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 11 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
Total Rec'd Number R-58405	1127.54
Balance due	Ø

PAID
JAN 12 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

(NR) Maria

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

(See attached) for signatures

Invoice # _____

Acct. # _____

Work Order # E 18900

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

NO.422 D02 SD MT. HOPE CEMETERY → 918587484069 12:25 01/11/2005

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

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 11 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		66 -
Sales taxes		21 54
Total Due		1127.54
Paid receipt number		1127.54
Balance due		

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

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 2618 W. Canyon Ave.
Address

X San Diego, CA 92123
City Zip Code

X (619) 987-8248
Telephone

Work Order # E 18900

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18900

GRAVE BLIND CHECK FORM

Deceased Name Thieu Tiet

			TAN LIU	KING HOM		
			X	LEO HNG	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 2618 W. Canyon Ave., San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Poway Bernardo Mortuary 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 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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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 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 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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 1-8-05	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.

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 3430 APRICOT TREE WAY OCEANSIDE, CA 92054

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE 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]	01/12/2005

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 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 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 1-13-05	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.

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 Benne Wright 228483

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

Church, Chapel, Graveside ; Ragsdale Mortuary, Monieshe

All Funeral cars 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 _____

Paulette

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached for signatures

Invoice # _____

Work Order # E 18902

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

14:46 SD MT. HOPE CEMENTERY → RAGSDALE

MT. HOPE CEMETERY

NO. 424

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 Benny Wright

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

Church, Chapel, Graveside _____ : Ragsdale Mortuary, Lowesta

All Funeral cars 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.

Liddell M. Mitchell
Signature

Liddell M. Mitchell
Print Name

3942 Newton AVE
Address

San Diego Co 92113
City Zip Code

(619) 263 4170
Telephone

Paulette

Invoice # _____

Work Order # E 18902

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 3942 Newton Avenue San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Anderson-Ragadale Mortuary; 5050 Federal Blvd 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 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 1-14-05	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.

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	Ø
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

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

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

Church, Chapel, Graveside GRAVESIDE + Ragsdale Mortuary.

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

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

Grave space & Care Fund E-13147 Ø

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 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 (City, Zip Code)

X 619 262-6158 (Telephone)

Invoice # _____

Work Order # E 18903

Acct. # _____

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 1844 Rowan Street 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 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 ▶ [signature]	8B. DATE SIGNED 01/13/2005

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 01/13/2005 B. Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2500939 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 Street 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 2 IS RETAINED BY 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	~~0~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116
Burial Container	61
Handling Fees	66
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50
Sales taxes	4 73
Total Due	297 73
Paid receipt number Rx 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] 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

Maria (R) Villegas

Work Order # E18905

Marie Shorter
Print Name

4746 Soloh Ave #207
Address

San Diego, CA 92113
City Zip Code

619-2640078
Telephone

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 ..... _____

PAID

AUG 16 2005

MOUNT HOPE CEMETERY

Paid-in-full

R-590840

Total Due 985-

Paid receipt number Rx 58410 300-

Balance due 685-

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]	[illegible]	[illegible]	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
3155 [illegible] 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. DEPENDS
Rt # 2 Box 102, [illegible] Mississippi	[illegible]	[illegible]	[illegible]	7	[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
20 Jan 42		20 [illegible]	[illegible]

SELECTIVE SERVICE DATA	26. REGISTERED	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.	31. MILITARY QUALIFICATION AND DATE (Inf., Infant., Avia., Marks., Emp. Badges, etc.)
[illegible] 520	[illegible]

32. BATTLES AND CAMPAIGNS

Tunesia; Lap[illegible]; Rome-Arno

33. DECORATIONS AND CITATIONS

Good Conduct Medal; European-African- [illegible]

34. WOUNDS RECEIVED IN ACTION

NONE

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN		
SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
Feb 45	Feb 45	Aug 45	Typhus Aug 45	[illegible] Jul [illegible]	ETO USA	[illegible]

37. TOTAL LENGTH OF SERVICE						38. HIGHEST GRADE HELD
CONTINENTAL SERVICE			FOREIGN SERVICE			
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
1	4	0	[illegible]	4	27	PFC

39. PRIOR SERVICE

[illegible]

40. REASON AND AUTHORITY FOR SEPARATION

AR [illegible]

41. SERVICE SCHOOLS ATTENDED

42. EDUCATION (Years) — Grammar / School / College

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER SCHOOLS	46. TRAVEL [illegible] TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT		
3			[illegible]	[illegible]		[illegible]

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THE [illegible] 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			49. HOW PAID		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		
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V.A.				Continue	Continue Only	Discontinue
X			X		30 Sep 45	[illegible] 45	$ [illegible]		$	[illegible]

54. RIGHT THUMB PRINT

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

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

56. SIGNATURE OF PERSON BEING SEPARATED

Edward King

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

[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-18906
228494

228501

E-18906

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

Div II Sec I 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 Need

in grave w/ Douglas Winberg

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 Robert H. Winberg ⊗ 228490 (Father)

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

Church, Chapel, Graveside AYD : Bonham 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	⊖
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	⊖
Paid receipt number	⊖
Balance due	⊖

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

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

Signature

Print Name

Address

City Zip Code

Telephone

"See attached copies"

Paulette

Invoice #

Work Order # E 18907

Acct. #

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

$395.28

104 dc

vacs 81 + [illegible] 620

88 head

66 [illegible]

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 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	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Bonham Bros & Stewart Mortuary 321 12th St Ramona CA 92065	FD568	▶	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 Mt Hope Cemetery 3751 Market St San Diego CA 92102	11B. DATE BURIED 1-18-05	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.

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 Abrego Lot 534 Grave 1

Invoice No. E-018908 1898

Acct. No. E-18908

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge Visa Ap 009014
☐ Check

CD B36 55858 8-8-13

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 1936 Midvale Drive 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 611 Highland Ave., National City CA 91950	FD 807	▶ [signature]	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 Mt. Hope Cemetery, San Diego CA 92102	11B. DATE BURIED 1-18-05	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 AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 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 232 S.EVANS 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
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE,SAN DIEGO,CA,92102	FD-1425

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 01/19/2005

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	JOSE CHAVEZ 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 SAN DIEGO,CA,92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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 MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO,CA,92102	11B. DATE BURIED 1-20-05	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 CREMATI ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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 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 _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 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	
Total Due	985.00
Paid receipt number M/C	246.00
Balance due	739.00

PAID
JAN 18 2005
MOUNT HOPE CEMETERY

paid in full 4/4/05
Bal. of 31 R-58708

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 228472 hold under deed.

Helen R Mallory
Signature

HELEN R MALLORY
Print Name

1401 49th St
Address

SAN Diego
City Zip Code

619-263-4346
Telephone

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 $197.00 - 20% 788.00 - 80%		246.00	739.00
2/28/05	R-58564 check# 9290 1 thru 7		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	362 -
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	0

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 (Address)

X 3094 EL CAJON BLVD (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 5025 LaPaz Street 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 CREATION AND BURIAL 8994 El Cajon Blvd. Ste A 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	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 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 Mt. Hope Cemetery 3751 Market Street San Diego, California 92102	11B. DATE BURIED 1-21-05	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 CREMA ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

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

...CIAL RECEIPT

WHITE ... TO CUSTOMER
CANARY ... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58434

Date: 1/21, 2005

From: Jonita M Pierce Address: 1030 Woodrow Ave SD Ca. 92114

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

In Full Payment of Marker Installation for Juanita Bledso

Tax 12 Sec 1 Blk/Row Lot 150 Grave 12

Invoice No E-18912

Acct. No

Date

BALANCE DUE Ø

Pre-Need Lot At Need X On Acct

Pre-need Trust Cash Check X

3828

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

PAID

JAN 2 1 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	—

...(Rev. 4-04)
...is available in alternative formats upon request

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 1030 Woodrow Avenue San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. 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 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 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 Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 1-25-05	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.

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	43
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

Invoice # _____

Work Order # E 18913

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	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 E-1813	—
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 _____

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

See attached

Paulette

Invoice # _____

Work Order # E 18915

Acct. # _____

F EA-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 Ck in mail

ORDER TAKEN BY K Gilbelle

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 [illegible]

Blind Check Verified by: Darrell Fambro

Agrees with Map: Initials _____ Verified _____

Agrees with Legal Card: Initials _____ Verified _____

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-1913 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 4326 Newton Avenue San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ 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 Santa Ana, CA 92702-0234	Vital Records; P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 1-28-05	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.

Service Entry in Nexus Comp 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 ; 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 (614) 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	Bankhead	McElroy		
			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 1200

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 4029 47th St., San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Funeraria Aztlan Mortuary, 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. 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 San Diego, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 1-26-05	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.

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

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

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, Funeral Home 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	McDowell	

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: [signature]

Agrees with Map: Initials [signature] Verified ____

Agrees with Legal Card: Initials [signature] 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: LAKEETA COLLINS-DAUGHTER 190 W [illegible] FB — 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]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: $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) Funeral date, time

Church, Chapel, Graveside _____ Mortuary.

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

PAID

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 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.

(Pat) Signature

Sandra B.

Print Name EDUARDO REYNA

Address 4513 GEORGIA st

City SAN DIEGO CA Zip Code 92116

Telephone 619/303 9025

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 2090	114.60	1,203.30
6-2-05	R-58894 1 payment $57.30 2nd $47.30	188 2090	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 in part		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 Need

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.V. 92010

ADDRESS 100 Woodlawn Ave. Sp. #13

NAME OF DECEASED Pre-Need

OWNER Wm. A. & Nellie Rice

ADDRESS Same

MORTUARY 426-2896

		D.I.	P.
LOT 168 GR 5 ROW SEC 1 ~~BLK~~ DIV 11		412	50
OPENING TIME	DAY DATE 2 openings	370	00
~~VAULT~~ 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 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.

#10270

AUTHORIZED IN PERSON PHONE BY Mr. Rice

ORDER TAKEN BY Rudolphe

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

At Need

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" (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 ⊘

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 ⊘

Paid receipt number —

Release # —

1/26 E-18919
MORT. Faxing
copy of signature

MT HOPE CEMETERY E-18919

GRAVE BLIND CHECK FORM

Deceased Name William A. Rice

			Williams		Mauer	
			X		Peterson	
Veldhoff						

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 and this is your authority to make disposition of remains as above indicated of the above named decedent that I have the right to make this authorization and I agree to hold Mt. 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" Funeral, date, time _____

Type of Burial Container

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 Bill/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 677 G ST #103 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		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	$11.00	01/31/2005 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 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 2-1-05	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.

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 677 G ST #103 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 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 01/31/2005 L CASTRO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 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 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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	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 for 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

Work Order # E 18920

Invoice # _____

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
	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				
		Herrera		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 Fenger

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 350 LOS SONETO DR. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 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 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 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

COPY 2 IS RETAINED BY 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-43696-4-84	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 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 Zip Code

Telephone

See attached

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

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

in a LINER Funeral, date, time TUES. FEB 1, 1

Type of Burial Container

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 MORT. 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

Paulette

Lula Taylor
Print name

1814 Quicker Rd
Address

El Cajon 9202
City Zip Code

(619) 440-6497
Telephone

Invoice #

Work Order # E 18922

Acct. #

This 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] - 266-2547

ADDRESS 4787 Franklin St [illegible] 92113

NAME OF DECEASED Pioneer graves

OWNER

ADDRESS

MORTUARY

LOT 145 GR 10+11 ROW SEC 1 BLK DIV 12	640	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	[illegible]	[illegible]
PAID RECEIPT NUMBER 31747	150	00
BALANCE	490	00
31808	150.00	
	340.00	
31965	200.00	
	$140.00	
32060 -	140.00	
	0	

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-593 (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 1814 Quicker Road 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 3444 Citrus Street, Lemon Grove, CA 91945	FD1673	▶ [signature]	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 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 San Diego, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street, San Diego, CA 92102	11B. DATE BURIED 2-1-05	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.

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 Blk/Row 1 Lot — Grave 53

Grave space & Care Fund	E-18913	Ø
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	R-58437 1-21-05	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		Ø
Paid receipt number		—
Balance due		Ø

I hereby certify I am the X 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.

X Gwinith R. Quijano
Print Name

X 3006 Bigg's Ct.
Address

X Nat. City Ca. 91950
City Zip Code

X (619) ~~475~~ 475-2679
Telephone

See copy on back

Signature

Paulette 474-6565

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

Date 1-21-05

228495

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

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	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.

228495

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

X Kuinith R. Quijano
Signature

Maria

X Kuinith 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: NATIONAL CITY

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: GWINITE QUIJANO - DPOHC 3006 BIGGS CT NATIONAL CITY CA 91950

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 filing permit ▶ 8B. DATE SIGNED: 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: $11.00

9B. DATE PERMIT ISSUED: 01/10/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 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: MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED: 1/11/05	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 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

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	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 3006 BIGGS CT NATIONAL CITY CA 91950

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 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: Lisa Castro

8B. DATE SIGNED: 01/07/2005

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	01/10/2005 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 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 1/14/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION Jose O	
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

3

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 02 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

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

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	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20

Mort 2 PAY Res 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

Johnny R. Rushing (Print Name)

P.O. Box 746208 (Address)

San Diego, CA 92174 (City, Zip Code)

(619) 263-4896 (Telephone)

Invoice # _____

Acct. # _____

Work Order # E 18924

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 P.O. Box 746208 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 San Diego, CA 92102	FD-1329	Blan 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

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

OFFICIAL RECEIPT

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

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

in nexus

61758

Date: 6/23 72, 20 09

From: Johnny R. Rushing Address: 2

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

in full Payment of Setting fee for Clifton Louise Rushing.

Div 12 Sec 1 Blk/Row Lot 116 Grave 9

Invoice No. E-18924

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
By Pauline

ISSUED BY

CREDIT	67007	227	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 ~~0~~

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 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

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
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 338 S. Jackson St. Santa Ana, CA 92704

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Funeraria Aztlan 7856 La Mesa Blvd.,La Mesa, CA 91941	FD-1658

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 filing permit	8B. DATE SIGNED
		[signature]	01/21/2005

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	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 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 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 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) 694-3967

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: Aetna Address: 7856 La Mesa Blvd La Mesa 91941

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

in Full Payment of Disinterment of Aurelio Ortega Peralta

Div 13 Sec Blk/Row Lot 19 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

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 —

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 5724

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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

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

Print Name _____

Address _____

Signature _____

City _____ Zip Code _____

Telephone _____

Paulette

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 Ins	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	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	—
E-18600 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.

Henry Jimenez (Signature)

Paulette

Henry Jimenez (Print Name)

807 S. Pacific St. (Address)

Oceanside, Ca. 92054 (City, Zip Code)

760-967-6395 (Telephone)

Invoice # _____

Acct. # _____

Work Order # E 18926

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

		Hollinquest				
SEAPOH			X			

Today's Date 2/1

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

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) 836 W. PENNSYLVANIA AVE. #10[illegible] 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 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶	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

[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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 2-4-05	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.

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 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 # _____

Work Order # E 18927

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 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" (Type of Burial Container) Funeral, date, time Feb. 7 Mon. 11:00

Church, Chapel, Graveside _____ : BISHOP Mortuary, SWEN

All Funeral cars 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	362.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.40
Total Due	2250.40

NORT. 2 BRING Check Fax 4664461

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.

Joyce K. Cunningham (Signature)

Paulette

Joyce K. Cunningham (Print Name)
5490 Lenox Dr (Address)
San Diego Ca 92114 (Zip Code)
(619) 262-6939 (Telephone)

Invoice # _____

Acct. # _____

Work Order # E 18927

REA-104 (3-04)

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: 24B 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	09/24/1962	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 5490 Lenox Drive San Diego, CA 92114

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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 2-7-05	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.

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

Sent & mailed arrival Over time Time will on 2-10-05 3:52 P. Sandra on 2-3-05 Bill Family

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

x DAVID J. GOSLEE
Print Name

x 2621 SWEETWATER Rd. #93
Address

x NATIONAL CITY 91950
City Zip Code

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	KALB	young		

Today's Date 2-1-05

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

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

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: David Noriega

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 2621 SWEETWATER RD. NATIONAL CITY, CA. 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ [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 RIVERSIDE, CA. 92513	PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 2-3-05	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.

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

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 - 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

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	—
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	RS8462	1493.00
Balance due		—

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.

Ofelia Johnson (Signature)

Paulette

Ofelia Johnson (Print Name)

2920 Highlands Wy (Address)

Spring Valley, CA 91977 (City, Zip Code)

(619) 698-3945 (Telephone)

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 2920 HIGHLANDS WAY 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
BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950	FD-284	▶ [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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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 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 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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 2-5-05	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.

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 Kelez 228509

in a Top 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 Fee	66.00
Sales taxes	28.37
Total Due	2590.37
Paid receipt number MC	2590.37
payment Balance due	Ø

PAID

FEB 0 2 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

228555

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 Funeral, date, time Feb ~~23 Wed~~ 10:30

Type of Burial Container

~~Church, Chapel, Graveside~~ Delivery : Atlas 25 Friday 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. _____ Spoke w/ Luis 2:45 AM 2/22

Division 12 Section 1 Blk/Row _____ Lot 67 Grave 11

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 R-58486	1833.00
Balance due	0.20

PAID

FEB - 7 2005

MOUNT HOPE CEMETERY

Ida Commerford P.A. 858-849-0814 Fax 858-694-3987

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 _____

See 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 5201-A Ruffin Rd. San Diego, CA., 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Funeraria Aztlan 7856 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 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 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 San Diego, CA., 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE 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 Mount Hope Cemetery, 3751 Market St. San Diego, CA., 92102	11B. DATE BURIED 2-26-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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.

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 : At Lan Mortuary

All Funeral cars 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: [signature] 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.

02/04/2005 FRI 08:28 FAX 858 495 5126 858 495 5126
02/03/2005 15:31 SD MT. HOPE CEMETERY SAN DIEGO CNTY PAPG

Fax to
Paulette @
Mt. Hope
(619) 527-3403

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 PA 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 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	1833.20

Ida Comerford
P.A. 858-849-0814 3987
Fax 858-694-3987

Paid receipt number _____

Balance due _____

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: Rob McCafe DPA

Ida M. Comerford, DPA
Print Name

5201 A Ruffin Rd
Address

San Diego CA 92123
City Zip Code

(858) 694-3506
Telephone

paulette

Invoice # _____

Work Order # E 18931

Acct. # _____

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

		East Sc		-	Belle	Landrum
			X			

Today's Date 2-24-05

Interment Date: Friday 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 Pen

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
Dove Release

MT. HOPE CEMETERY

INTERMENT ORDER

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 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.

Division 5 Section 2 Blk/Row Lot 6 Grave ~~5~~ 2 PS.

Grave space & Care Fund	E-18870 ← 2004	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	"	—
Burial Container	"	—
Handling Fees	" R-58345	—
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

Work Order # E 18932

Print Name

Address

City Zip Code

Telephone Cell (619) 392-7995 (760) 758-8915

See attached copy

Invoice #

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

City of San Diego
12-22-04 10:55 PAID

E - 18932

Date 12-22-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gela Roberto Campos 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 2

PAID

DEC 22 2004

MOUNT HOPE CEMETERY

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

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.

Daisy R. Pomilia
Signature

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

E 18932

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need Lot & Trust in full

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 Yor 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.

228493

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

Gela R. Campos (Print Name)

3611 Wilson Ave (Address)

San Diego, CA 92104 (City, Zip Code)

619-336-1249 (Telephone)

Daisy R. Pomilia (Signature)

Daisy R. Pomilia

619) 691-0955

228492 · 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

pre-need turn
At need
Total of 12 charges
Dove Release

MT. HOPE CEMETERY

INTERMENT ORDER

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

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.

Division 5 Section 2 Blk/Row Lot 6 Grave 2

Grave space & Care Fund E-18870	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

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

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

Signature Paulette

Print Name: 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

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: 02/04/2005

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: $13.00

9B. DATE PERMIT ISSUED: 02/04/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2502274 SANDRA PENA

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: MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED: 2-8-05	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.

At Need

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	B6125	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 due		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.

bring ✓ day of

I hereby authorize the interment in lot hold under deed.

X Print Name

X Address

X City Zip Code

X Telephone

see attack

Signature

Pam

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

At Rec

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	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 fees		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 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 Bring 1 day of hold under deed.

Edward B. Stinson
Signature

X Edward B. Stinson
Print Name

X 26444 Taaffe Rd.
Address

X Los Altos Hills, CA 94022
City Zip Code

X 650-941-6478
Telephone

Invoice # _____

Work Order # E 18933

Acct. # _____

REA-104 (3-04)

This in... ...on 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 26444 Taaffe Lane 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 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. San Jose, CA 95128	3851 Rosecrans Street, PO BOX 85222 San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA 92102	11B. DATE BURIED 2-7-05	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.

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 Tues 2/8 10:00

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 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 R58471	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

Pam

Res. address verified by water bill

X Avaceli Moreno
Print Name

X 5870 University Ave #6
Address

San Diego CA 92115
City Zip Code

(619) 582-4898
Telephone

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	[redacted]	Gamanco	Gamanco	
	X	[redacted]	Hearn			
			Meshack			

Today's Date Feb. 4 05

Interment Date: Jun 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 Noriega

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 3052 K STREET SAN DIEGO, CALIFORNIA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Form filing permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. 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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 2-8-05	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 AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

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

THE CITY OF SAN DIEGO

E 18935

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
Signature:	Bonnie Pry
Date faxed back to Mt. Hope Cemetery:	2-8-05
Comments:	

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.

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

Signature _____

Paulette

Work Order # E 18935

Randall Bailey
Print Name

233 Jenna Ct
Address

S.D. Ca 92114
City Zip Code

X Randal Bailey
Telephone

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

Payment will be brought Wed or Thursday

MT HOPE CEMETERY E-18935

GRAVE BLIND CHECK FORM

Deceased Name Charolette Swift

	ortega	Garcia				
	Lewis	Rubalcava	X			
			Tramme			

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	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MORENO VALLEY	RIVERSIDE	RANDALL BAILEY-SON 233 JENNA CT. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD-1575	▶ Bonnie [illegible]	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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	02 / 10 / 2005	▶ 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 7600 RCHD RIVERSIDE, CA 92513	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

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: 98 Gr: 5

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 taking 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. ~~Gra~~

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 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~~ 0

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 288537

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

Patricia A. Johnson
Print Name

466 S Nogal St. #C
Address

S.D. Ca. 92102
City Zip Code

(619) 266-1387
Telephone

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 4665 NOGAL ST. #C SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE.,NATIONAL CITY, CA 91950	FD-1689

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 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]	02/07/2005

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
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		$11.00	02/07/2005 C.RUSS	▶ 2502410

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY [redacted]751 MARKET STEET,SAN DIEGO,CA 92102	11B. DATE BURIED 2-11-05	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 AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 2-8-05

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

Paulette

Work Order # E 18939

TYRONE N. BROWN
Print Name

3288 - ELCAJON - BLVD #2
Address

SAN DIEGO - C.A - 92104
City Zip Code

619-640-4477
Telephone

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	Bogan	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 821 CONCEPCION AVE. SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	9[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 J.BENYARD	▶ 2502434[illegible]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] 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 2-10-05	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
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.

Laura Barragan
Signature

228432
Laura Barragan
Print Name
6709 Mezin way
Address
San Diego CA 92114
City Zip Code
(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 4/100 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

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

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 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	83033	89.-
Trust	77186	

TOTAL PAID $ 89-

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 575 ISSUED BY DC

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, 2006

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 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 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

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. Barragan 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

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 526

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 —

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	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 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, 2006

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

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 —

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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	89.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	89.—

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	178	00
Trust	77186		
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 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 $ 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	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	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

MOUNT HOPE CEMETERY
(619) 527-3400

59031

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 P. 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 PURPOSES STATED UNLESS STAMPED "PAID" IN THIS 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 08-32267384

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS RECEIPT

PAID

MAY 12 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	57007	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	87007	
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	89-75	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

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

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

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	BENF/EQUIPL	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[illegible]
							$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[illegible]
5/8/2006	Coupon #	15	P-00274	$89.00			$89[illegible]
							$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[illegible]
							$353[illegible]
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 wrment : 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

MDA. 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			shine

Today's Date 7-22-05

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 Ferguson

Blind Check Verified by: David Monigo

Agrees with Map: Initials _____ Verified DN

Agrees with Legal Card: Initials _____ Verified DN

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 1151 Tesoro Grove Way #128 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 San Diego, CA 92154	FD-1329	▶ Blair Campbell	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 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 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 Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 2-2-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc.; 2570 Fortune Way; Vista, CA 92083	12B. DATE CREMATED 2/18/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ JW Schock
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACI[illegible] ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 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

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
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

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

✗ _____ Print Name

✗ _____ Address

✗ _____ City Zip Code

✗ _____ 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 CEMENTERY → RAGSDALE NO.666

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 AVD 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

FEB 23 2005 R-58547 395.28

Paid receipt number

Balance due 0

mort 2 Pay

I hereby certify I am the X MOUNT HOPE CEMETERY of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Zip Code

X (619)501-6783
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 E-18942

GRAVE BLIND CHECK FORM

In grave 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 Pa[illegible]

Blind Check Verified by: C Warren

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 1951 47th Street #88 San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	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 B. Campbell	2503222

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 2-28-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F Kamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/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.

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, 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 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 of 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 Reather Mae Taylor

PIN 178027

in a Double Crypt - on Cotton Funeral date, time 11 Am - 11/15/ Tues -

Vault/Liner

Church, Chapel, Graveside Church & Grave 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 note

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

x Ed B. Taylor
Signature

x 4944 monomet st
Address

x San Diego Co 92113
State Zip Code

x 619-264-7426
Telephone

Invoice #

Acct. #

Work Order # E 7740

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

AT NEED.
12 CHAIRS

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

in DD CRYPT "O" Funeral, date, time Feb 14th Mon.

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-7140	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	
Balance due	

mort. 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 I hold under deed.

Katherine Thompson
Signature

Katherine Thompson
Print name Signature
416 Pesca Court
Address
Spring Valley, CA 91977
City Zip Code
(619) 475-5145
Telephone

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 416 Pesca Court Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 2 14 05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - NC	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 - N	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 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 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 (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	
Wade	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: NATIONAL CITY

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT:
RUTH VASQUEZ (GREAT NIECE)
3648 35TH STREET
SAN DIEGO, CA 92104

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 filing permit: [signature]

8B. DATE SIGNED: 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: $11.00

9B. DATE PERMIT ISSUED: 01/26/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: SANDRA PENA 2501685

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)
- [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 2-14-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE, COSTA MESA, CA 92626	12B. DATE CREMATED JAN 28 2005	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

At 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 - PM 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.

DOS

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 Goodwin
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

~~549~~
~~278~~
~~213~~
~~66~~
~~21.54~~

413 — ✓
~~209~~
160 — ✓
.50 — ✓
~~16.20~~ Tax

Suzanne La Gritch
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: LA MESA

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
GUYTON NORTH - SON
10000 BUENA VISTA AVE # 68
SANTEE CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
ECM PACIFIC BEACH CHAPEL 4710 CASS ST
SAN DIEGO CA 92109

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-815

8A. SIGNATURE OF APPLICANT — Person taking permit: [signature]

8B. DATE SIGNED: 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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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: 02/11/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2502698 L CASTRO

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS...PO BOX 85222
SAN DIEGOCCA 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 2-15-05	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.

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 10000 BUENA VISTA AVE # 68 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 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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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 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 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 MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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

MT. HOPE CEMETERY

INTERMENT ORDER

E-18946

Pre need
Lot & Trust

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

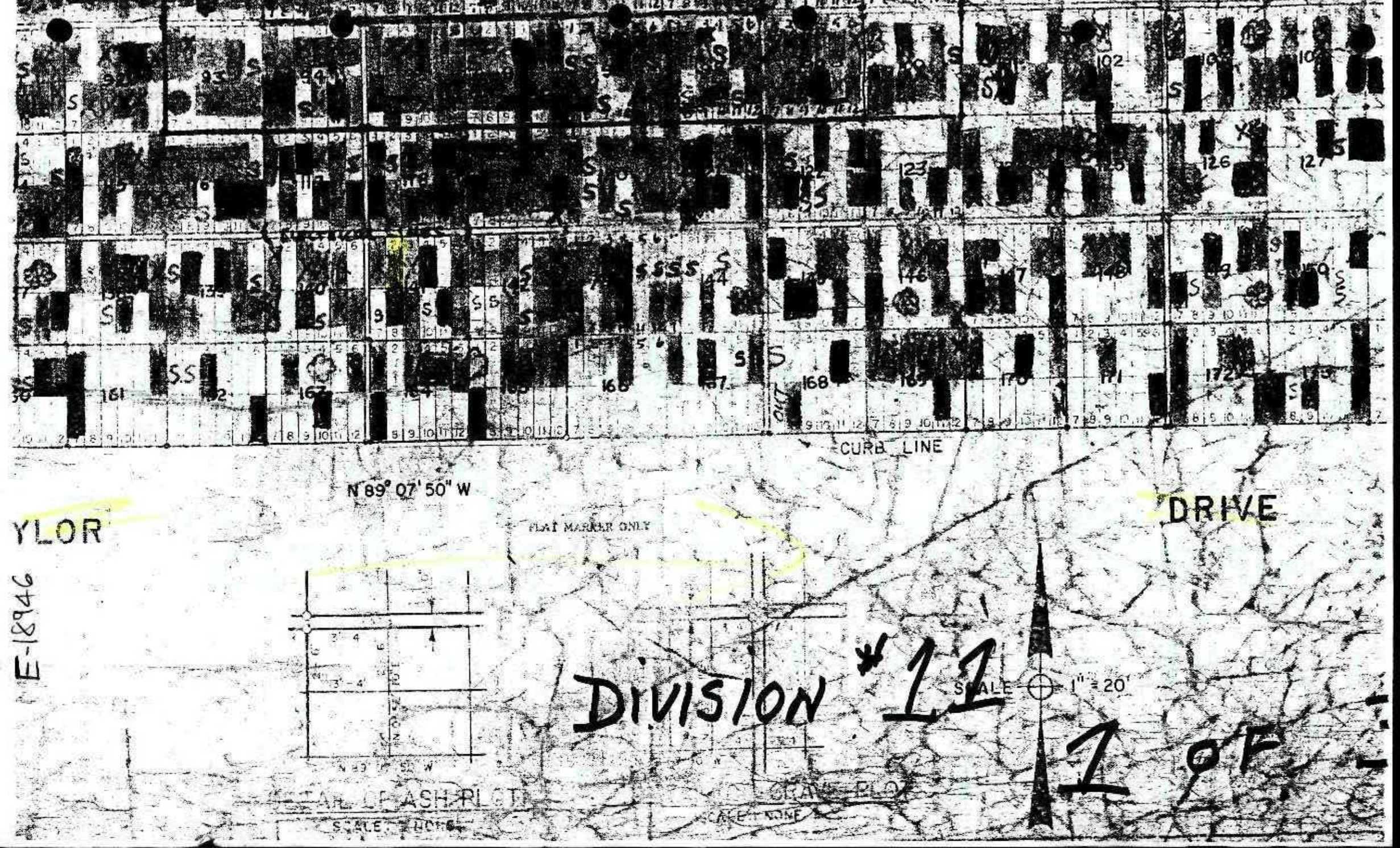
Flag placed by: _____

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
YLOR
DRIVE
FLAT MARKER ONLY
SCALE 1" = 20'
DIVISION #11
1 OF
E-18946

FORM 61 LEGA

LOT 141 SECTION 1 DIVISION 11

	DECEASED	OWNER
1	FERGUSON, Homer L.	FERGUSON, Richard G.
2	E-18946 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 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	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	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	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945-1533	FD941	▶ Kim Beaulieu	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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	Kim Beaulieu 02/15/2005	2502863 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [ ] 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 J. [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.

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	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	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	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945-1533	FD941	▶ Kim Beaulieu	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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	Kim Beaulieu 02/15/2005	2502863 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [ ] 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 Hernia	
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

Ash Vault in the grave with Lyman, Ellsworth

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 ⊕ 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	⊖
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	⊖

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	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santee	San Diego	Lyman Joseph Ellsworth, Son 9457 Doheny Rd., 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
Funeraria Aztlan Mortuary, 7856 La Mesa Bl., La Mesa, CA 91941	Fd-1658	▶ [illegible]	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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	J.L. GAJON JR. 2/20/05	▶ NANCY L. BOWEN M.D.

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 ▶ [illegible]	
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 ▶	
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 0 (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	~~0~~

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 3½ 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 3580 Madison Ave., 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, 7856 La Mesa Bl., La Mesa, CA 91941	Fd-1658	▶ for Jorge L	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. 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 San Diego, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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	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.

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 3580 Madison Ave., San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Funeraria Aztlan Mortuary, 7856 La Mesa Bl., La Mesa, CA 91941	Fd-1658

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: 02/17/2005

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	J.L.GAJON JR. 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 San Diego, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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	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.

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 _____ ; 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 _____ 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 Norris

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 125 Playa Del Rey 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. 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego,.CA 92102	11B. DATE BURIED 2-17-05	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.

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

in a Ash Vault (Type of Burial Container) Funeral, date, time Memorial Services, Sat, 02/19/2005 @ 2:30P Only

Church Chapel, Graveside ; Ragsdale Mortuary

All Funeral care 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 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	395.28
Total Due	

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.

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

Signature

Paulette

CHARLES MOSS
Print Name

500 Rancheres Drive #82
Address

San Marcos, CA 92069
City Zip Code

(760) 744-3980
Telephone

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 Need
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/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 80 Grave 2

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container Liner	289.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Fee	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/Paulette

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 Loriga

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 mo

☒ 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	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
HART, Cleveland Valentino	1891752	Cpl (E-4)	10ct61

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH DAY	MONTH	YEAR
USMC	Edgecombe, County, North Carolina	31	Dec	39

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	170	69#	☒ YES ☐ NO	Single

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
High School - 4	Commercial

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OF INSTALLATION AT WHICH EFFECTED
Released from active duty	MCRDep San Diego, California 92140

c. REASON AND AUTHORITY	d. EFFECTIVE DATE DAY	MONTH	YEAR
"205-Termination of active duty. Marine Corps Order 1900.2D	10	Dec	63

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
ServCo H&SBn MCRDep San Diego, California	HONORABLE	DD Form 217-MC

SEL. SERV. DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
Not Applicable	Not Applicable	Not Applicable		

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

Not Applicable

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION DAY	MONTH	YEAR	19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY DAY	MONTH	YEAR
Not Applicable			☒ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED ☐ OTHER:	4	29	Dec	59

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)
None	Private (E-1)	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.

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

25a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
3041- Supply Admin Clerk	Procurement Clerk 1-19.11

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	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
☐ YES ☒ NO	N/A	N/A

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
None	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)	34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
Rt #2 Box 348 Rocky Mount, Edge, North Carolina	[illegible]

35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
G. L. SALINGER 1stLt USMCR ExecO	[illegible]

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 266 Dolo Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 2-18-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Nurid Moriega	
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 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 3+8+9

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 DEC 15 2006 MOUNT HOPE

pd in full for lots/trust by MC AP027423 Deed on 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.

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

X _____ Signature

pin # 525

X NATASHA Ryapusov Print Name

X 8894 Highwood DR #A Address

X SD CA 92119 City Zip Code

X (619) 466-3860 Telephone

Sandra

Work Order # E 18952

Invoice # _____

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

83611 to 80 ... 254 ... to ... month $172.00
591 ... to 2070 Due 14th 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 Cert Debing 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

[illegible]70·C

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·C

408·70 +
172·00 −
172·00 −
64·70 +

2 payment

0·C

1374.40

28·00 +
28·00 +
48·00 +
64·70 +
168·70 +

0·C

168·70 +
172·00 −
3·30−

0·C

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

5,499.60 +
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

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

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

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-18952

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 9120

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

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

PAID
AUG 24 2006
MOUNT HOPE CEMETERY

Acct. No.

W.O.

BALANCE DUE Ø

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge 1095

☒ Check 1095 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 Blk/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 Ryapusov 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-18952

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 ☐ Money Order

☑ Pre-Need Trust ☐ 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 Ryzapusov 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

MOUNT HOPE CEMETERY
(619) 527-3400

59089

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 in 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

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

PAID

AUG 17 2005

MOUNT HOPE CEMETERY

ISSUED BY Deanna 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 —

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

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-189522

Acct. No.

W.O.

BALANCE DUE $ 3264.70

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2251

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.—

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

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 2 5 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

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

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

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 BRINGS US ALL TOGETHER

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 Viewcrest dr. (Address)
+ SD. 92114 (City, Zip Code)
+ (619) 469 1199 (Telephone)

Invoice # 437377 12-15-05

Work Order # E 18953

Acct. # 128252

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	1310.00	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 4835

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

per [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			
	[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 7th, 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;
23 months $41.00 $328 - on the 15th day of February, 2005; and the balance 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 - MH

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 02 15 05 A11:23 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	66 -
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 Gentle

BALCANA			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 Noriega

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 211 West 8th Street 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 San Diego, CA 92102	FD-1329	▶ [illegible]	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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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 B. Campbell	2502887 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 2-17-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Morigan	
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
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

Clausette arrival time 1:30 pm

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 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
FEB 17 2005
MOUNT HOPE CEMETERY

TO Be pd by mortuary

Paid receipt number R-58532 1833.20

Balance due Ø

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.

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

Signature

Sandra

Work Order # E 18955

Dorothy Smith-228562
Print Name
5389 Bonita Drive
Address
San Diego CA 92114
City Zip Code
619 264-7204
Telephone

Invoice # _____

Acct. # _____

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: [signature]

Agrees with Map: Initials [illegible] Verified ____

Agrees with Legal Card: Initials [illegible] Verified ____

[signature]

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 5389 BONITA DRIVE SAN DIEGO CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 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 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 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 2-05	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need (Res)

Date 2-16-05

per Valarie 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 (Ltd Trion 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	Ø

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.

Florencia C Fuller
Signature

Florencia C Fuller
Print Name

5303 Rex ave
Address

San Diego Ca 92105
City Zip Code

619 287-6202
Telephone

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: [illegible]

Agrees with Map: Initials [illegible] Verified ____

Agrees with Legal Card: Initials [illegible] 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 5303 Rex Avenue 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 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 2-23-05	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.

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 11:00

in a Liner. (Type of Burial Container) Funeral, date, time Friday Feb 18, 05

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	0
Opening/Closing & Setup	549.00
Burial Container Liner	278.00
Handling Fees	213.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	2,437.54
Paid receipt number R-58523	1,31956
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 0

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

[signature]
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: CHULA VISTA

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
RENITA A. WAFER (GRAND DAUGHTER)
1778 SUNNY CREST LANE
BONITA, CA 91902

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: 02/17/2005

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: $13.00

9B. DATE PERMIT ISSUED: 02/17/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2503064 SANDRA PENA

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 MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 2-18-05	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.

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 TS Vault	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 FEB 16 2005 MOUNT HOPE CEME

Paid receipt number R-58526

Balance due 0

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 Feb 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 P.O. Box 2431 Alpine, CA 91903

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

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]	02/17/2005

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	02/18/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 2-22-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Joe Corrales	
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 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 228593

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	379.00
Handling Fees	224.00
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) 4648 Kansas St. San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Featheringill Mortuary: 6322 El Cajon Bl. 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. Dorys

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 H. Dominguez ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 3-3-05	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 & 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.

228588

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

Signature Margaret Perkins

Paulette

Work Order # E 18960

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 Type of Burial Container line 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 - ~~556.00~~
Handling Fees	213 ~~468~~
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	16 -
Sales taxes	21.54 ~~43.09~~
Total Due	2437.54 ~~2874.09~~
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: X San Diego Zip Code: 92113

Telephone: X 233-2900 428-0860

Invoice #

Acct. #

Work Order # E 18961

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

A+ Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

02-18-05P01:13 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Kary 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 pc

Grave space & Care Fund ..... C0843 pc ..... ~~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 _____ 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

16:5E SD MT. HOPE CEMENTERY → RAGSDALE

At Rcvd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 02-18-05P01:13 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Kary Hunter

in a Liner 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 ~~78~~ 34 Grave ~~12~~ 1

Grave space & Care Fund C0843 ~~0~~

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413

Burial Container 209

Handling Fees 160

Flower bases – Marker setting fee _____

Recording/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 that is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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.

Pearl Mealing by HWR

Signature

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

		Garcia Alaquer	Addington X	Rodriguez Jones	Munoz	

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: [signature]

Blind Check Verified by: [signature]

Agrees with Map: Initials CW Verified ____

Agrees with Legal Card: Initials CW 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	SANDIEGO	PEARL MEALING, FRIEND 5215 CHURCHWARD ST. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD-1329	▶ [signature]	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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2-24-05	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 2 IS RETAINED BY 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

02-03 SI[illegible] HOPE CEMENTERY → RAGSDALE

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

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Feb 24 Nov

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 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	16.2
Total Due	848.2

Mt. 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.

Josephine M. Smith
Signature

Pin # 219326

Josephine Smith
Print Name

230 S. Gregory Street
Address

San Diego, CA 92113
City Zip

(619) 264-1645
Telephone

Paulette

Invoice # _____

Work Order # E 18963

Acct. # _____

[illegible] information is available in alternative formats upon req

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: Paulette

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 230 S. Gregory Street San Diego, CA 92113

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

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ [signature]	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	02/23/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 2-24-05	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 2 IS RETAINED BY 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 2/28 426-2006

Church, Chapel, Graveside _____ ; Community Cy Mortuary.

All Funeral cars 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

CHULA VISTA CA 91910
City State Zip Code

619-420-0274
Telephone

Work Order # E 18964

Invoice # _____

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: AYD

Div: 10 Sect: Blk/Row: Lot: 4306 Gr:

Flag placed by: Sandra

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: C 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

4A. 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 606 Del Mar Avenue #2 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 855 Broadway 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	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 Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services Inc. 2570 Fortune Way Vista, CA 92083	12B. DATE CREMATED 1/1/05	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 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 ; Conrod Mortuary.

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

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,[illegible]~~

PAID

FEB 24 2005

MOUNT HOPE CEMETERY

mort TO pay Balance $869.73

Paid receipt number VISA $878.00 257.81 N 1,135.81

pd. $1,135.81

Balance due $869.73

R-58553 — 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 Booriakin
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 -0-

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 Ferry

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
Hagen/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# 228621

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 62½

Grave space & Care Fund E-7623 (1988)	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 (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

in a ASH VAULT Funeral, date
Type of Burial Container

Church, Chapel, Graveside : TEATHERCYK Mortuary.

All Funeral cars 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
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

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 6 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 ~~X~~

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) 912 SW Moss Street 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. San Diego, CA 92115	FD-1083

8C. ACKNOWLEDGEMENT OF APPLICANT	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	▶ M. Dominguez	03/09/2005

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	03/09/2005	2504239 M. Dominguez ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-10-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Darrel 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 Deed

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) 544-9334 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 fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R58541	(1948.31)
Balance due	0

PAID

FEB 22 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

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 ROBERTO MENDEZ Pin # 228588

in a T.S. vault (Type of Burial Container) Funeral, date, time Fri. Feb. 25 9:0

Church, Chapel, Graveside ; Guadalupana Mortuary 619) 544-933 use

All Funeral cars 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 fic any liability on account of said authorization and interment.

Pin # 228587

I hereby authorize the interment in lot I hold under deed

Signature (MOTHER)

Print Name Maria Irma Mendez

Address 2387 E. Bayer Blvd. Apt #6

City San Ysidro CA 92

Telephone _____

Paulette

Work Order # E 18967

Invoice # _____

Acct. # _____

Information 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-18961

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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 2387 E BEYER BLVD.APT#B 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
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD-1425	Selene Chavez	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 102055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	02/24/2005	SELENE CHAVEZ 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 SAN DIEGO,CA.92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 SAN DIEGO	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNTHOPE CEMETERY,3751 MARKET ST. SAN DIEGO,CA.92102	11B. DATE BURIED 2-25-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL David Morrison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/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 Mell
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 Funeral, date, time Thurs 2/24 9:00
Type of Burial Container

Church, Chapel, Graveside _____ ; Raysdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 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	1833.20
Balance due	417.20
R 58539	417.20

PAID
PC. TRION VASE
FEB 2 2 2005
MOUNT HOPE CEMETERY

I hereby certify I am the Mother Amalia Durazo of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Lashleelane

City San Ysidro Zip Code 992173

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 Type of Burial Container line Funeral, date, time Thurs. 7/24

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 Fees	
Opening/Closing & Setup	549 –
Burial Container	278 – ~~556.00~~
Handling Fees	213 ~~468~~
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66 –
Sales taxes	21.54 ~~43.09~~
Total Due	2437.54 ~~2490.09~~
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
Print Name

X2131 Franklin Ave
Address

X San Diego 92113
City Zip Code

X 233-2900
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

			Bee 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

FA 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 1875 Lashlee Lane 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. 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 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 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 2-23-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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

Date 2-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Last Wasylyk, Daniel Pin 228573

in a Liner (Type of Burial Container) Funeral, date, time 3-4-05 10:00 A.m

Church, Chapel, Graveside No witness ; Merkley-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 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

PAID
FEB 22 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

X _____ City Zip Code see attach

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 3335 CROMWELL DRIVE 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 3655 FIFTH AVENUE SAN DIEGO, CA 92103	FD119	▶ [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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-4-5	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 2-24-05

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

Paulette

Work Order # E 18970

Invoice # _____ All attached for signature

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: PC Gaylord 2-24-05 Date: _____

Interment space for: Sheryl Williams

Interment Date: Sat 2/26 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 81 Gr: 2

Grave Laid out by: Norman [illegible]

Agrees with Legal Card: ☑ Yes ☐ No

Flag

Agrees with Map: ☑ Yes ☐ No

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 5336 Geneva Avenue 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 3094 El Cajon Boulevard Ste, A 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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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 $11.00	02/25/2005 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 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 Mt. Hope Cemetery 3731 Market StreetSan Diego, Ca. 92102	11B. DATE BURIED 2-26-05	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.

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 5336 Geneva Avenue San Diego, California 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Preferred Cremation and Burial 3094 El Cajon Boulevard Ste, A San Diego, California 92104	FD-1746

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 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 [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
02/25/2005 $11.00	02/25/2005 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 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 Mt. Hope Cemetery 3731 Market StreetSan Diego, Ca. 92102	11B. DATE BURIED 2-24-05	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

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 SAT. 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	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

Fax 619) 584-7030

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

X 619-264-0367
Address

X SAN DIEGO CA 92104
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
Flower vases Galv. Marker setting fee	219.16
Recording/Filing/Transfer Fe	66.00
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 Mrs 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 C 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 ~~Q~~

Interment Date: 3-4-05 FRI Time: 12:00 6S.

Div: [illegible] Sect: 2 Blk/Row: ____ Lot: 24 Gr: 38

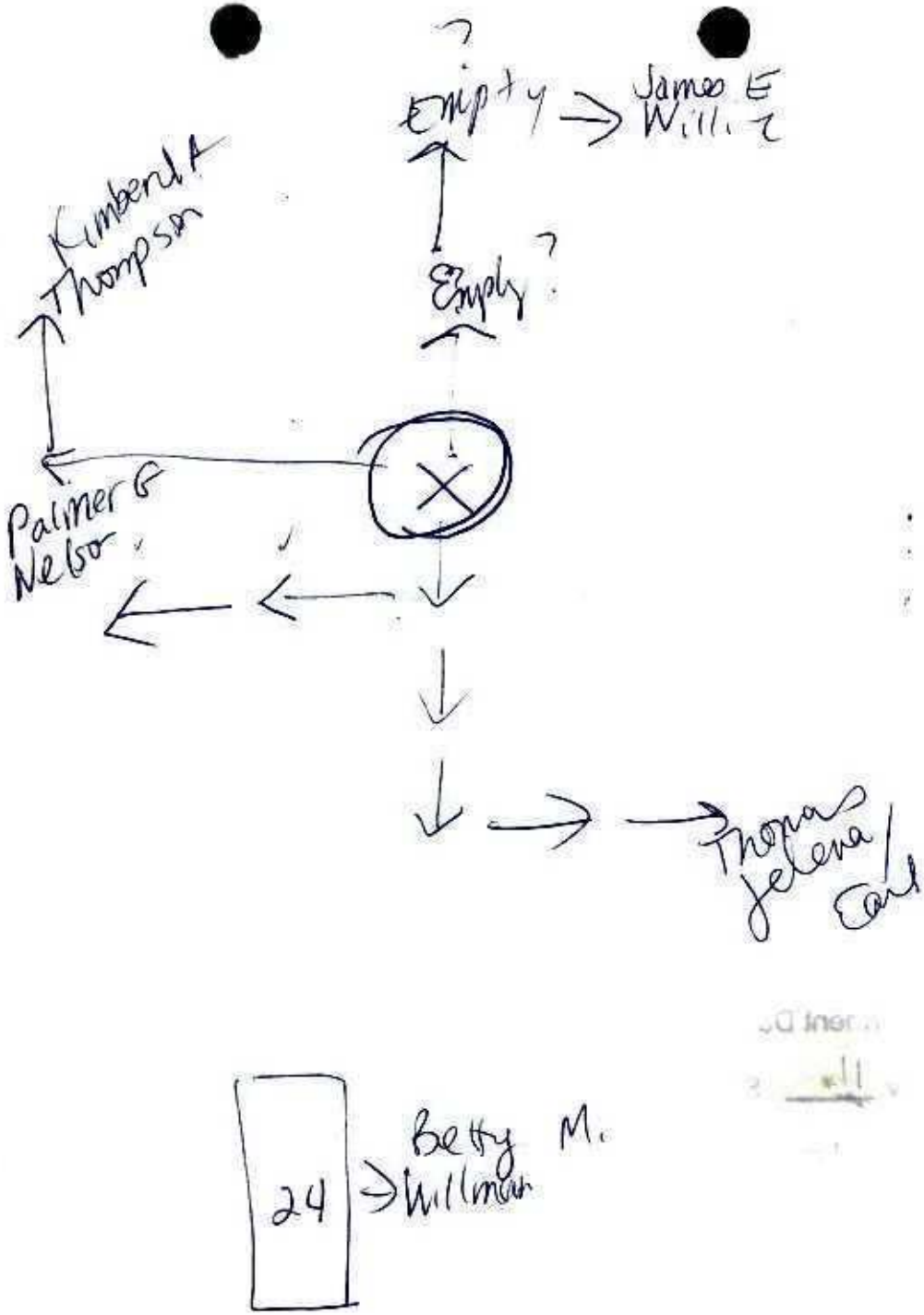
Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

F108

Blind Check & Verified By: David Noriega Date: 3-2-05


?
Empty
James E
Kimberly A
Thompson
Empty ?
Palmer G
Nelson
Thomas
Jelena
Carl
24
Betty M.
Willman

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 1415 D Avenue #605 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 855 Broadway 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 Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [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 Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-25-05	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 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 ~~X~~ 228611

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 B 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)

729 ROLLINGWOOD LN (Address)

FALLBROOK (City) 92028 (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 29 ROLLING WOOD LANE 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	▶ [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 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 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 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 MT HOPE CEMETERY 2751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 3-9-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUSINESS EL CAJON CA 92021	12B. DATE CREMATED 2/8/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

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

Paulette

Work Order # E 18973

RAMONA McCLANAHAN
Print Name

P.O. BOX 152322
Address

San Diego 92195
City Zip Code

619-303-9481
Telephone

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: Heathingell
☐ 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]anahan- Richard [illegible]

June 1970

div 7

sec 17 Lot 44 Gr-8

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

O/C & R/F on 2nd Burials has NOT been paid

pre-Need Lot + Trust for Two grave sites DD crypt

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 8 7 Grave 1 6

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

53567

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 12/13 Sec 1/1 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 THIS BOX.

PAID

FEB 28 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	394	00
20% Sales Care	77184		
80% Sales	100	1,576	00
of Lots	77184		
Opening/	100	20 413	00
Closing	77181		
Burial	100	20 418	00 → DD Script
Containers	77182		
	100		
Handling Fee	77185	20 352	00
Recording &	100		
Misc. Fees	77183	20 50	00
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	20 32	40
	78390		
TOTAL PAID		$ 4,500	80

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 228608

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 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

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	463.00
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. # _____

CA-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	
			Prarty			

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	Ebella Baxter, Daughter 6835 Deep Valley Road San Diego, CA 92120

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

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.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Blair Ragsdale	03/02/2005

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	03/04/2005	2503912 B. Campbell ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 3-8-05	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.

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 ▶

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 Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3 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 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~~ pre need 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.

x G Byas
Signature

paulette

x George BYAS
Print Name

x 4642 oregon st. #9
Address

x SAN DIEGO, CA 92116
City Zip Code

x 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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached signature

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.

Willie Mae Lacey
Signature

Willie Mae Lacey
Print Name

2551 K Street
Address

San Diego, CA 92102
City Zip Code

(619) 239-4905
Telephone

Paulette

Invoice # _____

Work Order # E 18978

Acct. # _____

MFA-101 (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 27172		
BALANCE		

Flush Marker Area

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 [signature]

W.O. NO. E 220276

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 SD, 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 Fenn

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 2551 "K" Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 3-8-05	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.

At Need Intigent

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" Funeral, date, time Weds, Mar. 9th 1030

Type of Burial Container

~~Church, Chapel, Graveside~~ Delivery Only : Conrad Mortuary.

Jeanne 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 3A

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

P.A. 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.

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Signature _____

Paulette 4/20 sent to Flo ms SIT

Billed PA on 3-18-05 SB CK# 4252096

Invoice # 416738

Work Order # E 18979

Acct. # 000952

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

IDA COMERFORD

At Need Intigent

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 DOCRYPT (Type of Burial Container) Funeral, date, time Weds, Mar. 9th 1030

~~Church, Chapel, Graveside~~ Delivery Only ; ~~Gerard~~ Mayer Mortuary, Mortuary

Jeanne 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 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

P.A. Ida Cummerford
858-694-3500

Paid receipt number _____

Balance due _____

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
Print Name

5201 A Ruffin Rd
Address

La Mesa, CA 92123
City Zip Code

(858) 694-3506
Telephone

Invoice # _____

Work Order # E 18979

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

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

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 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 Mortuary, 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 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

P.A. 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 2120 ALPINE BLVD. ALPINE, CA 91901

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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 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 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 MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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-0346	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 Visa	848.20
Balance due	~~848.20~~ ~~0~~ PC.

PAID

MAR - 4 2005

MOUNT HOPE CEMETERY

Res fees

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 5210121
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

Res
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 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 PO BOX 428 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 10356 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	L CASTRO ▶ 2504102

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/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 PO BOX 428 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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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 L CASTRO	2504102 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3-8-05	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.

(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 [illegible] . 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 SB
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 CEMETE

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 1634 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

58584

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		
Handling Fee	77185	204	00
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 TWO SIX FOUR SEVEN 31 CTS/CTS

*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 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 44 F.M.M Grave 2 F.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
Total Due	$1,948.31
Paid receipt number R-58591	1,948.31
Balance due	Ø

PAID
MAR - 7 2005
MOUNT HOPE CEMETERY

mortuary To pay

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]
Signature

X Franklin M Mendoza.
Print Name

X 658 Stork #4.
Address

X San Diego 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 658 STORK ST.APT#4 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. 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 SAN DIEGO,CA.92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 3-9-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Joe Corrales	
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 3-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 3:17

of Cedell Hill 228627 mon. ARRIVAL TIME

in a D.D. CRYPT "A" Funeral, date, time March 14, 2005 1:00

Type of Burial Container

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 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 Trion Flower vases / Marker setting fee 51.63 / 138.00	189.63
Recording/Filing/Transfer Fees @ 50.00	150.00
Sales taxes	32.40
Total Due	2903.03
Paid receipt number R-58592	2903.03
Balance due	Ø

PAID

Res. Fee MAR - 7 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. 228628

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

Jimmye Hill
Signature

Jimmye Hill
Print Name

3756 Logan Ave
Address

San Diego CA 92113
City Zip Code

619-264-9118
Telephone

Bulled
Late arrival
3-15-05

Paulette

4-1-05 pd Late arrival fee

Work Order # E 18983

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

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 3756 Logan Avenue San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	03/09/2005

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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 3/14/3	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.

Res
At Need
18 CHAIRS

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 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	16385
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. mort 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 4439 Euclid Avenue #12 San Diego, CA 92115

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

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 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 3 10 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.

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

Pd in full 4-20-06 $1090.40 VISA AP 468942

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	mailed Deed 4/28/06	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

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	Ø
3-10-05	12 payments Coupons 1-12 / pd thru march 2006						
4-20-06	Pd by visa card AP 468942 13-24						

Visa 4pc Card

Remaining to Trust

APR 2 0 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 1:00

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 (Annual 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 1:00

Church, Chapel, Graveside BAYVIEW Mortuary Angela

858-277-7800

All Funeral cars 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 Same

ADDRESS

MORTUARY

LOT 22 GR 63 ROW SEC Mas 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

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 (3738) 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 P.O. BOX 261478 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

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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. NATIONAL CITY, CA 92950	11B. DATE BURIED 3 10 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 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 Pin #228615 Susan Huffman RA # 20051050

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. Loma 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

P.A. 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 4/20/05 Send ck via interoffice to Flo

Invoice # 416658

Work Order # E 18987 MS SIT

Acct. # 000951

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 5201-A RUFFIN ROAD 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 [illegible]SS FIFTH AVENUE 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 ▶ [illegible] | 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-9-05	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.

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. CLAIREMONT 279-2747

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 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 # 278626

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
(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: DARREY/ 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 228630 SB ~~239-2742~~ Tues 3-15-05

in a Liner (Type of Burial Container) Funeral, date, time: [illegible] 11:00

Church, Chapel, Graveside _____ : Calif Cremation Jenett Mortuary.

All Funeral cars 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	
Opening/Closing & Setup	549.00 ~~549.00~~
Burial Container Liner	278.00 ~~278.00~~
Handling Fees	217.00 ~~213.00~~
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.00 ~~66.00~~
Sales taxes	21.54 ~~16.20~~
Mortuary To pay Total Due	2,437.54 ~~2,583.54~~
Paid receipt number R-58616	2,437.54
Balance due	0

MAR 11 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 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~~ 1:00 pm

Church, Chapel, Graveside _____ ; Calif Cremation Janett Mortuary

All Funeral cars 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	$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	66.00
Sales taxes	$ 24.54 SB ~~76.50~~
Mortuary To pay Total Due	$2,437.54 ~~2,583.54~~
Paid receipt number R-58616	$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.

Signature x Rosie L. Ford

x Rosie L. Ford (Print Name)

x 3635 So. Barcelona St #2 (Address)

x Spring Vly. CA 91977 (City, Zip Code)

x 619 667-0714 (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.

	Jerell 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: SPRING VALLEY

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: ROSKE BORD-DAUGHTER
3835 S. BARCELONA #2
SPRING VALLEY CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
CALIFORNIA CREMATION & BURIAL
5880 EL CAJON BLVD. SAN DIEGO CA 92115

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1357

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 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: $11.00

9B. DATE PERMIT ISSUED: 03/14/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ V MITCHELL 2504458

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA:
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
- [ ] 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 3-15-05	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.

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 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 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

X (619) 262-1836
Telephone

Zip Code

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 6782 Tiffin Avenue San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	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 B. Campbell	2504437 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 Street San Diego, CA 92102	11B. DATE BURIED 3-17-05	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.

At need
Pp grave of margaret
Pp - nee Lot Dix
Trust

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 [illegible] Nix) L 220849

in a Dbl. Crypt "IB" Funeral, date, time Friday March 18th 9:00 pm

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 VR Section 2 Blk/Row _____ Lot 39 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		—
Balance due	E-15754	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 _____

Paulette

Work Order # E 18991

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # See attached

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

E-18991

City of San Diego

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 22 10:30

Church, Chapel, Graveside Delivery : S.D. Memorial Mortuary

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

will be applied and billed to undersigned. _____

Lot 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

Work Order # E 17936

Invoice # _____

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

16192817587
05 13 9:47AM MORTU SERVICES → 92817587 NO.

At need
in grave of margaret Die

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. Crypt B Funeral, date, time Friday March 18th

Church, Chapel, Graveside Delivery Only, Mayer Mortuary

All Funeral cars 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-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	—
Balance due	0

fax (619) 281-7587

E-1

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

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

Signature

Paulette

Work Order # E 18991

228641

GREG BROWN
Print Name

5201-A RUFFIN RD
Address

SAN DIEGO, CA 92123
City, Zip Code

(858) 694-3500
Telephone

Invoice # ____

Acct. # ____

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 PM 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 Noriega 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 38703 N. SHERIDAN RD.LOT 96 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 SAN DIEGO, CA 92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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, 8751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-[illegible]	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 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.

BX Liner (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 AM (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: 3/9/05 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:

8 months

LAST NAME: Newton
FIRST NAME: Kaore INITIAL: A
D.O.D. D.O.B.
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 ?

Res. fee (BX) Liner 408.97 - 628.13

casket measurements

26 L x 14 h x 11½ W

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 GS

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 2078 YELLOWTAIL WAY 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 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	▶ Victoria Mitchell	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 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 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 3-15-05	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

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 1:00P. ~~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 11 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 # _____

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

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 (Name of Burial Container) Funeral, date, time Weds 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.

Raul Mosti
Signature

Paulette

Raul Mosti
Print Name
4252 Paplar St
Address
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 Moringe 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 1113 FLAMINGO AVE. EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950	FD-1689	▶ [illegible]	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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 3-5-05	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 AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

AT-Need (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 16th 1:00

Church, Chapel, Graveside MT Erie Baptist Church : 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. 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		SB
Opening/Closing & Setup	~~TS Vault~~	~~275.00~~ 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	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 (419) 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/Urn

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

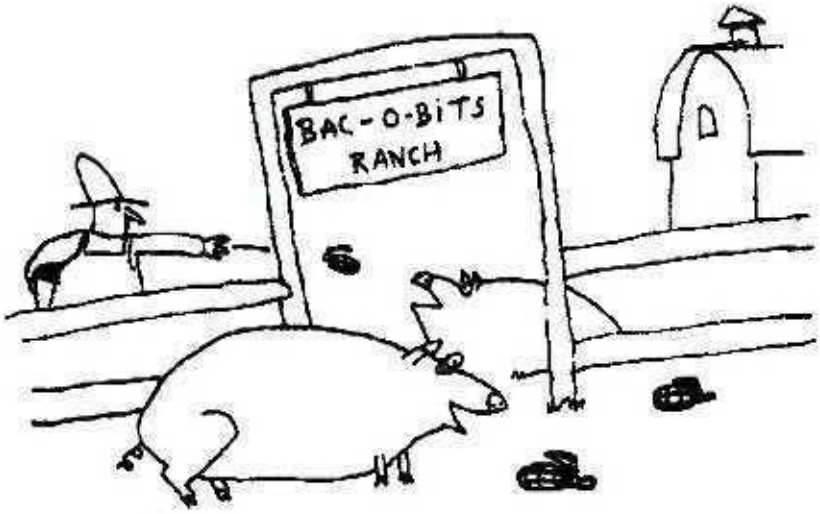
Agrees with Map: ☒ Yes ☐ No

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, 1993

From: Crystal Thrower Address: 1612 Maria Ave Sp Valley

Fifteen Hundred Ninety — 90/0 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 —0—

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 101

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	57007 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 78390		
TOTAL PAID	$	1590	W

FROM : FAX NO. : Mar. 11 2005 03:48PM P2

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 1879 Manzana Way San Diego, CA 92139

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

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: ▶ Blair Campbell	8B. DATE SIG[illegible] 03/11/2005

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 03/14/2005 B/.Campbell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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 3-16-05	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 FACILI[illegible] ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 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
In the gr. of
Denichi Kawasaki &
front left side

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 ~~Apr. 1 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	Θ
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	Θ

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

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

Toshiko Kawasaki
Signature

Paulette

229371

TOSHIKO KAWASAKI
Print Name

2733 G ST.
Address

SAN DIEGO, CA 92102
City Zip Code

(619) 234-1603
Telephone

Invoice # _____

Work Order # E 18995

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 2733 G Street San Diego, CA 92102

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
Balboa Cremation Services 4658 30th St. San Diego, CA 92116	FD1370	▶ [signature]	03/15/2005

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	03/15/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

AT-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 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.

2286036

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	03/12/2005	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 1621 MARKERRY AVENUE 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 655 FIFTH AVENUE SAN 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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-17-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. James	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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
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 22/647

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 _____

Invoice # See attached

Acct. # _____

Paulette

Work Order # E 18997

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Appointed Public Administrator

16192817587
2005 8:20AM MORTUARY SERVICES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
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 Funeral, date, time 3/23/05 Weds

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 spelled and billed to undersigned. _____

Division 12 Section 1 Bk/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 coring fee —

Recording/Filing/Transfer Fees —

Sales taxes —

fax 614-281-7587

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 9212
City
(858) 694-3500
Telephone

Invoice # _____

Acct. # _____

RSA-106 (3-05)

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)

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. Farmer 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 507 BROAD ST. 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 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 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 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-23-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin E. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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.

PMT 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 (X) 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 (Gals) / Marker setting fee Flower vase Granite marker Fee	163.85
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	$ 791.58
Paid receipt number money order# 336275088	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]
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)* FOUC

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 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I 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.

Signature

Dorothy Joe Smith
Print Name
5389 Bonita Drive
Address
San Diego CA 92114
City Zip Code
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	3@ 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

Work Order # E 19001

Invoice #

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 Contract Expires Jan 2007 monthly-$70.00 E-19001

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		97.45	0

PAID

MAR - 9 2007

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

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

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

P 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

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

PAID

JUL - 3 2006

ISSUED BY Paulette

MOUNT HOPE CE

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 8311

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 31 & 39 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

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-

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

59445

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 Pauwford

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 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

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

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 8435

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 Alta View 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 2 5 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	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.

59284

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/10 20 05

From: Howard Cutts Address: 2038 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 ☒ Cash ☐ Check ☒

8137

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

PAID

OCT 0 7 2005

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	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 Jr. 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

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 8197 ISSUED BY Paulette

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 —

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 (11-06)

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 ov 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

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	-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 8328

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 Fee	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 #107
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

58500

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

E19003

5649

H0449027

SUZANNE TRUDO
858-272-7853
4338 CLAIREMONT MESA BLVD., APT. 11 CA 10-07
SAN DIEGO, CA 92117-1950

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 MP

22271627⑆ 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

SCOTT B. SLAYTON
Print Name

12620 OLD CAMPO RD
Address

SV 91978
City Zip Code

619 670 3138
Telephone

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:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

NR

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

595.28
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 12620 OLD CAMPO RD 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 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	2504710 JACKIE KOZICA ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 3-19-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 3/17/10

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Coleman Luke 228646

In a Liner (Type of Burial Container) Funeral, date, time MON. MAR 21 (GS) 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 VISA Card	848.20
Balance due	Ø

PAID
MAR 17 2005
MOUNT HOPE CEMETERY

DCR 05-16812

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.

228645

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

x [signature] M. [signature]
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 F/a9

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: A. Fanker 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 7657 SKYLINE DR. SAN DIEGO, CA 92114

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, SAN DIEGO, CA 92102	FD-1329	▶ V. Davis	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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-21-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ C Warren	
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
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

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

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

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 SPACE

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~~
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

6895

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
0111838896

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 R573 50 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 I 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 1272 Tobias Drive 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 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 ▶ [signature] 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 ▶ 2504550

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
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 Mt. Hope Cemetery 3751 Market Street 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 a.m. - 3:00 p.

Wong Zee Ling

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Res AT Need

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
Flower vases / Marker setting fee (2 TRIOA VASES)	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 223 32ND STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD-1329	▶	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 V. DAVIS	2504840 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-23-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Langer	
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
(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 3940 Manzanita Dr. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE 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 Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-22-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Darrell Farmer	
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 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 : 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 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 CEMENTERY → 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 (Type of Burial Container) Funeral, date, time Mon - 13-00 11:00

Church, Chapel, Graveside ; CA Crematorium 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

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 (7-96)

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.

			Sicuosi			
			X			

Blind Check Initiated By: Paulette Date: 3/21

Interment space for: DessereBouty

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 Narvaez 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 1351 Gilman Avenue 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 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 109055 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

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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 B. Campbell	2505002 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3-23-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/21/05

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	-	DOMINGUEZ-[redacted]JILLO (Trujillo)	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 JOSEFA ORTIZ DE DOMINGUEZ#1331 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 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]35222 SAN DIEGO, CA, 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] 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 MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102	11B. DATE BURIED 3-22-05	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.

E 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

TY 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 filing permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD-1575	▶ Donna Hop	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 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	▶ 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
- [ ] 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 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 SPOSITION OTHER N 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 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 Bill/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	1833.20

Res. Fee Mort 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.

Emma J. Baker
Signature

Paulette

Emma J. Baker 228693
Print Name

1000 Greenfield Dr. #1
Address

El Cajon, CA 92021
City Address

619.447-0431
Telephone

Invoice # ____

Acct. # ____

Work Order # E 19046

REA-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

Rd 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. —
11-28-05	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 —	[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 Dlawford

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

59044

MOUNT HOPE CEMETERY

(619) 527-3400

Date: July 11, 20 05

From: Maria E. Rodriguez De Espinoza Address: JM 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 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 X

177

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

PAID

AUG 0 9 2005

MOUNT HOPE CEMETERY

ISSUED BY Pcrawford

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

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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 ☐ 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.

59329

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/20, 20 05

From: Maria Elena Rodriguez De Espinoza Address: On record

Thirty-One and 00 Dollars ($ 31.—)

in Park 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 X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

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)

224

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 Pauline

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.

48

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-1045

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 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 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-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	69033	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

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

☑ 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 9th 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 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

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.

			DHLIN	Williams	Grady	
			x	Ruiz	Ruiz	Mercedes
			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 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 3225 NATIONAL AVE. 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. 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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 4-7-05	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.

(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 undedicated.

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 #~~4~~ 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			
5/23/05	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	1111.20
12-15-05	mailed delinquent cert letter [illegible]			
	Family must pay $228.00 to avoid collections			

sent to Collections
1-4-06

~~[illegible]~~

ACCOUNT # ~~[illegible]~~

~~[illegible]~~ # 128591 ACC#

INVOICE# 433423

E19043

UNITED STATES POSTAL SERVICE SAN 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

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)*

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

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 Mortuary. 858 453-2121

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

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 D 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.

Charles D Stephens
Signature

Charles D Stephens
Print Name

4078 Conrad Dr.
Address

Spring Valley CA 91977
City Zip Code

(619) 469-5670
Telephone

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 4078 CONRAD DR SPRING VALLEY CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
EL CAMINO MEM-SORRENTO VALLEY CHAPEL 5600 CARROLL CANYON RD SAN DIEGO CA 92121	FD1260

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
		▶	03/21/2005

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	03/21/2005 E GALVEZ	2504910 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 3-21-05	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.

(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) 203-4801
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

Church Chapel, Graveside ; Mayer, Scott 281-7055 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 0 8 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 / 6759583
Telephone 811(619) 203 4801

Invoice #

Work Order # E 19305

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

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 Lawford

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

1390

16-24 / 1220 4422
0433028628

DATE 8/8/05

PAY TO THE ORDER OF Mt. Hope Cemetery $ 1783.31

Seventeen hundred Eighty three 31/100 DOLLARS

Wells Fargo Bank, N.A.
California
www.wellsfargo.com

MEMO

$1756-Lot/Trust $963.31

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	#3	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 228081

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. 228081

Signature

Print Name

Address 3340 Imperial ave

City S.D. CA Zip Code 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

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 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 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 PAID

Opening/Closing & Setup

Burial Container MAY 25 2005

Handling Fees

Flower vases – Marker setting MOUNT HOPE CEMETERY

Recording/Filing/Transfer Fees Disinterment 550.00

Sales taxes

Total Due 550.00

Paid receipt number R-58875 550.00

Balance due Ø

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~~ disinterment in lot I hold under deed.

Gretchen B Geary
Signature

Gretchen B Geary
Print name
5555 Overland Ave #14
Address
San Diego 92123
City Zip Code
858 694 2905
Telephone

Pawette

Invoice # _____

Work Order # E 19015

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

00-2268

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Deed
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 E/90/6

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
		McElrey	Rosane			

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 Flag

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 1365 BROADWAY #26 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 AVE. SAN DIEGO, CA 92104	FD-1575	▶ [signature]	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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-29-05	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.

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 Mortuary. 619) 584-7000

All Funeral cars 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 401 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-58674	1833.20
Balance due	Ø

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: [signature] 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 3085 Greely Avenue San Diego, California 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Preferred Cremation and Burial 3084 El Cajon Blvd., Ste. A San Diego, California 92104	FD-1746	▶	

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 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 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 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 Mt. Hope Cemetery 3751 Market Street 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.

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

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

Charlie Thompson Jr

Signature

Charlie Thompson Jr

First Name

3085 Greely Ave.

Address

San Diego, CA 92113

City Zip Code

619 239-1476

Telephone

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 1:00 p.m.~~ 28th 1:00 p.

Church, Chapel, Graveside : Cypress View Angelina 264-3168 Mortuary.

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

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 305 WEST 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
ECM-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶	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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 3-28-05	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.

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 due 10th of each month (559 Pitta ST 92114) S.D. $31.00 monthly $26.00 final, New # 619 666-2122 E-19019

PEREZ, JUAN CARLOS ~~4029 47 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	Ø

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 M. Date: 3-30-05

E 19029 1877 1.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
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 7 PALMA VALLEY 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 3655 FIFTH AVENUE 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 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 85822 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-1-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISKER AVENUE COSTA MESA, CA 92626	12B. DATE CREMATED MAR 3 0 2005	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.

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 ~~Fri. April 1~~ ~~1100~~ (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	Ø
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		Ø

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.

Debra J Reising
Signature

Debra J Reising
Print Name

7 Palma Valley
Address

Coto De Caza Calif. 92679
City Zip Code

949-589-4825
Telephone

Paulette

Invoice # _____

Work Order # E 19021

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 7 PALMA VALLEY 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	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103	FD119	▶ [signature]	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	B.A. ELLANO 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 SAN DIEGO, CA 92186-5222	-

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

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

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

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-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# 228653
c/o 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 # _____

Work Order # E19022

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

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

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

PAID

MAR 24 2005

MOUNT HOPE C.

ISSUED BY P. Crawford

CREDIT	67007		
20% Sales Care	77184	$ 197	00
80% Sales	100	788	00
of Lots	77184		
Opening	100	826	00
Closing $413.00	77181		
Burial	100	418	00 - DD crypt
Containers	77182		
	100	352	00
Handling Fee	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

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

2379

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 SALINAS BROLLINI (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 # 1660778
Notary Public - California
San Diego County
My Comm. Expires Apr 25, 2010

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public

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

GPD 337-8100 PA. MARCO DELATOBA 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 _____

Billed PA 3-30-05 SB

Paulette

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Invoice # 417395

Acct. # 000952

Work Order # E 19023

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	

GA 337-8100 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.

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

Signature: Nhobbs for M. De La Toba

Paulette

Print Name: MARCO de La Toba

Address: PUBLIC ADMINISTRATOR PUBLIC GUARDIAN 5201-A RUFFIN ROAD

City: SAN DIEGO, CALIFORNIA 92123-1699

Telephone: 858 694 3500

Invoice #

Work Order # E 19023

Care 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	02/18/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
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
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	Fd-1658

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

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature] 8B. DATE SIGNED: 03/18/2005

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: $11.00

9B. DATE PERMIT ISSUED: 03/18/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ J.L.GAON JR 2504800

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: 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: 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 White 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 TT 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

Paulette

x Carolyn W. Bogdan
Print Name

x 8000 Harwood Ave NE
Address

x Albuquerque, NM 87110
City Zip Code

x 505 332-3179
Telephone

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 Blk/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: DARREL 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 unknown 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	7. 0 1 2 3 4 5 6 7 8 9 10 11 12 13 [X] 15 16 17 + UK
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,
State	NM.
Zip	87505

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 Mesa Del Sol 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
22g. 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. Hold certificate to view. See attached Affidavit of Correction

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

Note: If death is due to accident, homicide, suicide or undetermined causes, notify the Medical Examiner

FOR STATE OFFICE USE ONLY

☐ Reissued filed certificate
☐ See attached Affidavit of Correction

OCC
IND
IHS

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 Tribe: Affiliation (e.g. Sioux, Jicarilla, Navajo, etc.): NONE
6c. Is Decedent Hispanic? (If yes, more than one may be checked): ☒ 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 ☒ 15 16 17 + UNK
8a. PLACE OF DEATH - Name of hospital or other facility (If neither, give street and number or location): ST. VINCENT HOSPITAL
8b. HOSPITAL: ☒ 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 ☒ 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? ☒ 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: 87505

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
20b. CEMETERY/CREMATORY - Name: TERRACE GROVE CREMATOR
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 ☒ 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 PATTILLI
Mailing Address (City, State and Zip Code): [illegible]
22c. DATE SIGNED (mo. day. yr): DEC. 15, 2004
22d. HOUR OF DEATH: [illegible]
22e. PRONOUNCED DEAD (mo. day. yr): DEC. 13, 2004
22f. PRONOUNCED DEAD (hour): [illegible]
22g. MANNER OF DEATH: ☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED
23a. DATE FILED AT NMVRHS (mo., day, yr):
23b. REGISTRAR'S SIGNATURE: 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

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 2340 SANTA BARBARA DRIVE 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 3655 FIFTH AVENUE 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 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 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-8-05	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.

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) Funeral, date, time Monday MAR. 28th 05 ~~9:00~~ A.m

Type of Burial Container Jose 544-9333

Church, Chapel, Graveside _____ ; Guadalupana Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 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 9:00A.m /Jose 544-9333

Church Chapel, Graveside : Guadalupana Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 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

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

Interment Date: mon 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	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RUBEN GOMEZ-HUSBAND 3585 CENTRAL AVENUE SAN DIEGO,CA,92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AV SAN DIEGO,CA,92113	FD-1425	▶	03/23/2005

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 03/23/2005	2505090 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 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
Ground trim Flower vases – Marker setting fee	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.

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

Monica Ratcliffe
Signature

Paulette

228666

Monica Ratcliffe
Print Name

1978 Chaumont Place
Address

San Diego 92114
City Zip Code

419-804-9290
Telephone

Invoice # _____

Work Order # E 19026

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: Key

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 1978 Chaumont Place 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 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	03/24/2005

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	03/24/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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 3 28 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.

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.

		Schuss		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 Manuel Date: 3-24-05

E 4027

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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 405 25th,Street, San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Funeraria Aztlan Mortuary 7856 La Mesa Bl., La Mesa, CA 91941	Fd-1658

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.	8A. SIGNATURE OF APPLICANT—Person taking permit:	8B. DATE SIGNED
		▶ [illegible]	03/28/2005

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	J.L.GAJON JR. 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 San Diego, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 3-25-05	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 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 & C

will be applied and billed to undersigned. _____

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

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

X [signature]
Signature

X Enid Craig 228677
Print Name

X 5806 Fairmount Ave
Address

X S.D. CA. 92105
City Zip Code

X 619 501-9254
Telephone

Paulette

Refund in process for $90.00 by Marian Saunders. DP# 4123207

Invoice # _____

Work Order # E 19028

Acct. # _____

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 5492 IMPERIAL AVE. #13 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. 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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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	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 3-25-05

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

Rec. 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 Williams
Signature

NOEL K WILLIAMS
Print Name

2835 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 E19029

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
		ISOM	x		Missaghi	
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 Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Jose 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	MOEL WILLIAMS - WIFE 2893 WHITNEY ST. 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 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 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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	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 1 0 2005

MOUNT HOPE CEMETERY

Paid-in-full R-59064

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.

228667

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

Signature _____

Paulette

Print Name Ernestine DAVIES

Address 350 Los Sonetos Dr.

City San Diego Zip Code 92114

Telephone (619) 2637934

818 5262

Invoice # _____

Work Order # E 19030

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	0

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

Paulette

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 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 Perquen

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 226 S. SIENA ST. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SANDDIEGO, CA 92115	FD-1357	David P Bennett	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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/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.

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 1130

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	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.

228716

I hereby authorize the interment in lot I 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

Paulette

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
pin #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 $ Deanne

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	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

Await signature of Mary Hobbs P.A.

Paulette

Work Order # E 19032

Invoice #

Acct. #

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

in a Liner (Type of Burial Container) Funeral, date, time Tues. April 5, 11:00

Church, Chapel, Graveside Delivery ; Mayer Mortuary, Dearne

All Funeral cars 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	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.

(X) [signature]
Signature

NANCY HOBBS
Print Name
5201A RUFFIN RD
Address
SAN DIEGO, CA 92123
City Zip Code
(858) 694-3500
Telephone

Paulette
Work Order # E 19032

Invoice # _____

Acct. # _____

REA-106 (3-04)

This information is available in alternative formats upon request.

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 Perez			
	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 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
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 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
		▶	03/28/2[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 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 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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, [illegible] ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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
P.A. & State
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 _____

Invoice # _____

Acct. # _____

Work Order # E 19033

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

NO.415 P.P.21

E19033

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

in a Liner (Type of Burial Container) Funeral, date, time Tues April 5 11:00

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 $ Dianne

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	—
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.

(X) [signature]
Signature

NANCY HOBBS
Print Name
5201A RUFFIN RD
Address
SAN DIEGO, CA 92123
City Zip Code
(858) 694-3500
Telephone

Invoice # ____

Acct. # ____

Work Order # E 19033

... available in alternative formats upon request.

CN 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 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MAYER 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 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 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	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-18080 (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-18080	—
Balance due	0

I hereby certify I am the Felipa 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.

Felipa M. Carney
Signature

FELIPA CARNEY
Print Name

5917 Buena Tierra St.
Address

San Diego, CA-11
City Nevada 89031 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

227148 227149

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 30 x 2	100
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 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.

Rosita T. Marungoy

I hereby authorize the interment in lot I hold under deed. 227149

Signature of recorded holder of deed

X R Marungoy
Signature

X 411 Los Olivos Apt. #7
Address

X West Chase Aven.
City

El Cajon
Zip Code

X CA 92020
Telephone

440-2867

Pam

18083

Work Order # E

Invoice # _____

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

E 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	DUSGALAO	TINAYNAN	03/08/1917	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
LA MESA	SAN DIEGO	MIGUELA TINAYNAN - WIFE 411 W. CHASE AVE #77 EL CAJON CA 92020

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 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
		▶	03/28/2005

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	03/30/2005 L. CASTRO	2505505 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

- [4] 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 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) Funeral, date, time April 1st, 2005 FRI 1:00

Type of Burial Container

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 Crypt	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.

x Rone Moore.
Signature

-228691

x Sharonia (Rone) Moore
Print Name

x 3541 "Z" St.
Address

x San Diego 92113
City Zip Code

x (619) 251-0150
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: National City

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Joseph Kennedy, Husband, 3570 Acacia Street, San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Ragsdale Mortuary; 5050 Federal Blvd, San Diego, CA 92102

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1329

8A. SIGNATURE OF APPLICANT — Person taking permit: ▶ B. Campbell

8B. DATE SIGNED: 03/29/2005

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: 11.00

9B. DATE PERMIT ISSUED: 03/29/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2505371 ▶ B. Campbell

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: Vital Records; P.O. Box 85222, San Diego, CA 92186-5222

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery; 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED: 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 2 IS RETAINED BY 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 2006
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. 4-R/F = 200, TOX = 64.80 2-B/C = 836, H/F = 704.		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-59434 ✓ " 4 July 2005		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	2304.20
3-1-06	P-00148 ✓ Coupon Feb 2006		169.59	2204.61
3[illegible]/06	P-00199		2204.61	

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.

Div 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 CEM

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 ☒

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	169.
Trust	77186	~~3052.~~ 59
Sales Tax	60101	
	78390	
TOTAL PAID	$	169. 59

AC-212 (Rev. 4-04) 4255

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-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 CEMETERY

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 59/100 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

R-59449

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Dec -2 , 20 05

From: M. Lester Address: on record

One Hundred Sixty-Nine and 59 ( ) Dollars ($ 169.59)

in Part Payment of Pre-need lot + trust

Lot ~~9+10~~ 44 Grave 4+10 Row — Section 1 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

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

AC-212 (Rev. 10-02) 4337

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

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 Paid

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

59020

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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 Parawford

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

Date 03/29/05

228736

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	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
Balance due	2035.05

PAID
MAR 27 2006
MOUNT HOPE CEMETERY

3/27/06 Paid in full for pre-need lot trust p. 00199. Lots 44 gr. 9+10

pt of E-19036

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

Paulette

Print Name Marjorie Lester

Address 8001 Skyline Dr

City San Diego CA 92114 Zip Code

Telephone 619)

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	$ 440.00
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: DARNESS 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 2976 KALMIA ST. #B 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
ECH-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE. 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 C GRIER	2505331 ▶

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

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

pre-need Lot

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 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 + Fund

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 _____

Paulette

Work Order # E 19039

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Dad

E-19039

228678

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	985.00		985.00
R-58682.			246.00	739.00
5/[illegible]/05	R- 58800 no coupon - mailed 2nd books 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 9/30/05

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 h 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 712 S. 28th Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd 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 Ragsdale	03/30/2005

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	03/30/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-8-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF 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.

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, MOG

All Funeral cars 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 DIV 8	742	50
OPENING/CLOSING TIME Church 1:30 DAY DATE Friday 1-25-85	295	00
VAULT/LINER Bell SIZE	259	70
REC. FEE/REMOVAL/FOUNDATION	35	00
— DIP — TOTAL	1332	20
PAID RECEIPT NUMBER 32[illegible] 1/23-85	300	00
BALANCE	1032	20

PAID JAN 2[illegible] 1984 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.

DIP

30 day note

Flush marker only - Bronze

Double Interment privilege

Ph: 264-1602

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

[illegible]RIZED [illegible]ON X Sennie J Williams

ORDER TAKEN BY [illegible]

4805

INVOICE NO. [illegible]

[illegible]

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	Wallingford	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 Date: 4-6-05

Flag

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 820 South Tenth Street 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 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	04/01/2005

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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 4-8-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Joe Lozada	
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 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.

			Jefferson			
Cabungal		Campbell	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 7481 Mohawk Street #21 La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	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	2505810 B. Campbell ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-6-05	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.

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 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

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.

228712

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

Henok Debebe
Signature

Paulette

HENOK DEBEBE
Print Name

7481 MOHAWK St #21
Address

LAMESA CA.
City Zip Code

619-980-3664
Telephone

Invoice # _____

Work Order # E 19042

Acct. # _____

REA-104 (3-0)

This information is available in alternative formats upon request.

Jaye C
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

6658 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			
5/23/05	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	1111.20
12-15-05	mailed delinquent cert letter $66 to [illegible]			
	Family must pay $228.00 to avoid collections			

sent to Collections
1-4-06

Account # ~~128591~~
~~Invoice #~~ 128591 Acc#
INVOICE# 433423

E19043

UNITED STATES POSTAL SERVICE SAN DIEGO CA 921

21 DEC 2005 PM

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

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

DEPT: 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
6 final payment - 57.30

PURCHASER + phone Number:

X 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

59212

MOUNT HOPE CEMETERY
(619) 527-3400

Date: September 23, 20 05

From: Franklin M. Mendoza Address: 929 S. 29th St. San Diego CA 92113

One Hundred Fifty Dollars 00 Dollars ($ 150 —)

in part Payment of Pre-Need Lot & Trust Flower Vase

Div 112 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.

58965

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

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

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—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

Rhonda Trunkfield
Print Name
19362 123rd Ave
Address
Pitt Meadows, BC V3Y2K3
City Zip Code
604-465-1627
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 _____ 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

Paid receipt number _____

Balance due _____

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.

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 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 3225 NATIONAL AVE. 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. 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 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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 4-7-05	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.

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.

Signature: Mª 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

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) 527-3480

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 Pcrawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	31	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
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 X

171

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

PAID

JUL 1 1 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 Perawford

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-1904T

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.

59329

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/20, 20 05

From: Maria Elena Rodriguez De Espinoza Address: On record

Thirty-One and Wo Dollars ($ 31.—)

in Park 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 ☒

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)

224

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

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 2 8 2005

MOUNT HOPE

ISSUED BY [illegible]

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 —

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 Pauline

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 3 0 2006

MOUNT HOPE CEMETERY

ISSUED BY [signature]

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.

40

OFFICIAL RECEIPT

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

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

P 00130

Date: 02/15, 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 $ 367.—

☑ 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: 5-15 pc, 20 06

From: Maria Elena Rodriguez De Espinoza Address: on record

Thuty-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 $ 336 —

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

PAID

MAY 15 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	31 —
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	31 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 270

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 00359

Date: 6/27, 20 06

From: Maria Espinoza Address: on record

Shirtye 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

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 281

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. —

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: 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 Espinoza 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, 2007

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
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE 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 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 ▶ Bonnie Hope	8B. DATE SIGNED 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 $11.00	9B. DATE PERMIT ISSUED 04/05/2005	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Nancy L Bowman MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA 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 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 ▶	
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.

04/04/2005 09:32 SD MT. HOPE CEMETERY → SD MEMORIAL

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	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	15.20
Total Due	1833.20

Res. Fee Mort. 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.

Emma J. Baker
Signature

Paulette

Emma J. Baker 228693
Print Name

1000 Greenfield Dr. #1
Address

El Cajon, CA 92021
City Zip Code

619.447-0431
Telephone

Invoice # _____

Acct. # _____

Work Order # E 19046

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Pin# 228531 Two year contract / contract Expires April 2007 E-19045

Maria Elena monthly $31.00 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 —	[illegible]
3-26-07	#22	P-00718			12 —	[illegible]

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. _____

Cancel - 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 _____

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 [signature]
Signature

x Paulette Loper
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 $ NP 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 mart 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: [signature] Date: 4-7-05

F Raggod

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 10005 Helix Mont Drive La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd 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 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
		▶ B Campbell	04/08/2005

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	04/08/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 4-11-05	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.

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 Skipper

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $160 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: 4-11-05

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: DARKEYI Date: 4-12-05

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 43 Warren Drive #43 Little Rock, AR 72209

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

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	04/06/2005

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	04/08/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 4-14-05	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.

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 ~~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.

Barbara Price
Signature

Sandra/Maria S.

Barbara Price
Print Name

4758 Logan Ave, Apt G
Address

San Diego CA 92113
City Zip Code

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: Darrell Fomber Date: 4-7-05

P logged

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 4758 Logan Avenue Apt G San Diego, CA 92113

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

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street San Diego, CA 92102	11B. DATE BURIED 4-12-05	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.

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 PAID 92 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-58723	1833.20
Balance due	Ø

APR 05 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 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. of 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 [signature] Signature

X Alex Sironda 558703 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 # _____

REA-104 (3-04)

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 94-3		

Blind Check Initiated By: Sandra Date: 4-8-05

Interment space for: MACho Sironda

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: DARREN 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 8564 ECHO DR. #6 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 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 obtaining permit: ▶ [signature] 8B. DATE SIGNED: 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	04/08/2005 J. LEMON JR.	▶ 2506086

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3761 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 4-11-05	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.

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 19th 2005, 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	$985.0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container TS Vault	275.00
Handling Fees	204.00
Flower vases - Marker setting fee	$138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
mortuary To pay Total Due	$2,086.31

Paid receipt number _____

Balance due _____

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

228734

I hereby authorize the interment in lot I hold under deed

X Ophelia M. Jones
Signature

X CPHelia M. Jones
Signature

X 1424 Gravity Wy
Address

X San Diego, CA 92114
City 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	Raasch 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

E 19052

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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: SAN DIEGO

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: OPHELIA JONES-SPOUSE 1424 GRAVITY AVE. SAN DIEGO, CA 92105

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

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: ▶ Ophelia Jones

8B. DATE SIGNED: 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: $11.00

9B. DATE PERMIT ISSUED: 04/07/2005 R. PRYOR

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2505953 ▶

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: 4-14-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Lamp	
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 _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section 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

Deleted

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 DD crypt	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

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		Lorse Gilbert	
				Garcia Guillerno		

Blind Check Initiated By: Sandra 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 Pequeen

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	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TERESA LEDEZMA-WIFE 3661 ARNOLD AVE.#14 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. 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 SAN DIEGO,CA.92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 4-14-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael Alle	
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 4-10-05

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: 1:00P

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 1959

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 pd # 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
ENTER, 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 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.

Martha J Hicks
Signature

MARTHA HICKS
Print Name
12526 HOLLAND PL
Address
POWAY CA 92064
City Zip Code
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 ~~BLK~~ DIV 8 320 00

OPENING TIME 1:00 DAY DATE Tues 9/22/59 78 00

VAULT ~~BOX~~ 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 12526 Holland Place 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 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 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
		▶	04/13/2005

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	04/13/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 4-13-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kima F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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
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 TERM: 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

E 19056

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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 5201 - A Ruffin Road San Diego, CA. 92123

7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Preferred Cremation and Burial 3094 El Cajon Blvd. Ste. A San Diego,Ca 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.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED

PERMIT 04-00318 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$22.00	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 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 Mt. Hope Cemetery 3751 Market Street San Diego, California 92102	11B. DATE BURIED 4-15-05	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.

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	P 00411	" 15	July 2006		31 —	274.00
8-28-06	P 00460	" 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

Greaves

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

450 E. Bradley Sp 153
Address

El Cajon, CA 92021
State Zip Code

448-8190
Telephone

Invoice # _____

Acct. # _____

Work Order # E 7036

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
28	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 -	1024 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 [illegible]
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 Dble Crypt (Vault/Lined) Funeral, date, time Fri 3/24 2:00

Church, Chapel, Graveside Grove ; Heemphrey 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	
Opening/Closing & Setup	
Burial Container	
Handling Fees	142.70
Flower vases - Marker setting fee	35.00
Recording and filing fee	
Sales taxes	23.10
Total Due	200.80
Paid receipt number 37589	200.80
Balance due	0

Preneed Trust E 7036

30 Day note

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 # 082145

Acct. # 029695

Work Order # E 7977

PY-593 (REV. 8-86)

AT-Need To Be In Grave with James C. 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 Nertha Walsh

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	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.

X Jeanette Elmore
Signature

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) 3142 DENVER ST. 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 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 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 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 MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-15-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

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: [illegible] 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~~

Work Order # E 19059

Acct. # 128258

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E190059

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 E 19059

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 E19059
1) 4007 DAVES WAY 2)
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

I 19059

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	_

E19059

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

LATE 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

E19959

CITY OF SO-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-3474
4301302156665644

07/13/05 14:31:17 SWIPE

VC XXXXXXXXXXXX76016

ALTR# 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 G HERRERA

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Pre-Need LOT payments for May June, July 2005 } 3 months
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

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

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

AC-212 (Rev 4-04)

This information is available in alternative formats upon request.

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 DDCRGT "A" (Type of Burial Container) Funeral, date, time THURS. June 16 June 16, 2005 12:00 ~~Wed May 4 7:30~~

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 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 .....

PAID

APR 12 2005

MOUNT HOPE CEMETERY

Total Due 1100.00

Paid receipt number Visa card 1100.00

Balance due 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. 228124

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

Signature [signature]

Norman E. Chambers
Print Name

6243 Caminito 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	Frederick			
	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 Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREY I 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
Paid receipt number Pr. of DWN Visa		424.16
Balance due		4572.46
R-58796		-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 92120 Zip Code

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	0
Overtime/Late Arrival Fees	SAT CHARGE	231.00
Opening/Closing & Setup	R-58314	0
Burial Container	N/A	—
Handling Fees	N/A	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	R-58078	0
Sales taxes	N/A	—
	Total Due	231.00
	Paid receipt number R-58741	231.00
	Balance due	0

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

92111

Zip Code

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-18343	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	RX 58314	116
Balance due		0

PAID

DEC 14 2004

MOUNT HOPE CEMETERY

I hereby certify I am the grandfather ABUELO 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

x GENOVEVA CHIOINO
Print Name

x 7414 BEAL ST.
Address

x SAN DIEGO CA 92111
City Zip Code

x (858) 278 8168
Telephone

Invoice # _____

Work Order # E 18842

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pnl
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	160-
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 50 x 2	100-
Sales taxes	
Total Due	546.-
Paid receipt number R 58078	546.-
Balance due	0

PAID
OCT 04 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X Grant Dean Flores of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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

X GENOVEVA CHIOINO
Print Name

X 7414 BEAL ST.
Address

X SAN DIEGO CA 92111
City Zip Code

X (858) 278 8168
Telephone

Invoice # _____

Work Order # E 18743

Acct. # _____

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: [illegible] 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	05/29/1911	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 4023 ILLINOIS ST. 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	R.MARTINEZ 2506111 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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, 6251 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 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	$1,833.20
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

10:59 SD M[illegible] HOPE CEMENTERY → 92292750

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 Mortu

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 163 Grave 3

Grave space & Care Fund	985.0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.0
Burial Container	209.
Handling Fees	160.0
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	500
Sales taxes	162
Total Due	$ 1833.
Paid receipt number R-58740	$ 1,83
Balance due	0

PAID

APR 13 2005

MOUNT HOPE CEMETERY

fax 229-2750

I hereby certify I am the _____ of the above named deced 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 I hold under deed.

Barbara J Rowe
Signature

BARBARA ROWE
Print name

5019 PAUN St.
Address

SAN DIEGO CA 92
City Zip

619-262-9016
Telephone

Paulette

Invoice # _____

Work Order # E 19063

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: mon April 18th 05 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 163 Gr: 3

Grave Laid out by: Norman Ferguson

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 5034 PALIN 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
CALIFORNIA CREMATION & BURIAL CHAPEL 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	8B. DATE SIGNED
		[signature]	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 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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 4-18-05	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.

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 [illegible]

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega 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 2233 DUNLOP ST SAN DIEGO CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BCM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE 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 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 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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 15 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
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 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 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

6195449334
07:18 619544933 GUADALUPANA MOR RY
13:47 SD MT. HOPE CEMENTERY → GUADALUPANA

AT-need
Liner O

5779

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 _____ Funeral, date, time SAT April 16, 11:00
Type of Burial Container

Church Chapel Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 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 ✓ 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.

✓ Maria Barron
Signature

✓ Maria Barron
Print Name
✓ 2203 Dunlap ST
Address
✓ San Diego 92111
City Zip Code
✓ 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 2203 DUNLOP ST. SAN DIEGO, CA. 92111

7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425

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 04/14/2005

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 SELENE CHAVEZ 04/14/2005	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2506448 ▶
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 4-16-05	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.

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-58743	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		
	Everitt	Everitt	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: CHULAVSISTA

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SANDDIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: STEVEN P. HASKETT (ATTORNEY) 701 B STREET #1190 SAN DIEGO CA 92101

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: ▶

8B. DATE SIGNED: 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: 11.00

9B. DATE PERMIT ISSUED: 04/19/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2506637 SANDRA PENA ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: P.O. BOX 85222 SANDDIEGO, CA 92123-5222

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 STREET, SANDIEGO, CA 92102	11B. DATE BURIED: 4-19-05	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.

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. HASKETT
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 - Dianne Lack
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 $ O.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 ... ery charge $220.00	440.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	44.80
Total Due	$ 3,495.80
Paid receipt number R 58748	R-58755 $985.00 2,510.80
Balance due	0

PAID
APR 15 2005
MOUNT HOPE CEMETERY

I hereby certify I am the x Ondra 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.

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

x Ondra Perine
Signature

Sandra

228749
x Ondra 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 6354 Mt. Ainsworth Way San Diego, CA 92111

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 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	04/19/2005

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	04/19/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4 [illegible]	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 ▶	
[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 -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-15-05

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) 470-9314
Telephone

Invoice # _____

Work Order # E 19068

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

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 7144 BULLOCK DRIVE SAN DIEGO, CA 92114

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
[redacted]ARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107	FD816	▶ [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 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 04/19/2005	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 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 STREET 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 undeeded.

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 ; Rogsdale 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 7am	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
Paid receipt number pd by master card	$2,493.20
Balance due	0

PAID
APR 18 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.

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 8538 Paradise Valley Road #21 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 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: ▶ Ellen 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-23-05	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.

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.

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 ____ Blk/Row ____ Lot 4940 Grave 1

Grave space & Care Fund E-15034 (1999) —

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

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
Int o 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	Dinkovich	

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

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 412 LOS ALAMOS DR. 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 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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 R.MARTINEZ	2506685 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4-21	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.

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 in a Liner (Type of Burial Container) Funeral, date, time Thurs. April 21 11:00 Church, Chapel, Graveside ; Mayer Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Deanne will be applied and billed to undersigned.

Division 10 Section ____ Blk/Row ____ Lot 4940 Grave 1

Grave space & Care Fund E-15034	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 Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature

(x) Franklin Ereneta
Print Name
412 Los Alamos Dr.
Address
San Diego CA. 92114
City Zip Code
(619) 262-8121
Telephone

Invoice # ____

Acct. # ____

Paulette

Work Order # E 19071

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: 4614 EDMONDS ST

City: SD. CA 92114 Zip Code

Telephone: 619 527-7105

RES fee Verified by Cox Bill

Invoice # _____

Work Order # E 19072

Acct. # _____

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 6414 Edmond Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd 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 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-22-05	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Quit claim from Dorothy L. Evans

Please open back gate

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: 92102

Telephone: 619 264-7985

Paulette

Invoice # _____

Work Order # E 19073

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 872 Dassco Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd 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
		▶ Blanca Lawler	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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. 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	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.

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

7/1/1975

E-19073

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

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. Dehne
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, 19 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	0

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 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

in a Liner (Type of Burial Container) Funeral, date, time Mon. April 25 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 91 Grave 9

Grave space & Care Fund E-10413	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

Res fees verified by Skipper or MUST 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.

228772

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

Ruby Johnson
Signature

Paulette

Ruby Johnson
Print Name

512 N. 29th Street
Address

San Diego, CA 92102
City Zip Code

(619) 236-1059
Telephone

Invoice # _____

Work Order # E 19074

Acct. # _____

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 512 N. 29th Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd 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 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
		▶ K. Campbell	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	04/25/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4/25/05	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.

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# 339705

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 ~~XX~~

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: S.D. 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

Ken 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 = 12x24
$634.00 ←

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-19-05

AT NEED

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For MARTHA BOOKER

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

MORT. 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.

Jewel Daniels Pin 229704

Signature

2754 E. ST.

Address

S.D. CA 92102

Zip Code

Tel. 619-696-7373

Telephone

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

Jewel Daniels

Signature

PAWETTE

Invoice # _____

Acct. # _____

Work Order # E 19075

This information is available in alternative formats upon request.

E19075

FORM 51

L

Lot 205 thru 216 SEC 4 DIV 8

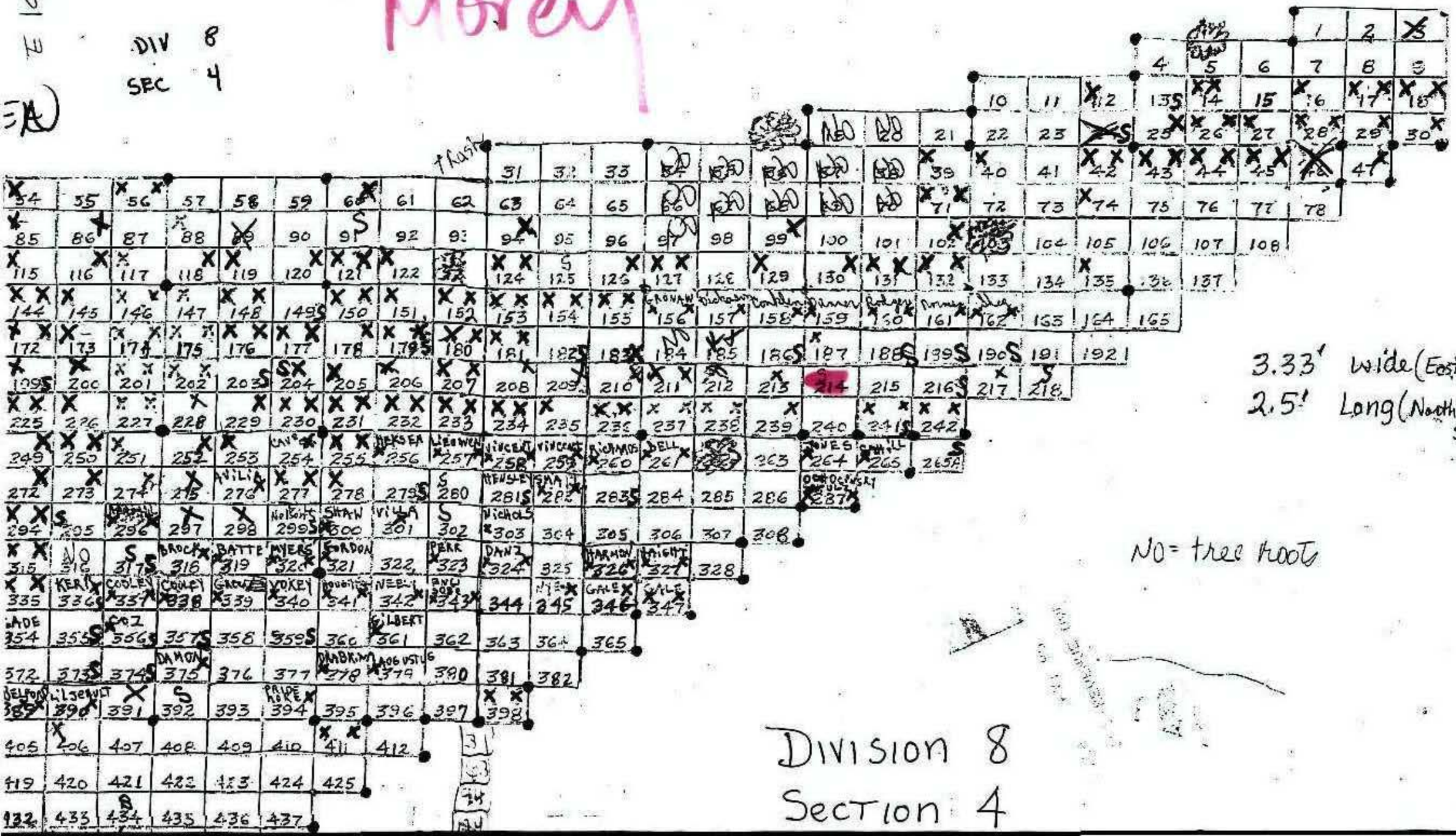
	DECEASED	OWNER
205	GARDNER, Earl Hall ☒ B GARDNER, Lily ☒ A	Jeanette Jones
206	McCRAY, LaDONNA ☒	Gray, Angela
207	COFFEY, Albert R. ☒ B COFFEY, Julia A. A ⊗	COFFEY, Albert R.
208		" "
209	JACOBS, RUTH JANE	JACOBS, Peter D.
210	JACOBS, Peter Dalton B (X) JACOBS, Mary A. ☒ A	JACOBS, Peter D.
211	HOPPER, Theodore D. ☒ B 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 1907S

DIV 8
SEC 4

Morey



3.33' wide (East & West)
2.5' Long (North & South)

NO = tree roots

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.

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

X James A. deWitt
Signature

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

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

523 218-7985 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 Congues		
			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 3822 Z Street San Diego, CA 921[illegible]

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

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]	04/27/2005

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	04/27/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 5-3-05	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.

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
✗ 404 Las Flores Terr.
Address
✗ San Diego, CA 92114
City Zip Code
✗ 619.501.9952
Telephone

Invoice # ____

Acct. # ____

Work Order # E 19078

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 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: 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 6840 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 ~~3~~ Tues 26, 05 Time: ~~3~~ 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) 6810 Charemore Ave. 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. 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 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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: 04/22/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Cemetary: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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

Ingrave of Tsuyeda

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 17 HILTON DR. 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. 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 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 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] 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 MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-7-05	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) 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	$ 297.73
Balance due	0

PAID

APR 21 2005

MOUNT HOPE CEME

9-26-05 Paid in full by VISA AP 760848

(over)

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 is $ Crawford / 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.

Florience Henderson
Signature

X Florience 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

age 53 E 19081

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

1A. NAME OF 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 6759 Charlene Avenue San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ 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	04/28/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-29-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc.; 2570 Fortune Way; Vista, CA 92083	12B. DATE CREMATED 4/28/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

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 Schuck

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.

I hereby authorize the interment in lot 228766 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 2149 Everett Avenue 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 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 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
		▶ Blair Campbell	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	04/25/2005 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4 26 05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Mike Allen	
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.

E19082

(CODED: Insert N/A in the items below which are not applicable)

PERSONAL DATA

1. LAST NAME – FIRST NAME – MIDDLE NAME: BRYANT, GLADIS (MRS)
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. COLOR HAIR: Black
9. COLOR EYES: Brown
10. HEIGHT: 71"
11. WEIGHT: 175
12. U.S. CITIZEN: [X] YES [ ] NO
13. MARITAL STATUS: Married
14 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: High School (08)
14 b. MAJOR COURSE OF STUDY: General

TRANSFER OR RELEASE DATA

15 a. TYPE OF TRANSFER OR DISCHARGE: RELEASE FROM ACTIVE MILITARY SERVICE
15 b. STATION OR INSTALLATION AT WHICH EFFECTED: U. S. NAVAL STATION, SAN DIEGO, CALIFORNIA
15 c. REASON AND AUTHORITY: TRANSFER TO FLEET RESERVE - 232 - BUPERS MANUAL, ART C-1340; & BUPERS LTR PERS-E314-DV:mgh of 14 Oct 1964
15 d. EFFEC. TIVE DATE: DAY 10 MONTH Feb YEAR 65
16. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: VU-3, NAB, North Island, San Diego, Calif.
17 a. CHARACTER OF SERVICE: HONORABLE
17 b. TYPE OF CERTIFICATE ISSUED: NP 632 & DD217N

SELECTIVE SERVICE DATA

18. SELECTIVE SERVICE NUMBER: NOT APPLICABLE
19. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: NOT APPLICABLE
20. DATE INDUCTED: DAY MONTH YEAR
21. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: NAVAL RESERVE MANPOWER CENTER, BAINBRIDGE, MARYLAND

SERVICE DATA

22. TERMINAL DATE OF RESERVE OBLIGATION: DAY MONTH YEAR NOT APPLICABLE
23. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION & SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [X] REENLISTED [ ] OTHER
24 a. TERM OF SERVICE (Years): Ole
24 b. DATE OF ENTRY: DAY 19 MONTH Apr YEAR 60
25. PRIOR REGULAR ENLISTMENTS: Four
26. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: CS2(SS)
27. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): San Francisco, California
28. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): Rt #1, Box 291, Slocomb, Geneva, Alabama
29 a. SPECIALTY NUMBER AND TITLE: 0000/0000
29 b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: Commissary Man (Any Ind) 0-72.55

30. 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

31. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: SILVER STAR FOR GOOD CONDUCT, 6th AWARD FOR PERIOD ENDING 2 Aug 62
32. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): None
33. 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

34. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NTC CS1&O

VA DATA

35 a. GOVERNMENT LIFE INSURANCE IN FORCE: [ ] YES [ ] NO
35 b. AMOUNT OF ALLOTMENT:
35 c. MONTH ALLOTMENT DISCONTINUED:
36 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify Office):
36 b. VA CLAIM NUMBER: C-

AUTHENTICATION

37. REMARKS: TRANSFERRED TO THE FLEET RESERVE, CLASS F-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
38. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): 3604 N. Commercial Ave., Portland 17, Oregon
39. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: X Gladis Bryant
40 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: M. E. CRIL, CHSHTRCLK, USN, SEPARATIONS OFFICER
40 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. Cu 0306, BuPers Manual - 313 - To immediately reenlist
d. EFFECTIVE DATE: DAY 18 MONTH APRIL YEAR 60
12. LAST DUTY AND ORGANIZATION AND MAJOR COMMAND: NAVSHIPYD, SFRAN Temp. Connection USS MACABI (SS 375)
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: DD256N, NB217N

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. 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

25a. SPECIALTY NUMBER AND TITLE: CS2(SS)
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
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
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, OCA 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
34a. 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 Horigan 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 235 S. Santa Rosalia Drive San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd 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 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 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-27-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Mike Allen	
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.

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: Bolton, Curtis
2. SERVICE NUMBER: RA 14 296 800
3a. GRADE, RATE OR RANK: Sgt (T)
b. DATE OF RANK (Day, Month, Year): 23 Apr 56
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: ARMY RA Inf
5. PLACE OF BIRTH (City and State or Country): Memphis, Tennessee
6. DATE OF BIRTH: DAY 18 MONTH May YEAR 29
7a. RACE: Negroid
b. SEX: Male
c. COLOR HAIR: Black
d. COLOR EYES: Brown
e. HEIGHT: 71"
f. WEIGHT: 145
g. U.S. CITIZEN: [X] YES [ ] NO
h. MARITAL STATUS: Married
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: High School - 2 yrs
b. MAJOR COURSE OR FIELD: Academic

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: Discharge
b. STATION OR INSTALLATION AT WHICH EFFECTED: Fort Riley, Kansas
c. REASON AND AUTHORITY: Para 2 AR 635-205 SPN 741 & DA Cir 635-2 dtd 19 Aug 57
d. EFFECTIVE DATE: DAY 17 MONTH Oct YEAR 57
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: Co A 2nd Battle Gp, 2nd Inf
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: DD Form 256A

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: NA NA NA NA
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: NA
16. DATE INDUCTED: DAY NA MONTH NA YEAR NA
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: NA

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY NA MONTH NA YEAR NA
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): 6
c. DATE OF ENTRY: DAY 24 MONTH Oct YEAR 56
20. PRIOR REGULAR ENLISTMENTS: 2
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: Pvt-2
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): 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
24a. SPECIALTY NUMBER AND TITLE: 111.10 Lt Wpns Inf
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: NA

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

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)
NONE	NA	NA

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NONE

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE: [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: NA
c. MONTH ALLOTMENT DISCONTINUED: NA
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type): NA
b. VA CLAIM NUMBER: 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): Same as Item #23
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: + Curtis Bolton
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: MARVEL M THARP, Capt, WAC Act Asst AG
b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: Marvel 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

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 411 N. 46th Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd 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]	04/25/2005

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
		0 11.00	04/25/2005 B. Campbell	2507028 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 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 Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 4-26-05	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.

ENLISTED RECORD AND REPORT OF SEPARATION

E19084

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
BELL CHARLES N	39 759 708	PVT	QMC	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
2057TH QM TRK CO	27 OCT 45	SEP CEN FT MACARTHUR CALIF

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
S DIEGO CO 3044 IMPERIAL AVE SAN DIEGO CALIF	14 AUG 17	DENVER COLO

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPEND.
SEE 9	BROWN	BLACK	5' 2"	117 LBS.	0

18. RACE: WHITE	DARKS	OTHER (specify)	19. MARITAL STATUS: SINGLE	MARRIED	OTHER (specify)	20. U.S. CITIZEN: YES	NO	21. CIVILIAN OCCUPATION AND NO.
	X		X			X		SALESPERSON GENERAL 1-57.71

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
16 JUN 41		16 JUN 41	LOS ANGELES CALIF

SELECTIVE SERVICE DATA	26. REGISTERED: YES	NO	27. LOCAL U.S. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		163	SAN DIEGO CALIF	SEE 9

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
CLERK NON TYPIST 055	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: YEARS	MONTHS	DAYS	FOREIGN SERVICE: YEARS	MONTHS	DAYS
2	4	25	1	11	27

38. HIGHEST GRADE HELD

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 8 WEEKS SEP 41

42. EDUCATION (Years): Grammar 8 | High School 4 | College 1

PAY DATA

Vow 11906

43. LONGEVITY FOR PAY PURPOSES: YEARS	MONTHS	DAYS	44. MUSTERING OUT PAY: TOTAL	THIS PAYMENT	45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
4	4	12	$300	$100	None	$7.55	$212.65 F MURRAY MAJ FD

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WITHIN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBSECTION, 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 Disconnection	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO: Continue	Continue Only	Discontinue
X			X		31 Oct 45	30 Nov 45	$6.70	X	$	

54. RIGHT THUMB PRINT

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

ASR SCORE (2 SEP 45)-75 LAPEL BUTTON ISSUED

56. SIGNATURE OF PERSON BEING SEPARATED

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	100.00
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 check

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. $200 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 E19085

GRAVE BLIND CHECK FORM

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

04-25-2005 0:55 SD MT. HOPE CEMENTERY - SD MEMORIAL

NO. 860

E 19085

FAX 04/26/2005 2010 JL

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Hood

Date 04-25-05

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

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 Bk/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

Pres. fee MORT. 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 I hold under deed.

x Reginald Stewart
Signature

x Reginald Stewart 228784
Print Name

260 E. Lana Alta Dr.
Address

Alta Dena, CA 91001
City Zip Code

626-798-0354
Telephone

Paulette

Invoice # _____

Work Order # E 19085

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 2 5 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) Funeral, date, time monday 2nd may 9:00 A.m

Type of Burial Container

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 2 7 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 Obdulia Rodriguez
Signature

x Obdulia Rodriguez
Print Name

x 3869 Highland Ave
Address

x San Diego Cal
City Zip Code

x 92105
Telephone

c/o purchasers
Marlene Onofre-Rodriguez
Angelica Onofre-Rodriguez
Jorge D. Rodriguez

Cell (619) CASA

Invoice # (619) 957-2625 624 0897

Work Order # E 19087

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 Baldivar		
			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 [illegible]

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 4-28-05

Flagged

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 3869 HIGHLAND AVE SAN DIEGO CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
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 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 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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	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 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	0
Overtime/Late Arrival Fees SAT FEES	660.00
Opening/Closing & Setup	413.00
Burial Container 32½ W x 87 L x 23 h	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	0

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

Pauline

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. 7/97)

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; IF UNDER 24 HOURS: HOURS / MINUTES
8. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 02/10/1999
8. HOUR: 2215
9. STATE OF BIRTH: MO
10. SOCIAL SECURITY NO.: 496-12-6882
11. MILITARY SERVICE: [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS: married
13. EDUCATION—YEARS COMPLETED: 14
14. RACE: White
15. HISPANIC—SPECIFY: [ ] YES [X] NO
16. USUAL EMPLOYER: General Dynamics
17. OCCUPATION: ElectronicsDivisionManager
18. KIND OF BUSINESS: Aerospace
19. YEARS IN OCCUPATION: 31

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 1648 East Lexington
21. CITY: El Cajon
22. COUNTY: San Diego
23. ZIP CODE: 92019
24. YRS IN COUNTY: 57
25. STATE OR FOREIGN COUNTRY: CA

INFORMANT

26. NAME, RELATIONSHIP: Ernestine L.DeLaFont, Wife
27. 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

28. NAME OF SURVIVING SPOUSE—FIRST: Ernestine
29. MIDDLE: Luvae
30. LAST (MAIDEN NAME): Knepp
31. NAME OF FATHER—FIRST: William
32. MIDDLE: Joseph
33. LAST: DeLaFont Sr.
34. BIRTH STATE: MO
35. NAME OF MOTHER—FIRST: Theresa
36. MIDDLE: -
37. LAST (MAIDEN): Babst
38. BIRTH STATE: MO

DISPOSITION(S)

39. DATE MM/DD/CCYY: 02/12/1999
40. PLACE OF FINAL DISPOSITION: Ft.Rosecrans National Cemetery; San Diego,CA 92106

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: not embalmed
43. LICENSE NO.: -
44. NAME OF FUNERAL DIRECTOR: Balboa Cremation Services
45. LICENSE NO.: FD1370
46. SIGNATURE OF LOCAL REGISTRAR: [signature] MM
47. DATE MM/DD/CCYY: 02/12/1999 KK

PLACE OF DEATH

101. PLACE OF DEATH: KAISER HOSPITAL
102. IF HOSPITAL, SPECIFY DIED: [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

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 Fryer

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 2865 LUNA AVE. 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 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 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 SAN DIEGO CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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 26 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 # _____

Acct. # _____

Work Order # E 19090

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 F. Cook. VA Marker

			Hill	Dawson	Dawson	Gern
	ALBAN	Hupp	x		Zomas	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

Flag

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 5040 W. POINT LOMA BLVD. 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 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 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 OUTSIDE CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-28-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVENUE COSTA MESA, CA 92626	12B. DATE CREMATED FEB 18 1999	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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	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-58783	2493.20
Paid receipt number "	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 _____

Non-Res fee
ID verified PC

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # See attached

Acct. # _____

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 CEMENTERY

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, Gravesido

All Funeral cars 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 PAID	660.00
Opening/Closing & Setup	413.00
Burial Container APR 2 8 2005	209.00
Handling Fees	160.00
Flower vases – Marker setting fee MOUNT HOPE CEMETERY	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due R-58783	2493 2
Paid receipt number "	2493 2
Balance due	0

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.

Vickie Robinson
Signature

Vickie Robinson 228787
Print Name

6163 University Avenue
Address

San Diego 92115
City Zip Code

619-584-7000
Telephone

Reo fee
ID verified PC

Invoice #

Work Order # E 19091

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 1505 Avenida Rosa Chula Vista, CA. 91911

TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Preferred Cremation and Burial 3094 El Cajon Blvd., Ste A San Diego, Ca. 92104	FD-1746	▶ [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	04/25/2005	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 San Diego, CA. 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 Street 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 Tues. 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 I hold under deed.

Signature

228792

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			
				Mramontes 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: ____

E190912

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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 DAUGHTER 7942 MISSION CENTER CT. #A 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 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 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 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 MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/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 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 Lewis Optional

Church, Chapel, Graveside _____ ; 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

DMV CALIFORNIA

EXPIRES ON BIRTHDAY

IDENTIFICATION CARD
C6126011 EXPIRES 1995
Anne Groenhagen
5207 52nd St. #225
San Diego, CA 92105

SEX	HAIR	EYES	HEIGHT	WEIGHT	DATE OF BIRTH
F	gry	blu	5-4	150	06-26-0

SENIOR CITIZEN

THIS CARD IS NOT A LICENSE TO DRIVE

X Anne Groenhagen

DO NOT ALTER

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-588223	$ 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 Groenhagen

ADDRESS P.O. Box 786, Chula Vista

NAME OF DECEASED pre-need

OWNER Anne Groenhagen

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 HOPE

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

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-19094 - At Need
E-19095 pre need

Acct. No.

W.O.

BALANCE DUE ∅

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

#4931

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

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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 3060 SIXTH AVENUE, #3 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
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103	FD119	▶ [illegible]	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 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 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-3-05	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 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	2. SERVICE NUMBER	3 a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
STUHLER PAUL HENRY	US 56 375 694	SP4 E-4 (T)	20 JAN 66

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH DAY	MONTH	YEAR
ARMY AUS UNASGD	SAN DIEGO CALIFORNIA	24	FEB	42

7 a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
NA	MALE	BROWN	BROWN	68	155	[X] YES [ ] NO	SINGLE

10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
14 YEARS	ACADEMIC

TRANSFER OR DISCHARGE DATA

11 a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
TRFD TO USAR SEE ITEM # 18	US ARMY PERSONNEL CENTER OAKLAND CALIF

c. REASON AND AUTHORITY	d. EFFECTIVE DATE DAY	MONTH	YEAR
PAR 7 AR 635-205 SPN 411 O/S RET (RAD)	24	MAR	66

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13 a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
228TH SIG CO APO SF 96240 USARV	HONORABLE	NONE

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
4 140 42 233	LB #140 SAN DIEGO CALIFORNIA	26	MAR	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	MONTH	YEAR	19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY DAY	MONTH	YEAR
25	MAR	70	[ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER: NA	NA	NA		

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)
NONE	PVT E-1 (P)	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	b. RELATED CIVILIAN OCCUPATION AND D O T NUMBER
31M20 RAD REL & CARR ATTNDT	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	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
[ ] YES [X] NO	NA	NA

31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
NONE	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)	34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
	Paul Henry Stuhler

35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
R.B. BARRON, CWO, W-4, USA, ASST ADJ	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 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.

Catharine Stuhler
Signature

Sandra

CATHARINE STUHLER
Catharine Stuhler
Print Name

3060 SIXTH AVE, #3
Address

SAN DIEGO, CA 92103
City Zip Code

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

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

PAID

APR 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	394	00
20% Sales Care	77184		
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

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

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
MAY 02 2005
MOUNT HOPE CEMETERY

Mort. 2. Pay

Paid receipt number R-58802 $2,250.40

Balance due 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 1. hold under deed.

OSIE GRIGSBY

Signature

28798

5883 MARIPOSA Pl

Print Name

Address

S.D.

City CA Zip Code 72104

Telephone 619-475-1984

Paulette

Invoice # _____

Work Order # E 19096

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			
Woodman		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 19096e

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	CRIGSBY	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. CRIGSBY-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

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: ▶ Ronnie Pryor

8B. DATE SIGNED: 04/29/2005

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: $11.000

9B. DATE PERMIT ISSUED: 05/02/2005 R. PRYOR

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ 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	5a. GRADE, RATE OR RANK: SHCM	5b. 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			8c. NAME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code): SAN ANTONIO, TEXAS 78201			
9a. TYPE OF SEPARATION: TRANSFERRED TO FLEET RESERVE				9b. STATION OR INSTALLATION AT WHICH EFFECTED: NAVAL STATION, SAN DIEGO, CA. 92136			
9c. AUTHORITY AND REASON: ----------				9d. EFFECTIVE DATE	YEAR: 78	MONTH: 01	DAY: 16
9e. CHARACTER OF SERVICE: HONORABLE				9f. TYPE OF CERTIFICATE ISSUED: NAVPERS 1830/3		10. REENLISTMENT CODE: ----------	
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: USS CORAL SEA (CV-43)				12. COMMAND TO WHICH TRANSFERRED: NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS, LOUISIANA 70149			
13. TERM NAL. DATE OF RESERVE/MSS OBLIGATION: YEAR NA	MONTH	DAY	14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code): SAN DIEGO, CALIFORNIA 92136			15. DATE ENTERED ACTIVE DUTY THIS PERIOD: YEAR 74	MONTH 07	DAY 02
16a. PRIMARY SPECIALTY NUMBER AND TITLE: SH-0000	16b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: 185-MANAGERS, STORE						
17a. SECONDARY SPECIALTY NUMBER AND TITLE: SH-0000	17b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: NA						

18. 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

19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964: [X] YES [ ] NO

20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years): SECONDARY/HIGH SCHOOL 8 YRS (1-12 grades) COLLEGE ____ YRS

21. TIME LOST (Preceding Two Yrs.): NONE	22. DAYS ACCRUED LEAVE PAID: -41.5-	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [ ] $15,000 [ ] $5,000 [X] $20,000 [ ] $10,000 [ ] NONE	24. DISABILITY SEVERANCE PAY: [X] NO [ ] YES AMOUNT ____	25. PERSONNEL SECURITY INVESTIGATION: a. TYPE: NONE	b. DATE COMPLETED: NA

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
NATIONAL DEFENSE SERVICE MEDAL

27. REMARKS

SHIP'S SERVICEMAN "A" SCHOOL

"INDIVIDUAL REQUESTS COPY OF THE DDFORM214N"

28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code): 5883 MARIPOSA PLACE SAN DIEGO, CALIFORNIA 92114

29. SIGNATURE OF PERSON BEING SEPARATED: O. L. Grigsby

30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: W. A. MORSE, LT, USN
ASSISTANT PERSONNEL OFFICER
BY DIRECTION OF THE C.O.

31. 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) 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 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 Mezgo

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 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

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

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 2261 HARRISON AVE. 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. 921021	FD-1285	Selene Chavez	05/03/2005

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	SELENE CHAVEZ 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 SAN DIEGO, CA. 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 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 / Izetta 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	4572.46
	R-58796	-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]
Signature

Norman E. Chambers
Print Name

6243 Caminito Plata
Address

San Diego, CA 92120
City Zip Code

619 265-8040
Telephone

Paulette

Invoice # _____

Work Order # E 19061

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper