19096

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
|---|---|---|---|---|---|
| LENA | MAE | GRIGSBY | 11/03/1929 | 04/27/2005 | F |

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: OSIE L. GRIGSBY-SPOUSE 5883 MARIPOSA PLACE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1575

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Ronnie Pryor

8B. DATE SIGNED: 04/29/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

**PERMIT**

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $11.000

9B. DATE PERMIT ISSUED: 05/02/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: R. PRYOR 2507428 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA: VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONOR'S USE ONLY**

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED: 5-4-5 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Jonathan T. | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 190916

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. LAST NAME-FIRST NAME-MIDDLE NAME: GRIGSBY, OSIE LEE | 2. SEX: M | 3. SOCIAL SECURITY NUMBER: 435 36 4474 | | 4. DATE OF BIRTH | YEAR 29 | MONTH 05 | DAY 05 |
| 5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: NAVY USN | 6a. GRADE, RATE OR RANK: SHCM | | 6b. PAY GRADE: E-9 | 7. DATE OF RANK | YEAR 75 | MONTH 08 | DAY 16 |
| 8a. SELECTIVE SERVICE NUMBER: NA | 8b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE: NOT APPLICABLE | | | 9. NAME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code): SAN ANTONIO, TEXAS 78201 | | | |
| 10. TYPE OF SEPARATION: TRANSFERRED TO FLEET RESERVE | | | | 11. STATION OR INSTALLATION AT WHICH EFFECTED: NAVAL STATION, SAN DIEGO, CA. 92136 | | | |
| 12. AUTHORITY AND REASON: ---------- | | | | 13. EFFECTIVE DATE | YEAR 78 | MONTH 01 | DAY 16 |
| 14. CHARACTER OF SERVICE: HONORABLE | | | | 15. TYPE OF CERTIFICATE ISSUED: NAVPERS 1830/3 | | 16. REENLISTMENT CODE: ---------- | |
| 17. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: USS CORAL SEA (CV-43) | | | | 18. COMMAND TO WHICH TRANSFERRED: NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS, LOUISIANA 70149 | | | |
| 19. TERMINAL DATE OF RESERVE/MSS OBLIGATION: YEAR NA | MONTH | DAY | 20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code): SAN DIEGO, CALIFORNIA 92136 | | 21. DATE ENTERED ACTIVE DUTY THIS PERIOD: YEAR 74 | MONTH 07 | DAY 02 |
| 22a. PRIMARY SPECIALTY NUMBER AND TITLE: SH-0000 | b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: 185-MANAGERS, STORE | | | | | | |
| 23a. SECONDARY SPECIALTY NUMBER AND TITLE: SH-0000 | b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: NA | | | | | | |

| 24. RECORD OF SERVICE | YEARS | MONTHS | DAYS |
|---|---|---|---|
| (a) NET ACTIVE SERVICE THIS PERIOD | 03 | 06 | 15 |
| (b) PRIOR ACTIVE SERVICE | 20 | 11 | 29 |
| (c) TOTAL ACTIVE SERVICE (a+b) | 24 | 06 | 14 |
| (d) PRIOR INACTIVE SERVICE | 05 | 00 | 04 |
| (e) TOTAL SERVICE FOR PAY (c+d) | 29 | 06 | 18 |
| (f) FOREIGN AND/OR SEA SERVICE THIS PERIOD | 01 | 02 | 11 |

25. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964: [X] YES [ ] NO

26. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years): SECONDARY/HIGH SCHOOL 8 YRS (1-12 grades) COLLEGE ____ YRS

| 27. TIME LOST (Preceding Two Yrs.) | 28. DAYS ACCRUED LEAVE PAID | 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE | 30. DISABILITY SEVERANCE PAY | 31. PERSONNEL SECURITY INVESTIGATION a. TYPE | b. DATE COMPLETED |
|---|---|---|---|---|---|
| NONE | -41.5- | [ ] $15,000 [ ] $5,000 [X] $20,000 [ ] $10,000 [ ] NONE | [X] NO [ ] YES AMOUNT ____ | NONE | NA |

32. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
NATIONAL DEFENSE SERVICE MEDAL

33. REMARKS

SHIP'S SERVICEMAN "A" SCHOOL

"INDIVIDUAL REQUESTS COPY OF THE DDFORM214N"

34. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code): 5883 MARIPOSA PLACE SAN DIEGO, CALIFORNIA 92114

35. SIGNATURE OF PERSON BEING SEPARATED: O. L. Grigsby

36. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: W. A. MORSE, LT, USN
ASSISTANT PERSONNEL OFFICER
BY DIRECTION OF THE C.O.

37. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: [signature]

DD FORM 1 NOV 72 214N — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. S/N 0102-LF-002-0202

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

REPORT OF SEPARATION FROM ACTIVE DUTY

2nd Burial pd In Full
In Grave with OCOLA WOFFORD

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 4-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LAVINIA CAROL WOFFORD 228656

in a DD crypT (B) (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 86 Grave 9

| | | |
|---|---|---|
| Grave space & Care Fund | E-19008 | Ø |
| Overtime/Late Arrival Fees | | Ø |
| Opening/Closing & Setup | | 413.00 |
| Burial Container | | Ø |
| Handling Fees | | Ø |
| Flower vases – Marker setting fee | | Ø |
| Recording/Filing/Transfer Fees | | 50.00 |
| Sales taxes | | Ø |
| Total Due | | $ 463.00 |
| Paid receipt number | pd by Visa | 463.00 |
| Balance due | | Ø |

PAID
APR 29 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X SELF of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Lavinia C. Wofford
Signature

X LAVINIA C. WOFFORD
Print Name

X 223 32ND St.
Address

X S.D. CA. 92102
City Zip Code

X (619) 696-9145
Telephone

Invoice # _____

Work Order # E 19097

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19097

24AUG.2006

CONTRACT/CERTIFICATE NO: E-19008
DIVISION: 12 SECTION: 2 BLOCK/ROW: LOT 86 GRAVE(S): 9
INTERMENT RIGHTS FOR THE PURCHASE PRICE OF $985.00 SITUATED
IN MOUNT HOPE CEMETERY ACKNOWLEDGED, DOES HEREBY
GRANT AND CONVEY UNTO: LAVINIA C. WOFFORD AND THEIR
HEIRS WHICH WILL BE MY SON JAMES GERARD DAWSON JR.
TO BE THE HEIR OF THIS RESIDENT AT TIME OF HIS
DEATH. BIRTHDATE 26 JUNE 1980 S.S.# 573-61-4639

X Lavinia C. Wofford

19097

E 19097

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

At Need

Date 5-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Meagher 228795

in a T.S. Vault (Type of Burial Container) Funeral, date, time Weds. May 4th 9:00

Church, Chapel, Graveside _____ : Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ X

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 91 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 275.00 |
| Handling Fees | 209.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1,948.31 |
| Paid receipt number R58795 | 1,948.31 |
| Balance due | 0 |

PAID
MAY 02 2005
MOUNT HOPE CEMETERY

mortuary to pay

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Signature _____

X Print Name _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

see attach

Res. Fee

Invoice # _____

Work Order # E 19098

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

6195449334
6195449334

GUADALUPANA MORTUARY PA

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

+ Deed

Date 5-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Mezga

in a T.S. Vault (Type of Burial Container) Funeral, date, time Weds, May 4th 9.00

Church, Chapel, Graveside _____ ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 91 Grave 12

| | |
|---|---|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 415.00 |
| Burial Container | 275.00 |
| Handling Fees | 209.00 |
| Flower vases – Marker setting fee | |
| Recording/Filing/Transfer Fees | 50.00 |
| Sales taxes | 21.31 |
| Total Due | 1,948.31 |
| Paid receipt number R58795 | $ 1,948.31 |
| Balance due | 0 |

PAID
MAY 0 2 2005
MOUNT HOPE CEMETERY

mortuary to pay

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228796

I hereby authorize the interment in lot I hold under deed.

X Edgar P. _____ (Signature)

X EDGAR PRECIADO (Print Name)
X 2161 Harrison Ave (Address)
X San Diego, CA. 92113 (City, Zip Code)
X (619) 400 9603 (Telephone)

Rec. Fee

Invoice # _____

Work Order # E 19098

Acct. # _____

REA-104 (3-04)

*This information is available in alternative formats upon request.*

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E19098

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.

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | Martin | | | |
| Johnson | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 5/3

Interment space for: Gloria Monza

Interment Date: 5-4-05 Time: 9:00 Mass

Div: 12 Sect: 2 Blk/Row: ____ Lot: 91 Gr: 12

Grave Laid out by: Norman Fey

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 5-3-05

Flag

E 19098

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
|---|---|---|---|---|---|
| GLORIA | - | MEZA-GONZALEZ | 03/03/1948 | 04/29/2005 | F |

| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT |
|---|---|---|
| SAN DIEGO | SAN DIEGO | EDGAR PRECIADO-SON<br>2261 HARRISON AVE.<br>SAN DIEGO, CA. 92113 |

| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE |
|---|---|
| GUADALUPANA MORTUARY, 2601 IMPERIAL AVE.<br>SAN DIEGO, CA. 921021 | FD-1285 |

| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | 8A. SIGNATURE OF APPLICANT—Person taking permit | 8B. DATE SIGNED |
|---|---|---|---|
| | | Selene Chavez | 05/03/2005 |

| PERMIT<br>AUTHORIZATION OF LOCAL REGISTRAR<br>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.<br>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
|---|---|---|---|---|
| | | $11.00 | SELENE CHAVEZ<br>05/03/2005 | 2507499 |

| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |
|---|---|
| P.O. BOX 85222<br>SAN DIEGO, CA. 92186-5222 | - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

| | | | | |
|---|---|---|---|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY<br>MOUNT HOPE CEMETERY, 3751 MARKET ST.<br>SAN DIEGO, CA. 92102 | 11B. DATE BURIED<br>5-4-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Attach Disinterment
Re-interment

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 5-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Izetta V. Chambers

in a T.S. vault (Type of Burial Container) Funeral, date, time ~~Thurs. May 5th 9:30~~

Church, Chapel, Graveside _____ ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 15 Blk/Row _____ Lot 94 Grave 2

Grave space & Care Fund ..... R-58796/E-19061 ..... Ø

Overtime/Late Arrival Fees ..... —

Opening/Closing & Setup ..... R-58796 ..... Ø

Burial Container ..... R-58796 T.S. vault ..... Ø

Handling Fees ..... R-58796 ..... Ø

Flower vases – Marker setting fee ..... —

Recording/Filing/Transfer Fees ..... R-58796 ..... Ø

Sales taxes ..... R-58796 ..... Ø

VOIDED

Total Due ..... —

Paid receipt number _____ —

Balance due Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

See copy of attached interment order

Invoice # _____

Acct. # _____

Paulette Res. fee

Work Order # E 19099

REA-104 (3-04)

*This information is available in alternative formats upon request.*

Printed on recycled paper

E19099

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

pre-need lots/Trust

Date 4-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Norman E. Chambers / Elzetta V Chambers

in a T. S Vaults (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 15 Blk/Row _____ Lot 94 Grave 2 & 3

| | | |
|---|---|---|
| Grave space & Care Fund | 2@ 1535.00 | 3070.00 |
| Overtime/Late Arrival Fees | | — |
| Opening/Closing & Setup | 2@ 413.00 | 826.00 |
| Burial Container | 2@ 275.00 | 550.00 |
| Handling Fees | 2@ 204.00 | 408.00 |
| Flower vases – Marker setting fee | | — |
| Recording/Filing/Transfer Fees | 2@ 50.00 | 100.00 |
| Sales taxes | 2@ 21.31 | 42.62 |
| Total Due | | 4996.62 |
| Paid receipt number Pr. of DWN Visa | | 424.16 |
| Balance due R-58796 | | 4572.46 |
| | | -2200.00 |
| | | 2372.46 |

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Norman E. Chambers

Address: 6243 Caminito Plata

City: San Diego Ca Zip Code: 92120

Telephone: 619 265-8040

Pauletta

Work Order # E 19061

Invoice # _____

Acct. # _____

REA-106 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper