pre-need (Res)

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 Family Sheppard / Charles Sheppard 228780

in a DD Crypt "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 63 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 R 58798	$563.00
Balance due	$1,687.40

PAID NOV 30 2006 MOUNT HOPE CEMETERY

pd in full p-00599

I hereby certify I am the x Sheppard 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.

228781

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

x Charles Sheppard
Signature

x Linda C Sheppard
x Charles I Sheppard
Print Name

x 4863 Wycoven Lane
Address

x San Diego CA 92115
City Zip Code

x 619-264-6072
Telephone

Invoice # _____

Work Order # E 19100

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

11/30/06 mail deed.

(1 WD GRAVE SITES)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58798

Date: 5-2-05, 2005

From: Sheppard Family Address: 4863 Wyconda Ln SD 92113-3567

one thousand one hundred & twenty-six 00/100 Dollars ($ 1,126.00)

in PART Payment of Pre-Need LOT + Trust 1st Burial / Sheppard Family

Div 12 Sec 2 Blk/Row Lot 63 Grave 4 + 5

Invoice No. E-19100 + E-19101

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

PAID

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

MAY 0 2 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184	394	00
80% Sales	100		
of Lots	77184	732	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	$	1,126	00

Pre-Need Res 1st Burial

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 228780 Sheppard Family / Charles Sheppard

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 63 Grave 5

Grave space & Care Fund	$985.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	413.00
Burial Container DD crypt	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.40
Total Due	2,250.40
Paid receipt number R 58798	$563.00
Balance due	$1,687.40

PAID JAN 23 2007 MOUNT HOPE CEMETERY

Paid in full

1st opening & closing

I hereby certify I am the x Sheppard 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.

228781

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

228780

x Signature

Print Name: Linda C. Sheppard x Charles I Sheppard

Address: x 4863 Wycombe Lane

City: x San Diego Zip Code: CA 92113

Telephone: x 619-264-6072

Invoice # _____

Work Order # E 19101

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

1/30/07 Deed mailed

(1 WO Grave Sites)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58798

Date: 5-2-05, 2005

From: Sheppard Family Address: 4863 Wyconda Ln SD 92113-3567

one thousand one hundred & twenty-six 00/100 Dollars ($ 1,126.00)

in PART Payment of Pre-Need LOT + Trust 1st Burial / Sheppard Family

Div 12 Sec 2 Blk/Row Lot 63 Grave 4 + 5

Invoice No. E-19100 + E-19101

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

PAID

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

MAY 0 2 2005

MOUNT HOPE CEMETER

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184	394	00
80% Sales	100	732	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	$	1,126	00

pin #296
PA
Estate
Full Body
(NON RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
228832
of John Dean PA#20051438

in a Liner (Type of Burial Container) Funeral, date, time weds MAY 11th 05 11:30

Church, Chapel, Graveside Delivery only ; Accucare General 760-729-8766 Mortuary.

All Funeral cars must arrive 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 3 Grave 9

Grave space & Care Fund	$ 1,310.00
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	21.54
Total Due	$ 2,437.54
Paid receipt number R-58824	2,437.54
Balance due	Ø

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.

PA- IDA 858-694-3506

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 for signature

Invoice # _____

Work Order # E 19102

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

PA ID # (858-)694-3506
Fax # (858) 694-3987

PA Estate

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-05

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

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

Church, Chapel, Graveside Delivery only : Accucare Geneva 760-729-8766 Mortuary.

All Funeral cars must arrive 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 3 Grave 9

Grave space & Care Fund	$1,310.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container Liner	278.00
Handling Fees	213.00
Flower vases – Marker [illegible] fee	
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	$2,437.54
Paid receipt number	
Balance due	

PAID MAY 06 2005 MOUNT HOPE CEMETERY

I hereby certify I am the Deputy Public Administrator of 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.

PA- IDA 858-694-3506

I hereby authorize the interment in lot I hold under deed

Ida M. Comerford DPA
Signature

Ida M. Comerford, DPA
Print Name

5201 A Ruffin Rd
Address

San Diego CA 92123
City Zip Code

(858) 694-3500
Telephone

Invoice # _____

Work Order # E 19102

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

PA # 20051438

MT HOPE CEMETERY E19102

GRAVE BLIND CHECK FORM

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

					Khamboug Sihavong	
			X			Shirley Bushnell

Blind Check Initiated By: Sandra Date: 5-9-05

Interment space for: John Dean PA# 20051438

Interment Date: Wed May 11th, 05 Time: 11:30 AYD

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

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-9-05

7 logged

marie Sherman
Rudolph K Neumann
K Hambong Sihavong

E-19102

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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 AKA-Jawid	- AKA-Nouri	Dean AKA-Shemseddin	03/18/1922	04/26/2005	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oceanside	San Diego	Ida Comerford - Public Admin. 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
Accu-Care Cremation Center 2562 State Street #E Carlsbad, CA 92008	FD 1528

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ [signature]	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	G. Tolbert 05/04/2005	▶ 2507573

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5-11-05	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 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
NON-Res
1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of X TERESA T. VALDILLEZ Pin #66

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 10 Section _____ Blk/Row _____ Lot 1064 Grave _____

Grave space & Care Fund	1,456.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container DD CRYPT	556.00
Handling Fees	468.00
Flower vases (Trion) - Marker setting fee	68.86
Recording/Filing/Transfer Fees P-00810	66.00
Sales taxes	43.09
Total Due	$3,206.95
Paid receipt number R-58806 $400.00 VISA 400.00	802.00
Balance due	$2,404.95

PAID
MAY - 3 2007
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 Teresa T. Valdillez
Signature

X TERESA VALDILLEZ
Print Name

X764 CHAMBERLAIN AVE
Address

XEL CAJON CA 92020
City Zip Code

X(619) 579-9010
Telephone

Sandra

Invoice # _____

Work Order # E 19103

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Deed mailed 5/3/07

OFFICIAL RECEIPT

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

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

P 00702

Date: 2/14, 20 07

From: Teresa Valdillez Address: on record.

One hundred Dollars ($ 100.-)

in Part Payment of Pre-need lot, trust #21

Div 10 Sec _____ Blk/Row _____ Lot 1064 Grave _____

Invoice No. E-19103

Acct. No. _____

W.O. _____

BALANCE DUE $ _____

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 3345

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

PAID

FEB 13 2007

MOUNT HOPE CEMETERY

ISSUED BY Pauletta C

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

P00758

Date: 3-20, 20 07

From: T. Valdillez Address: on record

One hundred Dollars ($ 100.)

in part Payment of PN lot + Trust #22

Div 10 Sec Blk/Row Lot 1004 Grave

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 204.95

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

PAID
MAR 20 2007
MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	100.—
Trust	77186	
TOTAL PAID	$	100.—

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3263 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

P00788

Date: 4-12, 20 07

From: T. Valdillez Address: on record

One hundred and 00 Dollars ($ 100.-)

in part Payment of PN for lot, trust coupon #23

Div 10 Sec Blk/Row Lot 1064 Grave

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 104.95

☐ ~~Pre~~-Need Lot ☐ Money Order

☑ ~~Pre~~-Need Trust ☐ Charge

☑ Check 3370

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

PAID

APR 12 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

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

P00810

Date: 5/3, 2007

From: T. Valdillez Address: on record

One hundred, four and 95/100 Dollars ($ 104 95)

in Full Payment of Paid in full, pre-need lot, trust account.

Div 10 Sec Blk/Row Lot 1064 Grave

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 0

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3380 ISSUED BY

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

PAID

MAY - 3 2007

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	104 95
Trust	77186	
TOTAL PAID		$ 104 95

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 00669

Date: 1-24, 20 07

From: F. Valdillez Address: on record

Dollars ($ 100 —)

in Part Payment of Pre need

Div 10 Sec Blk/Row Lot 1064 Grave

Invoice No. E - 19103

Acct. No.

W.O.

BALANCE DUE $ 404 95

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 3339

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

PAID

JAN 24 2007

MOUNT HOPE CEMETERY

ISSUED BY

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 00032

Date: 1/5, 2006

From: T. Valdillez Address: on record

One Hundred Dollars ($ ~~1704.95~~ PC 100—

in part Payment of Pre-need lot + trust

Div 10 Sec — Blk/Row — Lot 1064 Grave 1

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $1704.95

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

PAID

JAN - 4 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	100 —
Trust	77186	
TOTAL PAID	$	100. —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3182

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 00142

Date: 2/24, 20 06

From: T.T. Valdillez Address: on record

One hundred and ∞ Dollars ($ 100.-)

in Part Payment of Pre-need lot, trust.

Div 10 Sec - Blk/Row - Lot 1064 Grave -

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $1504.95

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

PAID

FEB 24 2006

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	100.-
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3210 ISSUED BY Paulette

MOUNT HOPE CEMETERY

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 00071

Date: 1/20, 2006

From: T. Valdillez Address: on record

One hundred and 00 Dollars ($ 100 —)

in Part Payment of Pre-need lot & trust.

Div 10 Sec — Blk/Row — Lot 1064 Grave 1

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 1604.95

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

PAID

JAN 2 0 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	100 —
Trust	77186	
TOTAL PAID		$ 100 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3192

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 00196

Date: 3/24, 20 06

From: T. Valdillerf Address: on record

one hundred Dollars ($ 100 -)

in part Payment of Pre-need lot & trust

Div 10 Sec Blk/Row Lot 1064 Grave 1

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE 1,404.95

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

PAID

MAR 24 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	100 —
Trust	77186	
TOTAL PAID		$ 100 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3222

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 00249

Date: 4-25, 20 06

From: T. Valdillez Address: on file

One Thousand three hundred and four 95/00 Dollars ($ 1,304.95

in part Payment of Pre-need

Div 10 Sec — Blk/Row — Lot 1064 Grave —

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $1,304.95

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check B234

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

PAID
APR 25 2006
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

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 00292

Date: 5/16, 2006

From: T Valdillez Address: on record

One hundred and 00 Dollars ($ 100.-)

in part Payment of pre-need lot, trust.

Div 10 Sec Blk/Row Lot 1064 Grave 1

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 1,204.95

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3243

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	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 00346

Date: 6-14, 2006

From: T. Valdillez Address: on record

One hundred Dollars ($ 100 -)

in part Payment of Pre-need Lot, Trust.

Div 10 Sec Blk/Row Lot 1064 Grave

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 1,104 95

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 3258

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

PAID

JUN 14 2006

MOUNT HOPE CEMETERY

ISSUED BY PC

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 00402

Date: 7-19, 20 06

From: T. Valditlez Address: On record

One hundred and 00 Dollars ($ 100.—)

in part Payment of Pre-need lot, trust.

Div 10 Sec — Blk/Row Lot 1069 Grave 1

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 1004.95

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3267

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

PAID

JUL 19 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 00456

Date: 8/24, 20 06

From: T. Valdillez Address: on record

One hundred ( ) Dollars ($ 100 —)

in part Payment of Pre-need

Div 10 Sec Blk/Row Lot 1064 Grave

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 904.95

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

PAID

AUG 24 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	100 —
Trust	77186	
TOTAL PAID	$	100 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 3272

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

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

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

P 00490

Date: 9-13, 20 06

From: T vallillez Address: on record

One hundred and 00 Dollars ($ 100.-)

in Part Payment of Pre-need lot, + trust.

Div 10 Sec Blk/Row Lot 1064 Grave 1

Invoice No. E019103

Acct. No.

W.O.

BALANCE DUE $ 804.95

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

PAID

SEP 12 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	100.-
Trust	77186	
TOTAL PAID	$	100.-

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3286

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 00543

Date: October 18, 20 06

From: T. Valdillez Address: on record

One hundred and 00 Dollars ($ 100. —)

in part Payment of Pre-need Lot Trust.

Div 10 Sec Blk/Row Lot 1064 Grave

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 704.95

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 3304

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

PAID

OCT 18 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 00584

Date: 11-20, 20 06

From: Teresa Valdillez Address: on record

Two Hundred Dollars ($ 200 -)

in part Payment of Coupon 18 + 19

Div 10 Sec _____ Blk/Row _____ Lot 1064 Grave _____

Invoice No E 19103

Acct. No. _____

W.O. _____

BALANCE DUE $ 504.95

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3318 3820

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

PAID

NOV 20 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
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: November, 20 05

From: Teresa Valdillez Address: on record

One Hundred and 00 Dollars ($ 100.-)

in Part Payment of Pre-need lot + trust

Lot 1064 Grave ____ Row ____ Section ____ ~~Block~~ Division 10

Invoice No. E-19103

Acct. No. ____

W.O. ____

BALANCE DUE $ 1,804.95

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

Pre-need Trust X Cash | | Check | X

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

PAID

NOV 17 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

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

AC-212 (Rev. 10-02) 3163

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59336

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/25, 20 05

From: Teresa T. Valdivieso Address: on record

One Hundred and 00 Dollars ($ 100 —)

in part Payment of Pre-Need lot + trust

Div 10 Sec Blk/Row Lot 1044 Grave 1

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 1904.95

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

OCT 24 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	100 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	$	100.00

AC-212 (Rev. 4-04) 3148

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

59245

Date: October 3, 2005

From: T. Valdillez Address: 764 Chamberlain Ave. El Cajon CA 92020

One Hundred and 00 Dollars ($ 100.—)

in part Payment of Pre-need lot, trust.

Div 10 Sec Blk/Row Lot 1064 Grave 1

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 2004.95

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

SEP 30 2005

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	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	$	100.—

AC-212 (Rev. 4-04) 3132

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

59111

Date: August 24, 20 05

From: T. Valdillez Address: on record

One hundred and 00 Dollars ($ 100-)

in part Payment of Pre need account.

Div 10 Sec Blk/Row Lot 1064 Grave 1

Invoice No. E 19103

Acct. No.

W.O.

BALANCE DUE $2104.95

Pre-Need Lot ☐ At Need ☐ On Acct ☒

Pre-need Trust ☐ Cash ☐ Check ☐

3113

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

PAID

AUG 24 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	
Handing Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	76390	
TOTAL PAID	$	100.-

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

59408

Date: 7/29, 2005

From: Teresa Valdillez Address: on record

One Hundred and 00 Dollars ($ 100.-)

in part Payment of Pre-need lot/trust.

Div 10 Sec Blk/Row Lot 1064 Grave 1

Invoice No. E-19103

Acct. No.

W.O.

BALANCE DUE $ 2,204.95

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3092

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

PAID

JUL 28 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

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

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59006

Date: 6/29, 2005

From: Teresa T. Valdillez Address: on record

One Hundred ( ) Dollars ($ 100.-)

in part Payment of pre-need

Div 10 Sec — Blk/Row ____ Lot 1064 Grave 1

Invoice No. E-19103

Acct. No. ____

W.O. ____

BALANCE DUE $2,304.95

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3071

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

PAID

JUN 28 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	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	$	100 —

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

payment due 30th each month Monthly $100.00

Pin# 66 E-19103

VALDILLEZ, TERESA 764 Chamberlain Ave El Cajon Ca. 92020 (619) 579-9010

DIV 10 LOT 1064

		DEBIT	CREDIT	BALANCE
05-03-05	R-58806 & Visa, Opened Pre-Need Lot & Trust,	3,206.95	802.00	2,404.9[illegible]
6/29/05	Trust to include: one Trion Vase, (1) O/C, R-59006 #1 June 05		100.-	2304.95
7/29/05	B/C DD Crypt, H/F, (1) R/F, Taxes, opened R-59408 #2 July 05		100-	2204.95
8/24/05	with 25% down R-59111 #3 Aug 05		100-	2104.95
10/3/05	Coupon #4 R-59245 Sept 05		100-	2004.95
10-24-05	" 5 R-59336 Oct 05		100-	1904.95
11-17-05	" 6 R-59411 Nov 05		100.-	1,804.95
1-5-06	" 7 P-00032 Dec 05		100-	1,704.95
1-20-06	" 8 P-00071 Jan 06		100-	1,604.95
2-24-06	" 9 P-00142 Feb 06		100-	1,504.95
3-24-06	" 10 P-00196 Mar 06		100-	1,404.95
4-25-06	" 11 P-00249 Apr 06		100-	1,304.95
5-15-06	" 12 P-00292 May 06		100.-	1,204.95
6/14-06	" 13 P-00346 June 06		100-	1,104.95
7-19-06	" 14 P-00402 July 06		100.-	1,004.9[illegible]
8-24-06	#15 P-00456 Aug 06		100-	904.95
9-13-06	#16 P-00490 Sept. 06		100-	804.95
10/18/06	#17 P-00543 Oct. 06		100.-	[illegible] 95
11/20/06	#18, #19 P-00584 Nov/Dec 06		200-	[illegible] 95
01/24/07	#20 P-00669 Jan 07		100.-	[illegible] 95

- Over -

Teresa Valdillez Pre-need Lot, trust E-19103

Div 10 Lot 1064

		debit	- Credit	- Balance
2/14/07	Balance Forwarded			404.95
2/14/07	P-00702 Coupon 21		100.-	304.95
3/20/07	P-00758 " 22		100.-	204.95
4/12/07	P-00788 " 23		100.-	104.95
5/3/07	P-00810 " 24		104.95	Ø

PAID

MAY - 3 2007

MOUNT HOPE CEMETERY

NON RES
Alt need
20 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ARRIVAL 3:25 R 58867 CKH 9969

Date 5-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katsumi Takashima 223716

in a J. S. Vault (Type of Burial Container) Funeral, date, time Sat. May 14 1:00

Church Chapel, Graveside : Kubota/Los Angeles 213 749-1449 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 219.00

will be applied and billed to undersigned.

Division 10 Section Blk/Row Lot 5302 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees SAT. SERVICE	878.00
Opening/Closing & Setup	549.00
Burial Container	366.00
Handling Fees	271.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	28.37
Total Due	2158.37
Paid receipt number Visa Card	2158.37
Balance due	Ø

PAID
MAY 09 2005
MOUNT HOPE CEMETERY

Non. Res.

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.

228842

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

Signature

Billed 5-16-05 Late fees
pd late fee on 5-23-05
Paulette pd

Print Name: WILBUR TAKASHIMA
Address: 5370 BLANCO WAY
City: CULVER CITY, CA Zip Code: 90230
Telephone: 310-398-9558

Invoice #

Work Order # E 19104

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19104

GRAVE BLIND CHECK FORM

in grave of Yoshiko Takashima

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

	Spier	Funeyoshi	X	Yoshiko Takashima	Hunt	Priebe
			Ishisaki			

Blind Check Initiated By: Paulette Date: 5-11-05

Interment space for: Katsumi Takashima

Interment Date: 5/14/05 Sat Time: 1:00 Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5302 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: 5/12/05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19104

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Katsumi	J.	Takashima	05/16/1914	05/03/2005	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	Wilbur K. Takashima - Son 5370 Blanco Way Culver City, CA 90230

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Kubota Nikkei Mortuary, Inc. 911 Venice Blvd., Los Angeles, CA 90015	FD-929	▶ [signature]	05/4/2005

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	05/05/2005	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 Rosecrans St., SD, CA 92110	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St., SD, CA 92102	11B. DATE BURIED 5/14/05	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.

change from Liner to DD CRYPT.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Petra Esparza 228811

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 10 Section Blk/Row Lot 2088 Grave 1

Grave space & Care Fund E-17017	-0-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup E-17017	-0-
Burial Container from $190.- to $556.00	366.00
Handling Fees from $145.00 to $468.00	323.00
Flower vases from Bolt vase to Iron Vase / Marker setting fee $23.73 - $68.86	45.08
Recording/Filing/Transfer Fees E-17017	-0-
Sales taxes from $14.73 to $43.09	28.36
Total Due	762.44
Paid receipt number R-58809	200.00
Balance due	562.44

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

1/5/06 JAN - 5 2006

I hereby authorize the interment in lot 66 hold under deed.

pd in full P-00038

MOUNT HOPE CEMETERY

Signature

Paulette

TERESA T. VALDILLEZ
Print Name

764 CHAMBERLAIN AVE
Address

EL CAJON CA 92020
City Zip Code

(619) 579-9010
Telephone

Invoice #

Work Order # E 19105

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59110

Date: 8/24, 2005

From: T. Valdillez Address: on record

Seventy and 00 Dollars ($ 72.—)

in part Payment of Pre-need Account.

Div 10 Sec Blk/Row Lot 2088 Grave 1

Invoice No. E-19105

Acct. No.

W.O.

BALANCE DUE 274.45

Pre-Need Lot ✗ At Need ☐ On Acct ✗

Pre-need Trust ☐ Cash ☐ Check ✗ 3114

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

PAID

AUG 24 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	72 00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	72 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

59008

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 6/29, 2005

From: J. Valdillez Address: On record

Seventy-two Dollars ($ 72.—)

in part Payment of Pre-need Trust.

Div 10 Sec Blk/Row Lot 2088 Grave 1

Invoice No. E-19105

Acct. No.

W.O.

BALANCE DUE 418.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 3014

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

PAID

JUN 28 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	72.—
Sales Tax	60101	
	78390	
TOTAL PAID	$	72.—

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

58882

Date: May 27, 2005

From: Teresa I. Valdillez Address: 764 Chamberlain Ave., El Cajon 92020

Seventy-two and 00 Dollars ($ 72.00)

in C Payment of Pre-need account

Div 10 Sec Blk/Row Lot 2088 Grave 1

Invoice No. E-19105

Acct. No.

W.O.

BALANCE DUE $490.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

3058

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

PAID

MAY 27 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	72.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	72.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

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

CITY OF SAN DIEGO, CALIFORNIA

R-59466

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Dec 6 , 20 05

From: T. Valdiliez Address: On record

Seventy two and 00 Dollars ($ 72.00)

in part Payment of Pre-need Coupons 19, 20, 21

Lot 2089 Grave — Row — Section — Division/Block 10

Invoice No. E-19105

Acct. No.

W.O.

BALANCE DUE $5845

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

Pre-need Trust (X) Cash ( ) Check (X) 3172

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

PAID

DEC 06 2005

MOUNT HOPE

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	72 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	72 —

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 00038

Date: 1/5, 2006

From: Teresa Valdillez Address: on record

Fifty-Eight and 45/00 Dollars ($ 58.45)

in full/10 Payment of Pre-need trust paid in full

Div ____ Sec ____ Blk/Row ____ Lot 203B Grave 1

Invoice No. E-19105

Acct. No. ____

W.O. ____

BALANCE DUE $Ø

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3184

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

PAID

JAN - 5 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	58 45
Trust	77186	
TOTAL PAID	$	58 45

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59302

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/12, 2005

From: Teresa T. Valdillez Address: on record

Seventy-two and 00 Dollars ($ 72-)

in part Payment of Preneed trust. Coupons 13,14,15

Div 10 Sec Blk/Row Lot 2088 Grave

Invoice No. E-19105

Acct. No.

W.O.

BALANCE DUE $202.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

3134

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

PAID

OCT 12 2005

MOUNT HOPE CEMETERY

ISSUED BY Fernandez

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	72.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	72.—

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

59407

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7/29/2005

From: Teresa T. Valdillez Address: on record

Seventy - Two and 00 Dollars ($ 72.-)

in Part Payment of Pre-need Trust.

Div 10 Sec _____ Blk/Row _____ Lot 2088 Grave 1

Invoice No. E-19105

Acct. No. _____

W.O. _____

BALANCE DUE 346.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3095

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

PAID

JUL 28 2005

MOUNT HOPE CEMETERY

ISSUED BY [signature]

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	72.-
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	72.-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

R- 59383

OFFICIAL RECEIPT

[redacted]

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: November 10, 20 05

From: G. Valdillez Address: on record

Seventy-two and 00 Dollars ($ 72 —)

in part Payment of Pre need trust

Lot 2088 Grave 1 Row — Section — Division Block 10

Invoice No. E-19105

Acct. No.

W.O.

BALANCE DUE $130.45

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

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

3154

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

PAID

NOV 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	72	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	72	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

pin #66 Two year contract Contract Expires may 2007

VALDILLEZ, TERESA T. 764 Chamberlain Avenue, El Cajon CA 92020 E-19105 619-579-9010

DIVISION 10 LOT 2088	DEBIT	CREDIT	BALANCE
5/3/05 Pre-need Trust account. Trust was chg'd from a liner to a double depth crypt.	762.44		762.44
		200.00	562.44
5/27/05 R-58882(1,23) coupons June, July, aug 05		72.00	490.44
6/29/05 R-59008(4-6) " Sept, Oct, Nov 05		72.00	418.44
7/29/05 R-59407 (7-9) " Dec 05, Jan 06, Feb 06		72.00	346.45
8-24-05 R-59110 (10,11,12) Mar, April, may 2006		72.—	274.45
10/12/05 R-59302 Coupons 13,14,15 June, July, aug 06		72.—	202.45
11-7-05 R-59383 Coupons 16,17,18 Sept, Oct, Nov 2006		72.—	130.45
12-4-05 R-59466 " 19,20,21 Dec 06, Jan 07, Feb 07		72.—	58.45
1-5-06 P-00038 " 22-24		58.45	Ø

Paid in full

Res. Fee
Pre-need
Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Shearéleen. Corley 228805

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 51 Grave 11

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-58810	500.00
Balance due	1,333.20

PAID
APR / 9 2007
Paid in full
MOUNT HOPE CEMETERY
P-00775

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

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

x Shearéleen Corley
Signature

228805
x Shearéleen Corley
Print Name
x 1155 Jamacha Ln.
Address
x Spring Valley 91977
City Zip Code
619-5898867
Telephone

Paulette
Work Order # E 19106

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Deed Mailed 4-10-07

OFFICIAL RECEIPT

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

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

P 00646

Date: 1-8, 2007

From: Shearlean Conley Address: on record

One hundred, twelve Dollars ($ 112-)

in part Payment of Pre-need lot, trust, 19 & 20

Div 12 Sec 1 Blk/Row 1 Lot 51 Grave 11

Invoice No. E-19106

Acct. No.

W.O.

BALANCE DUE $ 2133.20

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1097

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

PAID

JAN 08 2007

Paulette

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112 —
Trust	77186	
TOTAL PAID	$	112 —

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

58895

Date: 6/3, 20 05

From: Shareleen Corley Address: on record

One Hundred twelve and 00 Dollars ($ 112.-)

in part Payment of Pre-need

Div 12 Sec 1 Blk/Row Lot 51 Grave 11

Invoice No. E-19106

Acct. No.

W.O.

BALANCE DUE $ 1221.20

Pre-Need Lot X At Need On Acct

Pre-need Trust X Cash Check X 543

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

PAID

JUN - 2 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	112 —
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	
	78090	
TOTAL PAID	$	112. —

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 00685

Date: 2/7, 2007

From: S. Carley Address: on record

Dollars ($ 112 —)

in part Payment of Pre-need #21 + 22

Div 12 Sec 1 Blk/Row Lot 51 Grave 11

Invoice No. E 19106

Acct. No.

W.O.

BALANCE DUE $101.20

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

PAID

FEB - 7 2007

MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	112	—
Trust	77186		
TOTAL PAID		$ 112	—

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 107

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 00392

Date: July 14, 20 06

From: Shaareleon Goodlow-Corley Address: 1155 Jamacha Ln, Spring Valley 91977

One hundred Twelve ——— no/00 Dollars ($ 112.00)

in _____ Payment of _____

Div 12 Sec 1 Blk/Row _____ Lot 51 Grave 11

Invoice No. _____

Acct. No. E 19106

W.O. _____

BALANCE DUE 437.20

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 1039

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

PAID

JUL 14 2006

MOUNT HOPE CEMETERY

ISSUED BY Maria V.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112 00
Trust	77186	
TOTAL PAID		$ 112 00

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 00288

Date: 5/11, 20 06

From: Sheareleen G. Corley Address: on record

One hundred twelve and 00 Dollars ($ 112.-)

in part Payment of Pre-need cot, trust

Div 12 Sec 2 Blk/Row Lot 51 Grave 11

Invoice No. E-19106

Acct. No.

W.O.

BALANCE DUE ~~$ 605.20~~ 549.20

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 640

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

PAID

MAY 11 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112.—
Trust	77186	
TOTAL PAID	$	112.—

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 00165

Date: 3/13, 2006

From: Sherreleen Corley Address: on record

One hundred twelve and 00 Dollars ($ 112.-)

in part Payment of Pre-need lot, trust. coupon 11+12

Div 12 Sec 1 Blk/Row Lot 51 Grave 11

Invoice No. E-19106

Acct. No.

W.O.

BALANCE DUE $ 60 20

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

PAID

MAR - 9 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112 —
Trust	77186	
TOTAL PAID	$	112 —

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 26066

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

59300

MOUNT HOPE CEMETERY
(619) 527-3400

Date: October 12, 2005

From: Sheanleen Corely Address: on record

One Hundred Twelve and 00 Dollars ($ 112 —)

in part Payment of Pre-need lot + trust coupons 7+8

Div 12 Sec 1 Blk/Row Lot 51 Grave 11

Invoice No. E-19106

Acct. No.

W.O.

BALANCE DUE $885.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

958

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

PAID

OCT 12 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	112 —
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	$	112 —

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 00050

Date: 1/ , 20 06

From: Shearleen Corley Address: on record

One Hundred twelve and 00 Dollars ($ 112.-)

in part Payment of Pre-need lot, trust.

Div 12 Sec 1 Blk/Row Lot 51 Grave 11

Invoice No. E-19106

Acct. No.

W.O.

BALANCE DUE $773.20

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

PAID

JAN 11 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	112 —
Trust	77186	
TOTAL PAID		$ 112. —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 2644

2645

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

59035

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7-7, 20 05

From: Sheerleen G. Corley Address: on record

One hundred twelve Dollars ($ 112.-)

in Part Payment of Pre-need lot / trust

Div 12 Sec 1 Blk/Row Lot 51 Grave 11

Invoice No. E-19106

Acct. No.

W.O.

BALANCE DUE $1109.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 658.

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	112.-
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	$	112.-

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

59443

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-4, 20 05

From: Sheareleen G. Corle Address: on record

One Hundred twelve and 00 Dollars ($ 112.—)

in part Payment of Pre-need Lot / Trust.

Div 12 Sec 1 Blk/Row Lot 51 Grave 11

Invoice No. E-19106

Acct. No.

W.O.

BALANCE DUE $997.20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

572

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

PAID

AUG 04 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	48.—
80% Sales	100	64.—
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77188	
Sales Tax	60101	
	78390	
TOTAL PAID	$	112.—

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

P00775

Date: 4/9, 2007

From: S. Corley Address: On record

One hundred, One and 20/00 Dollars ($ 101.20)

in Full Payment of Paid in full 23 + 24 payment

Div 12 Sec 1 Blk/Row Lot 51 Grave 11

Invoice No. E 19106

Acct. No.

W.O.

BALANCE DUE ∅

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1129

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

PAID

APR / 5 2007

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	101.20
Trust	77186	
TOTAL PAID		$ 101.20

AC-212 (11-05)

This information is available in alternative formats upon request.

pin # 228805 payments Due 3rd each month monthly-$56.00 E-19106
contract Expires May 2007

Corley, Sheareleen 1155 Jamacha Ln. Spring Valley CA 91977 619-589-8867

Div. 12 Sec 1 Lot 51 Gr. 11

	DEBIT	CREDIT	BALANCE
5/3/05 Pd dwn payment for pre-need lot & trust account.	985.00		985.00
Trust includes: O/C $413, B/C $209, H/F $160, R/F $50,	848.20		1833.20
Fax on Lienr $16.20 R-58810.		500.00	1333.20
6/3/05 R-58895 Coupons 1+2 June, July 05		112-	1221.20
7/7/05 R-59035 " 3+4 aug, Sept 05		112-	1109.20
8-4-05 R-59443 " 5+6 Oct, Nov 05		112-	997.20
10/12/05 R-59300 " 7/8 Dec 05, Jan 06		112-	885.20
1-12-06 P-00050 " 9 & 10 Feb/Mar 06 (2 checks 56 each)		112-	773.20
3-13-06 P-00165 " 11 & 12 Apr 06, May 06		112-	661.20
5-11-06 P-00288 13+14 June 06 July 06		112-	549.20
7-14-06 P-00392 15+16 Aug 06 + Sept 06		112-	437.20
8-14-06 P-00440 17+18 Oct. 06 + Nov 06		112-	325.20
1/4/2007- Courtesy Call			
1-8-07 P-00646 19+20 Dec 06 + Jan 07		112.-	213.20
2-7-07 P-00685 #21 Feb 07/Mar 07		112-	101.20
4-9-07 P-00775 #22 + 23 P-00775		101.20	0

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VICTORICO GARCIA 228808

in a DD CrypT (A) (Type of Burial Container) Funeral, date, time Mon May 9th, 05 10:00A.

Church, Chapel, Graveside ; C/V Humphey 425-9111 Mortuary.

All Funeral cars 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 124 Grave 9

Grave space & Care Fund E-15416 (1999)	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	0
Burial Container ..... DD CrypT (A)	0
Handling Fees	0
Flower vases – Marker setting fee ..... 90 Days Temporary marker	$34.71
Recording/Filing/Transfer fees	0
Sales taxes	0
Total Due	$34.71
Paid receipt number pd by visa	$34.71
Balance due	0

PAID MAY 04 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.

#68

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

x J. Manuel Garcia
Signature

x JOSE M. GARCIA
Print Name

x 2700 E. VALLEY PKWY #203
Address

X ESCONDIDO, CA 92027
City Zip Code

X 760-745-2984
Telephone

Temporary marker installed 5-11-05 WO#4264

Invoice # _____

Work Order # E 19107

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Pre-Need
Lot - Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-19107

Date 12-23-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Manuel Garcia

in a Double Casket (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 124 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup 2 at 375.00	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee 2 at 45.00	90.00
Sales taxes	29.45
Total Due	2364.45
Paid receipt number VISA	1700.00
Balance due	664.45

PAID IN FULL 1-17-02

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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

J. Na Garcia
Signature

2700 E. VALLEY PARKWAY SP 203
Address

ESCONDIDO, CA 92027
City Zip Code

760-743-3371
Telephone

Invoice # _____

Work Order # E 15416

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

15 chairs
26 possible

MT HOPE CEMETERY E19107

GRAVE BLIND CHECK FORM

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

Family would like to witness Burial after Services

		Margaret Davis	X	Lola Todd	Lourie Harris	

Blind Check Initiated By: Sandra Date: 5-4-05

Interment space for: Victorico Garcia

Interment Date: Mon. May 9th 2005 Time: 10:00 (65)

Div: 11 Sect: 2 Blk/Row: ____ Lot: 124 Gr: 9

Grave Laid out by: Norman Fergus

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Manigo Date: 5-5-05

7 Staggid

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19107

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VICTORICO	-	GARCIA	12/11/1915	05/02/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	MARGARITA GARCIA (SPOUSE) 1231 MEDICAL CENTER DR. #115 CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person filing permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY CHULA VISTA, CA 91910	FD-964	▶	05/06/2005

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	06/06/2005 SANDRA PENA	2507801 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-9-05	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.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stacy Ronté Mebane ⊗ 228846

in a urn garden (Type of Burial Container) Funeral, date, time Weds. May 18th 12:30

Church, Chapel, Graveside Witness ; 234-3272 Jarrett CA Burial Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 59 Grave 1

Grave space & Care Fund	330.00
Overtime/Late Arrival Fees	ø
Opening/Closing & Setup	116.00
Burial Container No Ash Vault Reqd	ø
Handling Fees	ø
Flower vases – Marker setting fee	ø
Recording/Filing/Transfer Fees	50.00
Sales taxes	ø
Total Due	$496.00
Paid receipt number R-58843	$496.00
Balance due	ø

PAID MAY 12 2005 MOUNT HOPE CEMETERY

I hereby certify I am the x Velma Mebane of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228847

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

x Velma Mebane
Signature

x Velma Mebane
Print Name
x 1908 La Corta St
Address
x Lemon Grove 91945
City Zip Code
x 697-4020
Telephone

Invoice # _____

Work Order # E 19108

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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S Lelia (1-760) 734-3769 / will pay Balance
organizer
called left message 5-4-05 3:00p.m

CA Burial
Fax # 286-2674

MT HOPE CEMETERY E-19108

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 58	59 X			
		89 Jewell James	LOT 90 vacant			
			120 maggie Nicholson			

Blind Check Initiated By: Sandra Date: 5-17-05

Interment space for: Stacy Ronte Mebane

Interment Date: weds may 18th Time: 12:30

Div: 8 Sect: 4 Blk/Row: ____ Lot: 59 Gr: 1

Grave Laid out by: DARREYL FAMBER

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/18/05

7 flagged

E-19108
3941

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
STACY	RONTE'	MEBANE	08/27/1974	05/02/2005	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	VELMA L. MEBANE-MOTHER 1908 LA CORTA ST. LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶	05/06/2005

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	05/06/2005 J.BENYARD	▶ 2507753

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-18-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Darryl Farmer	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CALIFORNIA CREMATORY6001-D CRANE ST.,LAKE ELSINORE, CA 92530	12B. DATE CREMATED 5-11-05	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.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/5/05

PIN # 228822

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA # 20051356

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time TUES. MAY 10 10:30

Church, Chapel, Graveside Delivery : AZTLAN Mortuary ISAVO

All Funeral cars 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 20 Grave 18

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

P.A. John Edwards

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

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

Signature Billie PA 5-13-05

Paulette pd 9-12-05

Work Order # E 19109

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 420246

Acct. # 000952

REA-104 (3-04)

This information is available in alternative formats upon request.

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V-81 -1P

CITY OF SO AT HOME CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301222156655644

E-19109

DATE: 09/12/05 TIME: 14:37:46
MERH: 222156655644 STR#: 4301 TERM: 0002
S-B-L-E-S B-F-F-F-T

REF: 0053
BATCH: 004
CD TYPE: VISA
TR TYPE: MP
ENTER INVOICE : 428246

TOTAL: $776.23M

ACCT: ##########6319 EXP: ####
AP: 016798
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

E19109

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	06/03/2003	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Jamul	San Diego	John Edwards-PAPG 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 filing permit	8B. DATE SIGNED
Funeraria Aztlan 7856 La Mesa Blvd., La Mesa, CA.,91941	FD-1658	▶ [signature]	04/23/2005

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	J.L.GAJON JR. 04/28/2005	▶ 2507292

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

- [XX] 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 5-10-05	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 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.

In Grave of Leonora? Thelen? Janet NON RES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/6/05

Total of 12 CHNPS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESTHER THELEN ⊗ 728923

in a ASH VAULT (Type of Burial Container) Funeral, date, time FRI. MAY 20 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 MAS Section P Blk/Row _____ Lot 28 Grave 2

PAID

MAY 06 2005

MOUNT HOPE CEMETERY

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	Ø

NON-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.

228924/Trust only

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

Signature

Pauette

Print Name David Thelen

Address 4955 E. Ridgewood

City Bloomington IN Zip Code 47401

Telephone 812-339-0628

Invoice # _____

Work Order # E 19110

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19110

GRAVE BLIND CHECK FORM

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

	Arnold	Paul/Alice Thelen	X			
			Spencer	Spencer		

Blind Check Initiated By: Pallerle Date: 5/18

Interment space for: ESTHER THELEN ☒

Interment Date: 5-20-05 Time: Friday May 20 12:30

Div: MAS Sect: P Blk/Row: ____ Lot: 28 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 5-19-05

E 19110

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	-	Thelen	05/20/1941	12/29/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Bloomington	Indiana	David Thelen (Spouse) 4955 E. Ridgewood Bloomington, IN 47401

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M. Domingo	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	2507866 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: - 5-2005	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
D.I.P.
Total of 12 Chairs

Date 5/9/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Demitri J. Grimes 228837

in a T. S. Vault (Type of Burial Container) Funeral, date, time Friday May 13 1:00

Church/Chapel, Graveside _____ ; Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned. _____

Division 12 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	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 Mastercard	1948.31
Balance due	0

PAID
MAY 09 2005
MOUNT HOPE CEMETERY

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

228838

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

Signature: Elbert W. Grimes

Print Name: ELBERT W. GRIMES

Address: 110 THOMAS JEFFERSON DR.

City: McDONOUGH GA Zip Code: 30253

Telephone: 770 914 6116

Paulette

Work Order # E 19111

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-19111

GRAVE BLIND CHECK FORM

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

				Pierson		
			X	White		
				Williams		

Blind Check Initiated By: Paulette Date: 5-9-05

Interment space for: Demitri J Grimes

Interment Date: 5-13-05 FM Time: 1:00 Chapel

Div: 12 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

Blind Check & Verified By: Kenneth Collins Date: 5/9/05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 19111

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Dimitri	Joewayne	Grimes	09/30/1978	FD 05/07/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Elbert Grimes, Father 110 Thomas Hefferson Drive McDonough, GA 30253

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]	05/11/2005

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	05/12/2005 B. Campbell	2508090 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 5-13-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Harvey L. Fambro	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA 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 NEED in grave of Felton Jones

City of San Diego

Date 5/9/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Jones 228829

in a DOCRYPT "B" (Type of Burial Container) Funeral, date, time THURS May 12, 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 11 Section 1 Blk/Row _____ Lot 98 Grave 6

Grave space & Care Fund E-7186	Ø
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-58830	Ø
Balance due	

PAID
MAY 09 2005
MOUNT HOPE CEMETERY

mort. 2 Pay
Pay 286.00 74

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.

228830

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

Michele Jones
Signature

Michele Jones
Print Name

4834 Logan Ave. #206
Address

San Diego, CA 92113
City Zip Code

(619) 263-4365
Telephone

Res. fee
Paulette

Invoice # _____

Work Order # E 19112

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19112

GRAVE BLIND CHECK FORM

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

		John Charles Tucker	X	Glen Gentner		

Blind Check Initiated By: Sandra Date: 5-10-05

Interment space for: Dorothy Jones

Interment Date: 5-12-05 Thurs Time: 11:00

Div: 11 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: F Higgins Date: ____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 19112

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

1A. NAME OF 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	-	JONES	08/01/1924	05/07/2005	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	DEBRA RICKS-DAUGHTER 6079 FULMAR 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., SAN DIEGO, CA 92115	FD-1357	▶ [signature]	05/11/2005

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/11/2005 J.BENYARD	▶ 2508003

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 92115	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] 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 5-12-05	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.

(Non Res) AT- Need AYD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kathleen N. Huddleston (X) 228827

in a Ash Vault (Type of Burial Container) Funeral, date, time AYD, Tues May 17 583-9511. (Jerry)

Church, Chapel, Graveside AYD/ Delivery 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 8 Section 4 Blk/Row _____ Lot 58 Grave 1

Grave space & Care Fund	$439.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	154.00
Burial Container Ash Vault	81.00
Handling Fees	88.00
Flower vases - Marker setting fee (Trion)	252.86
Recording/Filing/Transfer Fees	66.00
Sales taxes	6.28
Total Due	$1,087.14
Paid receipt number R58852	1,087.14
Balance due	0

PAID MAY 17 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 for signature

Invoice # _____

Work Order # E 19113

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19113

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 48

3961-02

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Kathleen	N.	Huddleston	07/28/1956	04/26/2005	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	Stephanie Heinzman (Social Worker) 8760 Cuyamaca St. 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 filing permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M. Domyo	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 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	05/04/2005	2507565 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)
- [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 St. San Diego, CA 92102	11B. DATE BURIED 5-17-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY So. CA Crematory: 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 5-4-05	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-19113

NON RES AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-05

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

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

Church, Chapel, Graveside Ayd/ Delivery only Featheringill (Jerry) Mortuary.

All Funeral cars 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 58 Grave 1

Grave space & Care Fund	$434.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	154.00
Burial Container Ash Vault	81.00
Handling Fees	88.00
Flower vase? Marker setting fee	252.86
Recording/Filing/Transfer Fees	66.00
Sales taxes	6.28
Total Due:	$1,037.14

Paid receipt number _____

Balance due _____

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

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

Signature Stephanie Heerman SDRC for DOS

Stephanie Heerman
SDRC 8760 Cyamaca St
Santee CA 92071
619 596-1000

Invoice # _____

Work Order # E 19113

Acct. # _____

This information is available in alternative formats upon request.

AT-Need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miriam Yvonne Longmire 228821

in a DD Crypt (A) (Type of Burial Container) Funeral, date, time Fri May 13th 05 10:00 A.M. church

Church, Chapel, Graveside ST Stevens : Rossdale Mortuary.

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

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row ____ Lot 16 Grave 8

Grave space & Care Fund E-12658 (1995)	0
Overtime/Late Arrival Fees	.
Opening/Closing & Setup	413.00
Burial Container ..... DD Crypt (A)	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer	50.00
Sales taxes	32.40
Total Due	$1,265.40
Paid receipt number pd by Visa	$1,265.40
Balance due	0

PPAID

MAY 10 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.

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

x Yvonne Longmire (Signature)

x YVONNE LONGMIRE (Print Name)

x 1432 GIBSON St. (Address)

x SAN DIEGO 92114 (City, Zip Code)

x (619) 263-0741 (Telephone)

Invoice # ____

Work Order # E 19114

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19114

GRAVE BLIND CHECK FORM

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

		Iris Longmire X				
		ADA Tucker				

Blind Check Initiated By: Sandra Date: 5-11-05

Interment space for: Miriam Yvonne Longmire

Interment Date: Fri MAY 13, 05 Time: 10:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 16 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREL Date: 5-11-05

7 laggie

E-19114

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Miriam	Yvonne	Longmire	08/04/1967	05/08/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mionne Longmire, Mother 1432 Gibson 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	▶ [signature]	05/11/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100[illegible] of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	05/11/2005 B. Campbell	2508071 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 5-13-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED ~~5-13-05~~	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 2 IS RETAINED BY 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

Arrival Time 3:23 pm

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Garner 228839

in a * TB Vault (Type of Burial Container) Funeral, date, time Fri May 13th 05 1:00 church

Church, Chapel, Graveside _____ ; _____ Calif Burial * 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 180 Grave 12

PAID

MAY 11 2005

MOUNT HOPE CEMETERY

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	1,948.31 *
Paid receipt number * R 58837	1,948.31 *
Balance due	0

mortuary To pay. ~~Family To pay first~~ X

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.

228840

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

X Kim Copeland
Signature

Billed Barney 5-16-05

*paulette only took payment pd → lakeshore 5-27-05

X Kim Copeland
Print Name

X 1541 W 218th St
Address

X Torrance, CA 90501
City Zip Code

X 310-787-0040
Telephone

Work Order # E 19115 R-58881

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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CA Burial - Claudett
Nic 229-2747
Fax 229-2750

mary Garner
6243 Alderley St.
San Diego, CA 92114

MT HOPE CEMETERY E-19115

GRAVE BLIND CHECK FORM

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

			Kenarsie Cesar			
	Freddie Braxton	Tree	X			
			Catalina Flores			

Blind Check Initiated By: Sandra Date: 5-11-05

Interment space for: Mary Garner

Interment Date: Fri May 13th, 05 Time: 1:00 church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 180 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-11-05

[illegible]

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-1915

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

1A. NAME OF 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	-	GARNER	06/07/1941	05/04/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA BVISTA	SAN DIEGO	KIMBERLY COPELAND-DAUGHTER 1541 W. 218TH ST. TORRANCE, CA 90501

7A. TYPED NAME AND ADDRESS OF 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	▶ Jeanette Benyard	05/11/2005

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	05/11/2005 J. BENYARD	▶ 2508037

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael 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 AT SEA OR DISPOSITION 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.

Cremation
AT Need
IN Grave
with James R.
Bowers

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Bowers (X) 218868

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. MAY 23rd 11.00 (GS) (Dallas)

Church, Chapel, (Graveside) ; El Cajon Mortuary.

All Funeral cars 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 S Blk/Row _____ Lot 63 Grave 5

Grave space & Care Fund B-7877 (1961)	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-58839	$297.73
Balance due	Ø

PAID
MAY 11 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.

218869

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

X James R. Bowers
Signature

X James Ronald Bowers
Print Name

X 6370 Decanture St
Address

X San Diego, Ca. 92120
City Zip Code

X 619 583-0431
Telephone

Invoice # _____

Work Order # E 19116

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Jennett cell # 218-1906
Hm # 583-0431

E 19116

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

DATE 12-16 1961

CHARGE Lillian H Bowers

ADDRESS 4350 Newton Lane (13)

NAME OF DECEASED Cremated

OWNER Same

ADDRESS

MORTUARY

LOT 63 GR 6 ROW SEC MAS ~~BLK~~ DIV S	125	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION		
TOTAL	125	00
PAID RECEIPT NUMBER Ø 11298		
BALANCE		

Flush Marker Only

PAID
DEC 16 1961
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 Letter

ORDER TAKEN BY D. Powell

W.O. NO. B 7989

INVOICE NO. 57666

FORM PR-974 REV.

MT HOPE CEMETERY E 19116

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 / with James R Bowers

				McDaniel		
			X			
		Ethel Smith		Jargenson		

Blind Check Initiated By: Sandra Date: 5-12-05

Interment space for: Lillian Bowers (X)

Interment Date: mon. MAY 23rd Time: 11:00 (GS)

Div: MAS Sect: S Blk/Row: ____ Lot: 63 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 5-20-05

7 flagged

E-19116

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	Hattie	Bowers	03/04/1917	05/10/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	James R. [illegible]ers - Son 6370 Decan[illegible]ure Street San Diego, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
El Cajon Mortuary 684 S. Mollison Ave. El Cajon, CA 92020	FD-1022	▶ [illegible]	05/12/2005

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	05/12/2005 JackieKozica	2508125 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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. EXIT 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 5-23-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY, VISTA, CA 92083	12B. DATE CREMATED 5/16/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]
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 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-19116

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT-FIRST (GIVEN): LILLIAN
2. MIDDLE: HATTIE
3. LAST (Family): BOWERS

AKA - ALSO KNOWN AS - (Include full AKA (FIRST MIDDLE LAST)): —

4. DATE OF BIRTH mm/dd/ccyy: 3-4-17
5. AGE Y/S: 88
IF UNDER ONE YEAR: Months —, Days —
IF UNDER 24 HOURS: Hours —, Minutes —
6. SEX: F

9. BIRTH STATE/FOREIGN COUNTRY: MINN.
10. SOCIAL SECURITY NUMBER: 553-10-1973
11. EVER IN U.S. ARMED FORCES: ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS (at Time of Death): W
7. DATE OF DEATH mm/dd/ccyy: 05-10-05
8. HOUR (24 Hours):

13. EDUCATION - Highest Level/Degree: 8th
14/15. WAS THE DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see work sheet on back): ☐ YES ☒ NO
16. DECEDENT'S RACE - Up to 3 races may be listed (see work sheet on back): White

17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED: Nursing Assistant
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): Skilled Nursing Facility
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or rural route): 409 Greenfield Dr. Space 93
21. CITY: E.C.
22. COUNTY/PROVINCE: S.D.
23. ZIP CODE: 92021
24. YEARS IN COUNTY: 68
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: James R. Bowers Son
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city, or town, state, ZIP): 6370 Decanture St. S.D. CA 92120

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE - FIRST: —
29. MIDDLE: —
30. LAST (Maiden Name): —

31. NAME OF FATHER - FIRST: William
32. MIDDLE: Henry
33. LAST: Ward
34. BIRTH STATE: Minn.

35. NAME OF MOTHER - FIRST: Harriet
36. MIDDLE: Josephine
37. LAST (Maiden Name): Vrodous
38. BIRTH STATE: LA.

39. DISPOSITION DATE mm/dd/ccyy:
40. PLACE OF FINAL DISPOSITION: MT Hope Cemetery
41. TYPE OF DISPOSITION: CR

EL CAJON MORTUARY OR PARIS-FREDERICK MORTUARY WILL NOT BE HELD LEGALLY OR FINANCIALLY RESPONSIBLE FOR ANY MISSREPRESENTATIONS CONTAINED IN THE ABOVE INFORMATION, WHETHER UNINTENTIONALLY OR *INADVERTANTLY SUPPLIED*

INFORMATION APPROVED BY NAME: JAMES R. BOWERS SIGNATURE: James R. Bowers

DATE OF SERVICE: 5-23-05
DAY OF SERVICE: Monday
TIME OF SERVICE: 11 00 am

CASKET: Cremation Container
HEAD PANEL: —
URN: Cultured Stone Angel
OFFICIANT NAME: Pastor Mike Miller
OFFICIANT PHONE NO.:
CHURCH NAME:

ECM/PFM SERVICE: YES ☐ NO ☒
CHURCH SERVICE: YES ☐ NO ☒
GRAVESIDE SERVICE: YES ☒ NO ☐
VIGIL SERVICE: YES ☐ NO ☒
DATE: — DAY: — TIME: —

CATHOLIC SET UP: YES ☐ NO ☒
CRUCIFIX: YES ☐ NO ☒
CD SELECTION: YES ☐ NO ☒

VISITATION: YES ☐ NO ☒
DATE: — DAY: —
TIME. PRIVATE — PUBLIC —
LOCATION: —

MEMORIALS: Iris — NO. 100
BOOK: Iris.
VERSE: Fill my your Heart
ESCORTS: YES ☐ NO ☒ NO.
FLOWERS: YES ☐ NO ☐
DESCRIPTION:

OPEN CASKET: —
CLOSED CASKET: —
CHURCH SERVICE NAME: —
CHURCH SERVICE ADDRESS: —

LIMOUSINES ( )	ADDRESS	TIME
PICK UP	—	—
DROP OFF	—	—

FAMILY CONTACT NAME: — TELEPHONE NO.: —

Pre-Need (RES) 1st & 2nd Burial pd IN Full

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Lavonna Moseley

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 5 Section 7 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund	A-6012 (1953)	0
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		0.00
Recording/Filing/Transfer Fee	2 @ $50.00	100.00
Sales taxes		32.40
	Total Due	$1,728.40
	Paid receipt number R-58838	$1,728.40
	Balance due	0

PAID
MAY 11 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. PIN # 228814

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

X Dora L Newton
Signature

X Dora L Newton
Print Name

X 4602 Kansas #1
Address

X San Diego, 92116
City Zip Code

X (619) 514-1608
Telephone

Invoice # _____

Work Order # E 19117

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

FORM 974(REV.)

34457

E-19117

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

№A 6012

Date 7-7- 1953

Charge Olive Raymond Newton 220735

Address 5852 Lauretta S.D. 10

Name of deceased

Mortician

Pre need

Lot 7 Gr. 4 Row Sec 7 ~~Blk.~~ Div. 5	75	00
Opening: Time A.M. P.M. Day Date		
Vault Box Size		
Removal or Foundation		
Total	75	00
Paid-Receipt Number C6626	75	00
Balance	00	00

PAID

MT. HOPE CEMETERY

Authorized In person Phone By O. R. Newton Order Taken by R. L. Hayn

Cash 30 Days. All Deposits made will be retained if payment defaulted.

E-19117

CITY OF SAN DIEGO, CALIFORNIA
PARK DEPARTMENT · CEMETERY DIVISION
MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

Nº C 6626

DATE 7-7- 1953

When stamped "PAID" in space below, this acknowledges payment

BY Oliver Raymond Newton ADDRESS 5852 Lauretta S.D. 10

OF Seventy Five ~~DOLLARS~~ ($ 75.00)

IN full PAYMENT OF The Need

LOT 7 GRAVE 4 ROW ____ SECTION 7 DIVISION ~~BLOCK~~ 5

INVOICE NO. 34657 W.O. A6012

CREDIT: SALES CARE (306/951) $37.50 BOXES (100/778 2) ____

OPENINGS (100/7781) ____ REMOVALS FOUNDATIONS (100/778 3) ____

HALF SALES OF LOTS (100/778 4) $37.50

UNPAID BALANCE AFTER THIS PAYMENT ____ ISSUED BY R. L. Taylor

FORM 212

Not valid for purpose stated unless stamped "PAID" in this space.

JUL 8 1953

E-19117

WHITE-CUSTOMER
YELLOW-TREAS.-AUD.
PINK-AUD.-ORIG. DEPT
BLUE-RETAIN
BUFF-TREASURER

CITY OF SAN DIEGO, CALIFORNIA

INVOICE 34657

Your Order No. A-8019 Date 7/7/53 19

Department Cemetery Dept. Memo No.

Oliver Raymond Newton
5852 Lauretta
San Diego 10, Calif.

Credit: Fund 306 $37.50 Acct. 7724 $37.50
Detach and Forward with Remittance

DATE 7/7/53	DESCRIPTION OF CHARGE	AMOUNT
	Pre-need	
	Lot 7 Gr 4 Sec 7 Div 5	$ 75.00
	Pd.receipt #c-6626 $75.	

Concession percentages invoiced subject to audit verification

MAKE ALL REMITTANCES PAYABLE TO, AND FORWARD SAME TO CITY TREASURER, CIVIC CENTER, SAN DIEGO 1, CALIFORNIA

FORM 22

Invoice prepared by IGS

E-19117

DMV CALIFORNIA DMV

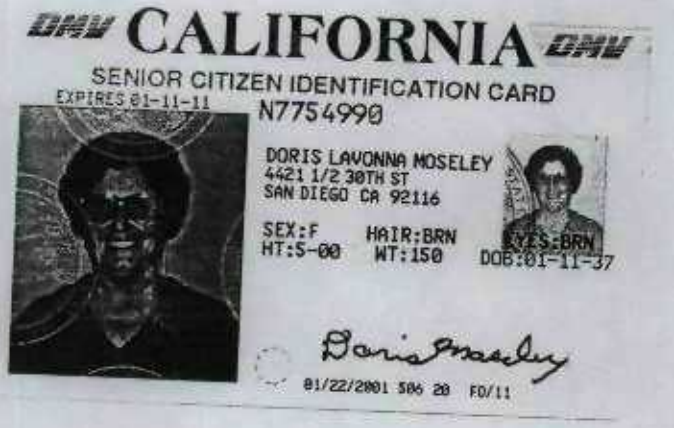
DRIVER LICENSE

EXPIRES 05-13-09 H0307293 CLASS:C

INA LUCILLE NEWTON
4602 KANSAS ST APT 101
SAN DIEGO CA 92116

SEX:F HAIR:BRN EYES:BRN
HT:5-03 WT:115 DOB:05-13-23

05/04/2004 506 34 FD/09



DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 01-11-11 N7754990

DORIS LAVONNA MOSELEY
4421 1/2 30TH ST
SAN DIEGO CA 92116

SEX:F HAIR:BRN EYES:BRN
HT:5-00 WT:150 DOB:01-11-37

01/22/2001 506 20 FD/11

May 11, 2005

Ina L Newton, surviving wife of Oliver R. Newton give consent for my sister, Doris L Moseley to be buried in the Newton family Plot, Division 5, Section 7, Lot 7, Grave 4.

Ina L Newton

Received: [illegible]
Cemetery Mngr.
5/11/05

09:34 SD MT HOPE CEMENTERY → 95449334

AT Need (RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-12-05

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

in a TS Vault (Type of Burial Container) Funeral, date, time Mon May 16, 05 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 12 Section 2 Blk/Row ____ Lot 120 Grave 6

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	
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Mort To pay — Total Due	$1,948.31
Paid receipt number R-58842	$1,948.31
Balance due	0

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

228836

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

X Celia Rodriguez
Signature

X CELIA RODRIGUEZ
Print Name

X 3824 CHEROKEE AVE
Address

X SAN DIEGO, CA, 92104
City, Zip Code

X
Telephone

Invoice # ____

Work Order # E 19118

Acct. # ____

REA-106 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 19118

GRAVE BLIND CHECK FORM

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

		Wheeler				
	Dikee		X		← Jones	

Blind Check Initiated By: RCrawford Date: 5/13

Interment space for: Natalia Silva

Interment Date: Mon. May 16 Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 120 Gr: 6

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: 5/13/05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19118

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NATALIA	-	SILVA	12/01/1929	05/11/2005	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	CELIA RODRIGUEZ-DAUGHTER 3824 CHEROKEE AVE SAN DIEGO,CA,92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD-1425	▶ Selene Chavez	05/13/2005

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	SELENE CHAVEZ 05/13/2005	2508195 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5-16-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest Eaton 228873 (65)

in a TS Vault (Type of Burial Container) Funeral, date, time Thur May 19th, 05 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 $ _____ X

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1118 Grave _____

Grave space & Care Fund C-3510 (1966)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$ 413.00
Burial Container TS Vault	275.00
Handling Fees	204.00
Flower vases – Markers & Mo fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	$ 963.31
Paid receipt number pd by charge	$ 963.31
Balance due	Ø

PAID
MAY 13 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 attorney for signature

Invoice # _____

Work Order # E 19119

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Tanya Eaton
3906 North 105 Lane
Avondale AZ. 85323

Hm #(623)594-5076
wk# (480) 333-5186 x5186
cell#(623) 466-5864

55 SD MT. HOPE CEMENTERY → RAGSDALE

MT. HOPE CEMENTERY

INTERMENT ORDER

City of San Diego

Date 5-13-05

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

of Ernest Eaton (65)

in a TS Vault (Type of Burial Container) Funeral, date, time Thur May 19th, 05 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 $ _____ X

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1118 Grave _____

Grave space & Care Fund C-3510 (1966) Ø

Overtime/Late Arrival Fees _____

Opening/Closing & Setup $ 413.00

Burial Container Vault 275.00

Handling Fees 204.00

Flower vases – Marker/Marking fees _____

Recording/Filing/Transfer Fees 50.00

Sales taxes 21.31

Total Due $ 963.31

Paid receipt number pd by charge $ 963.31

Balance due Ø

PAID MAY 13 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 sold under deed.

1. Tanya Eaton
Signature

X Tanya Eaton 228874
First Name

X 3906 North 105th Lane
Address

X Avondale, AZ 85323
City Zip Code

X (623) 466-5864
Telephone

Invoice # _____

Work Order # E 19119

Acct. # _____

FEA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19119

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Eaton	X		Atkinson Harry + Eleanor	

Blind Check Initiated By: Sandra Date: 5-17-05

Interment space for: Ernest Eaton

Interment Date: Thurs MAY 19th, 05 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1118 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREL Date: 5-18-05

Flagged

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 19119

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ERNEST	ORION	EATON	05/21/1937	05/07/2005	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
INGLEWOOD	LOS ANGELES	JEROME EATON - SON 1718 W. RAYMOND STREET COMPTON, CALIFORNIA 90220

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, CALIFORNIA 92102	FD1329

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Eric Williams	05/16/2005

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	05/16/2005	▶ Thomas J. Guthmann

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-313 N. FIGUEROA ST. L-1 LOS ANGELES, CALIFORNIA 90012	SAN DIEGO CO. HEALTH DEPT.-P. O. BOX 85222 SAN DIEGO, CALIFORNIA 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-3571 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 2 IS RETAINED BY 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-19119

SOCIAL SECURITY
ACCOUNT NUMBER
547-46-8970
WAS BORN ESTABLISHED-FOR
ERNEST ORION EATON
NOT FOR IDENTIFICATION
SOCIAL SECURITY PURPOSES

CALIFORNIA
DRIVER LICENSE
EXPIRES 05-21-05
D0779264
CLASS:C
ERNEST ORION EATON
6141 TOOLEY ST
SAN DIEGO CA 92114
SEX:M
HAIR:GRY
HT:5-10
WT:160
DOB:05-21-37

E19119

Gregory J. Smith

COUNTY OF SAN DIEGO

ASSESSOR / RECORDER / COUNTY CLERK

ASSESSOR'S OFFICE
1600 Pacific Highway, Room 103
San Diego, CA 92101-2480
Tel (619) 236-3771 • Fax (619) 557-4056

www.sdarcc.com

RECORDER/COUNTY CLERK'S OFFICE
1600 Pacific Highway, Room 260
P.O. Box 121750 • San Diego, CA 92112-1750
Tel (619) 237-0502 • Fax (619) 557-4155

May 10, 2005

VERIFICATION OF THE OFFICIAL RECORD

The attached certified copy is the best copy available from the San Diego County Assessor/Recorder/Clerk's office. The following facts are certified to be true.

NAME: JOHN WARREN EATON

DATE OF DEATH: 01/29/1975 SEX: M

SSN: 421101063

DATE FILED: 01/31/1975 DATE ISSUED: 5/10/2005

LOCAL REGISTRATION NUMBER: 1975001159

Sonia Santoyo
DEPUTY
ASSESSOR/RECORDER/COUNTY CLERK

Branch Offices Available To Serve You

CHULA VISTA
590 Third Avenue
Chula Vista, CA 91910-5617
(619) 498-2200

EL CAJON
200 S. Magnolia Avenue
El Cajon, CA 92020-4524
(619) 401-5700

KEARNY MESA
9225 Clairemont Mesa Blvd.
San Diego, CA 92123-1211
(858) 505-6262

SAN MARCOS
334 Via Vera Cruz, Suite 150
San Marcos, CA 92069-2638
(760) 940-6858

 FAX # 619-527-3403 E-19119

5-10-05

Attn: Saundra

I (Jerome Eaton) as next of Kin to John Eaton, give permission to Anderson Ragsdale mortuary to bury my father Ernest Eaton in one of his remaining plots.

Jerome Eaton

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 10 DAY OF May, 2005
BY Jerome Allen Eaton
Yolanda B. Gonzalez
NOTARY PUBLIC

YOLANDA B. GONZALEZ
Comm. # 1362903
NOTARY PUBLIC - CALIFORNIA
Los Angeles County
My Comm. Expires Nov. 30, 2006

E-19119

Shipping & Office Services

858 Third Avenue Chula Vista CA 91911
Phone 619 425-2972
Fax 619 425-2989

Fax

To: SANDRA

From: Debra Robinson (Eaton) 619 427 6198 / 619 422 [illegible]

Fax: (619) 527-3403

Pages:

Phone:

Date:

Re:

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

FOR ERNEST E. Eaton

BURIAL IN FAMILY PLOT

AT Need (RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Silva~~ Natalia Silva 228835

in a TS Vault (Type of Burial Container) Funeral, date, time Mon May 16, 05 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 12 Section 2 Blk/Row ____ Lot 120 Grave 6

Grave space & Care Fund	$ 985.00
* Overtime/Late Arrival Fees	Ø
Opening/Closing & Setup	413.00
* Burial Container TS Vault	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	$ 1,948.31
Paid receipt number R-58842	$ 1,948.31
Balance due	Ø

PAID

MAY 12 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 Zip Code

X ____ Telephone

See attach for signature

Invoice # ____

Work Order # E 19118

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-Need
LOT
(RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Louise Evans Pin# 1032

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 249 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 pd by M/C	246.00
Balance due	739.00

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 Louise Evans
Signature

x Louise Evans
Print Name

x 6608 Omega Dr.
Address

x San Diego 92139
City Zip Code

x 619-470 7278
Telephone

Invoice # _____

Work Order # E 19120

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 5-13-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gee McFann 228875

in a Liner (Type of Burial Container) Funeral, date, time Mon. May 16 10:00

Church/Chapel/Graveside : Rogsdale 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 2 Blk/Row _____ Lot 204 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
Temp Marker Flower vases – Marker setting fee	34.71
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1867.91
Paid receipt number R-58845	1867.91
Balance due	Ø

PAID

MAY 13 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.

Ruby J. Jean
Signature

Ruby J. Jean 228877
Print Name
1030 Chesterwood Dr.
Address
Pearland, Texas 77581
City Zip Code
(281) 992-5236
Telephone
CELL (713) 582-6449

Res. Verified
Paulette

Work Order # E 19121

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19121

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	CEBU		
	Peterson		KRELL		Wilson	

Blind Check Initiated By: Paulette Date: 5/13

Interment space for: Gee McFann

Interment Date: 5-16-05 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 204 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARLENE Date: 5-13-05

E-19121

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gee	-	McFann	12/03/1933	05/09/2005	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	Ruby J. Jean, Sister 1030 Chesterwood Drive Pearland, Texas 77581

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	05/13/2005

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	05/06/2005 B. Campbell	2508253 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 ▶ Michael 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.

AT-Need
Estate
pin#296

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-05

pin# 229064

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louis MANYOKI PA# 20051441

in a Liner (Type of Burial Container) Funeral, date, time Mon June 20th 2005 10:30

Church, Chapel, Graveside Delivery : Poway Bernard Tim 858-848-9101 Mortuary.

All Funeral cars must arrive 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 6

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-58951	1,833.20
Balance due	0

PAID
JUN 13 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.

Signature

PA; Ellen 858-694-3502
Fax 858-694-3987

X Print Name
X Address
X City Zip Code
X Telephone

see attach for signature

Invoice # _____

Work Order # E 19122

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Fax # 858-748-4069
poway

MT HOPE CEMETERY E-19122

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Delivery only

#2 Lucina Aguilar	#3	#4	#5	#6 X		

Blind Check Initiated By: Sancha Date: 6-14-05

Interment space for: Louis MANYOKI

Interment Date: Mon June 20th Time: 10:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 44 Gr: 6

Grave Laid out by: Naman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

7 laggeal

Grave space & Care Fund	85.00
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 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

PA, Ellen 858-654-3502
Fax 858-654-3987

x Ellen Beauparlant
Print Name
x 5201-A Ruffin Rd.
Address
x San Diego 92123
City Zip Code
x (858) 694-3507
Telephone

Invoice # _____

Work Order # E 19122

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E-19122

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	Unk	Manyoki	04/24/1933	04/24/2005	M

5A. PLACE OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Poway Bernardo Mortuary-Funeral Home 13243 Poway Road Poway, CA 92064

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Poway Bernardo Mortuary 13243 Poway Road, Poway, CA 92064	FD-1195	▶	05/17/2005

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	05/17/2005 E. Vigney	▶ 2508344

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 6-20-05	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 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 Deed intigen P.in #2

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-05

228828

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Archie Martinez P.A. #20051445

in a O.D. Crypt "A" (Type of Burial Container) Funeral, date, time Tues. May 17th 10:30

Church, Chapel, Graveside Delivery Only : Bayview 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 13 Section _____ Blk/Row _____ Lot 20 Grave 2A

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

858-694-3187 – fax
614-3519

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 5-18-05

Paulette pd on 9-12-05

Print Name

Address

City Zip Code

Telephone

See attached

Invoice # 420524

Acct. # 000952

Work Order # E 19123

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

E19123

DATE: 03/12/05 TIME: 14:52:36
MERH: 3221566656 STRH: 4301 TERM: 0002
S-A-V-E-S D-E-A-F-T

REF: 0005
BATCH: 004
CD TYPE: VISA
TR TYPE: MP
ENTRY [illegible] : [illegible]

TOTAL: $776.23M

ACCT: ##########6319 EXP: ####
AP: 017011
COST CO: 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

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19123

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARCHIE	-	MARTINEZ	05/15/1926	04/26/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JOHN EDWARDS - 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
BAYVOEWCREM. & BURIAL, 815 THIRDAVE.#315-B CHULA VISTA, CA 91911	FD-1713	▶	05/13/2005

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	05/13/2005 R.MARTINEZ	2508225 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 5 17 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

At Deed intigent

City of San Diego

Date 5-13-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Archie Martinez P.A. #20051445

In a DD Crypt A Funeral, date, time Tues May 17th 10:30

Church Chapel, Graveside Delivery Only : Bayview Mortuary Angella

All Funeral cars 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 20 Grave 2A

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	464.00
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	

858 694 3487 – fax
694-3514

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

Print Name: John Edwards - Deputy PA

Address: 5201-A Ruffin Rd

City: San Diego Zip Code: 92123

Telephone: 858 694 3500

Paulette

Work Order # E 19123

Invoice # _____

Acct. # _____

PSA-104 (3-04)

This information is available in alternative formats upon request.

(Non-Res)
AT-Need
AYD
Delivery only
IN Grave w/
Charles
Moss

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carrie Mae Moss (X) 215740

in a Ash Vault (Type of Burial Container) Funeral, date, time Tues. May 17th (AYD)

Church, Chapel, Graveside Delivery only (AYD) : Ragsdale (Blair) Mortuary.

All Funeral cars must arrive 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 D-9739 (1978), E-18950 0

Overtime/Late Arrival Fees 0

Opening/Closing & Setup 1000

Burial Container ..... Ash Vault 0

Handling Fees 0

Flower vases – Marker setting fee 0

Recording/Filing/Transfer Fees 0

Sales taxes 0.73

Total Due 0.73

Paid receipt number _____

Balance due 0

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

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

X _____
Signature

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attach for signature

Invoice # _____

Work Order # E 19124

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19124

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 with Charles moss

			Beard Arlyn Angela			
		Lonnie Fowler	X	Santiago Soya		

Blind Check Initiated By: Sandra Date: 5-16-05

Interment space for: Carrie mae moss (X)

Interment Date: Tues MAY 17th, 05 Time: AM

Div: 12 Sect: 3 Blk/Row: ____ Lot: 79 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Moreno Date: 5-17-05

Flagged

E19124

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 90

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CARRIE	MAE	MOSS	12/03/1914	02/10/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	CHARLES MOSS, SON 500 RANCHERES DR., SPACE #82 SAN MARCOS, CA 92069

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD-1329	▶ [signature]	02/23/2005

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	02/25/2005	▶ 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
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 5-17-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI CREMATION SERVICES, INC., 2570 FORTUNE WAY; VISTA, CA 92083	12B. DATE CREMATED 2/28/05	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-19124

58545

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Feb. 23, 20 05

From: Rosedale Address: 5050 Fed. Blvd SD Ca 92102

Three Hundred Ninety Five and 28/100 Dollars ($ 395.28)

in Full Payment of Interment of Carrie M. Moss

Div 12 Sec 3 Blk/Row Lot 79 Grave 10

Invoice No. E-18950

Acct. No.

W.O.

BALANCE DUE Ø

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

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

11511

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

PAID

FEB 23 2005

MOUNT HOPE CEMETERY

ISSUED BY Pearford

CREDIT	67007	
20% Sales Case	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	151.00
Closing	77181	
Burial	100	81.00
Containers	77182	
	100	88.00
Handling Fee	77185	
Recording &	100	66.00
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	6.28
	78390	
TOTAL PAID	$	395.28

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

SD MT. HOPE CEMETERY → RAGSDALE

NO. 54

E19

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

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

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 79 Grave 10

Grave space & Care Fund	
Over time/Late Arrival Fees	
Opening/Closing & Setup	154.-
Burial Container	81.-
Handling Fees	28.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.-
Sales taxes	6.28
Total Due	395.28
Paid receipt number	
Balance due	

ADDT. 2 Fully

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 # _____

Work Order # E 18950

Acct. # _____

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prneed trust

Date 5/16/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID FREDERICK BARD ~~ID~~ 22888

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 MAS Section O Blk/Row _____ Lot 59 Grave 7

Grave space & Care Fund A-4484	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	154.00
Burial Container	81.00
Handling Fees	88.00
Flower vases – Market setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	6.28
Total Due	395.28
Paid receipt number Visa Card	395.28
Balance due	Ø

PAID
MAY 16 2005
MOUNT HOPE CEMETERY

non-res.

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.

David F. Bard
Signature

DAVID F. BARD
Print Name

15046 LEITER WAY
Address

GRASS VALLEY CA 95949
City Zip Code

530/ 346-6582
Telephone

Pcullette

Work Order # E 19125

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

(Res)
At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/16/05

amend date 3:18 pm

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Susan Taylor 228850

in a Double Crpt "A" (Type of Burial Container) Funeral, date, time Wednesday May 18 1:30

Church, Chapel, Graveside _____ ; San Diego Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned.

Division GAR Section 1 Blk/Row _____ Lot 6 Grave 3

Grave space & Care Fund	1755.00
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	3020.40
Paid receipt number R-58948	3020.40
Balance due	Ø

PAID
MAY 16 2005
MOUNT HOPE CEMETERY

Pd late amend fee R-59080 8-15-05

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.

Billed late charge 5-19-05

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

Minta Taylor
Signature

Res. Fela Paulette 9976 Laurel Ridge Rd San Diego 92126

Minta Taylor 228851
Print Name

3544 Utah st
Address

San Diego CA 92104
City Zip Code

619 297-5729
Telephone

Invoice # _____

Work Order # E 19126

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-19126

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
		Challand	martin	Coon		

Blind Check Initiated By: Paulette Date: 5/17

Interment space for: Susan Taylor

Interment Date: 5/18/05 Time: 1:30 Church

Div: GAR Sect: 1 Blk/Row: ____ Lot: 40 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: 5-17-05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19126

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

1A. NAME OF 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	-	TAYLOR	01/18/1925	05/12/2005	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: MINTA TAYLOR-DAUGHTER 3544 UTAH ST. SAN DIEGO, CA 92104

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: 05/13/2005

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: 05/13/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: R. PRYOR 2508237

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: VITA 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: 5-18-05	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.

E19126

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS 11 (REV 1/04)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): SUSAN
2. MIDDLE:
3. LAST (Family): TAYLOR
AKA: ALSO KNOWN AS — Include Full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 01/18/1925
5. AGE Yrs: 80
If Under One Year: Months | Days
If Under 24 Hours: Hours | Minutes
6. SEX: F
9. BIRTH STATE/FOREIGN COUNTRY:
10. SOCIAL SECURITY NUMBER: 437-22-8006
11. EVER IN U.S. ARMED FORCES? YES [ ] NO [X] UNK [ ]
12. MARITAL STATUS (at Time of Death): DIVORCED
7. DATE OF DEATH mm/dd/ccyy: 05/12/2005
8. HOUR (24 hours): 0230
13. EDUCATION — Highest Level/Degree (See worksheet on back): BACHELOR'S
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) YES [ ] NO [X]
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): CAUCASIAN
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: MARKETING Researcher.
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): MARKETING RESEARCH COMPANY
19. YEARS IN OCCUPATION: 45

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 7976 LAUREL (RDIGE) RD. Ridge
21. CITY: SAN DIEGO
22. COUNTY/PROVINCE: SAN DIEGO
23. ZIP CODE: 92120
24. YEARS IN COUNTY: 52
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: MINTA TAYLOR-DAUGHTER
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 3544 UTAH ST. SAN DIEGO, CA 92104

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: -
29. MIDDLE: -
30. LAST (Maiden Name): -
31. NAME OF FATHER — FIRST: GUY
32. MIDDLE: -
33. LAST: JONES
34. BIRTH STATE: GA
35. NAME OF MOTHER — FIRST: HALLE
36. MIDDLE: -
37. LAST (Maiden): McCLURE
38. BIRTH STATE: GA

FUNERAL DIRECTOR / LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy:
40. PLACE OF FINAL DISPOSITION: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102
41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER:
43. LICENSE NUMBER: 8321
44. NAME OF FUNERAL ESTABLISHMENT: SAN DIEGO MEMORIAL CHAPEL
45. LICENSE NUMBER: FD-1575
46. SIGNATURE OF LOCAL REGISTRAR:
47. DATE mm/dd/ccyy:

PLACE OF DEATH

101. PLACE OF DEATH: MERCY HOSPITAL
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: SAN DIEGO
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 4077 FIFTH AVENUE
106. CITY: SAN DIEGO

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

Time Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) Pending
(B)
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(C)
(D) DC'S

(A1)
(B1)
(C1)
(D1)

108. DEATH REPORTED TO CORONER? YES [ ] NO [ ] REFERRAL NUMBER
109. BIOPSY PERFORMED? YES [ ] NO [ ]
110. AUTOPSY PERFORMED? YES [ ] NO [ ]
111. USED IN DETERMINING CAUSE? YES [ ] NO [ ]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107:

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)

114. IF FEMALE, PREGNANT IN LAST YEAR? YES [ ] NO [ ] UNK [ ]

PHYSICIAN'S CERTIFICATION

115. 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 (A) mm/dd/ccyy
Decedent Last Seen Alive (B) mm/dd/ccyy
116. SIGNATURE AND TITLE OF CERTIFIER:
116. LICENSE NUMBER:
117. DATE mm/dd/ccyy:
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE:

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy:
122. HOUR (24 hour):
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125. LOCATION OF INJURY (Street and number or location, and city and ZIP): 527-3403
126. SIGNATURE OF CORONER / DEPUTY CORONER:
127. DATE mm/dd/ccyy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR	A	B	C	D	E		FAX AUTH. #	CENSUS TRAC

E19126

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 08/11/06 TIME: 13:06:04
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 154
CD TYPE: VISA
TR TYPE: MP

TOTAL: $178.00M

ACCT: **********4054 EXP: ****
AP: 08107A

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X_____
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

pd by phone by Trustee
Richard C. Pucco
(619) 447-8204
1423 Gustavo St
El Cajon, CA. 92019-3219.
Decease was SD Res
Susan Taylor
E-19126
Div Gar Sec1 LOT 6
GR 3

AT-Need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irma Ramirez 228848

in a TS vault (Type of Burial Container) Funeral, date, time Wed May 18th 2005 9:00 A.m

(Church) Chapel, Graveside _____ ; Guadalupana Mortuary. Jose 544-9333

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 246 Grave 9

Grave space & Care Fund	$985.00
Overtime/Late Arrival Fees	0
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	1,948.31
Paid receipt number R-58850	$ 1,948.31
Balance due	0

PAID
MAY 16 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 Zip Code

X _____ Telephone

See attach for signature

Invoice # _____

Work Order # E 19127

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-19127

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			Coleman Nealey Lavell

Blind Check Initiated By: Sandra Date: 5-16-05

Interment space for: Irma Ramirez

Interment Date: Weds MAY 18, 05 Time: 9:00 AM Church

Div: 1L Sect: 2 Blk/Row: ____ Lot: 246 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/17/05

Flagged

AT-Need
RES

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 5-16-05

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

of Irma Ramirez

in a TS vault (Type of Burial Container) Funeral, date, time Wed May 18th 2005 9:00 A.m (Jose 549-7533)

Church Chapel, Graveside _____ Guadalupana Mortuary

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

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 246 Grave 9

Grave space & Care Fund	$985.00
Overtime/Late Arrival Fees	0
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	1,948.31
Paid receipt number R-58850	$1,948.31
Balance due	0

PAID
MAY 16 2005
MOUNT HOPE CEMETERY

mort. to pay

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 Felipe Ramirez
Signature

X FELIPE RAMIREZ 22 8849
Print Name

X 523 MITRA CT.
Address

X SPRING VALLEY, CA 91977
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 19127

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19127

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ORMA	LETICIA	RAMIREZ-OSUNA	01/08/1957	05/12/2005	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: JOSE L. OROZCO-BROTHER IN LAW, 523 MITRA COURT, SPRING VALLEY, CA, 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GUADALUPANA MORTUARY, 2601 IMPERIAL AVE, SAN DIEGO, CA, 92102

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1425

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

8B. DATE SIGNED: 05/17/2005

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: $11.00

9B. DATE PERMIT ISSUED: JOSE CHAVEZ 05/12/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2508401 ▶

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: 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-17-05

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

in a Liner (Type of Burial Container) Funeral, date, time Fri May 20 @ Joseph 1:00

Church, (Chapel) Graveside : S.D. memorial Mortuary.

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

will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row Lot 63 Grave 1

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	

Cancel per phone call 5-20-05 9:00 A.M.

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 Zip Code

X Telephone

See attach for signature

Invoice #

Work Order # E 19128

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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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 ( ) hold under deed.

x Dolly Helen
Signature

x Dolly Helen
Print Name

x 589 #B Flower St.
Address

x Chula Vista, CA 91910
City, Zip Code

x 619 934-0717
Telephone

Invoice # _____

Work Order # E 19128

Acct. # _____

FEA 104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

{ Length 29 in
width 14 in
Height 11 in } Casket meas. per Ragsdale

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 5/17/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Giovanni Williams (infant 2mos.) 228920

in a 0-Liner (Type of Burial Container) Funeral, date, time Friday May 20th 11:00

Church, Chapel, Graveside ; Anderson-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 9 Section 1 Blk/Row PAID Lot 1205 Grave 1

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	138.00
Burial Container	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-58859	$408.97
Balance due	Ø

MAY 19 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

Paulette Res. Tax Verified

X Print Name

X Address

X City Zip Code

X Telephone

See attach for signature

Invoice # _____

Work Order # E 19129

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

14:11 SD MT. HOPE CEMENTERY → RAGSDALE

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/17/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Giovanni Williams (infant 2mos.)

in a D liner (Type of Burial Container) Funeral, date, time Friday May 20th 11:00

Church, Chapel, Graveside ; Anderson-Rogers 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 9 Section 1 Blk/Row _____ Lot 1205 Grave 1

Grave space & Care Fund	110.00
Overtime /Late Arrival Fees	—
Opening Closing & Setup	138.00
Burial Container	77.00
Handling Fees	28.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales tax fee	5.97
Total Due	408.97
Paid receipt number	
Balance due	

MORT TO PAY

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

128921

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

Shavonya Williams
Signature

Shavonya Williams
Print Name

5593 Amanda Street
Address

San Diego, CA 92114
City Zip Code

(619) 262-4699
Telephone

Paulette

Work Order # E 19129

Invoice # _____

Acct. # _____

REA-10 (5-04)

This information is available in alternative formats upon request.

size
Length 29 in
width 14 in
Height 11 in
size per Rogsdale

MT HOPE CEMETERY E-19129

GRAVE BLIND CHECK FORM

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

	Tate	Shaq's	USAVIZ	~~USAVIZ~~		
			X	Rollins	Rollins	
	Morris	Latimer		Blaise		

Blind Check Initiated By: Paulette Date: 5-17

Interment space for: Giovanni Williams

Interment Date: Fri. May 20th Time: G.S. 11:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1205 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Float

Blind Check & Verified By: [signature] Date: 5-19-05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 19129

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Giovanni	Tyree	Williams	03/04/2005	05/08/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Shavonya Williams, Mother 5503 Amanda 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	▶ Mia Campbell	05/19/2005

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	05/19/2005 B. Campbell	2508569 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 92303	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.

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED
in the grave of Withelmina Kreckler

City of San Diego

Date 5-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY M. KRECKLER 228870

in a ASH VAULT (Type of Burial Container) Funeral, date, time Thurs May 19 11:00

Church, Chapel, Graveside : FAMILY Mortuary.

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

will be applied and billed to undersigned. _____

Division 5 Section 3 Blk/Row _____ Lot 62 Grave 2

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.—
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-58856	297.73
Balance due	Ø

PAID
MAY 17 2005
MOUNT HOPE CEMETERY

Rec'd Fee Verified

I hereby certify I am the Brother-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.

228871

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

Julius Kreckler
Signature

JULIUS KRECKLER
Print Name
10348 ELMDALE DR.
Address
SPRING VALLEY, CA 91977
City Zip Code
(619) 670-4841
Telephone

Paulette

Work Order # E 19130

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19130

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

1A. NAME OF 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	M.	Kreckler	04/26/1942	09/08/1998	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	Julius Kreckler (Brother-In-Law) 10348 Elmdale 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	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M. Dominguez	05/11/2005

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	05/11/2005	2508074 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
- [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 5-19-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Lerner	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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 Wilhelmina Krockler

City of San Diego

Date 5-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilhelm Joseph Kreckler ∅ 228872

in a ASH VAULT (Type of Burial Container) Funeral, date, time Thurs. May 19th 11:00

Church, Chapel, Graveside : FAMILY Mortuary.

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

will be applied and billed to undersigned. _____

Division 5 Section 3 Blk/Row _____ Lot 62 Grave 2

Grave space & Care Fund	∅
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker s	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	181.73
Paid receipt number R-58856	181.73
Balance due	∅

PAID
MAY 17 2005
MOUNT HOPE CEMETERY

Restee Verified

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.

228871

JULIUS KRECKLER
Print Name

10348 ELMDALE DR.
Address

SPRING VALLEY, CA 91977
City Zip Code

(619) 670-4841
Telephone

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

Julius Kreckler
Signature

Paulette

Work Order # E 19131

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19131

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Wilhelmina Krecklen

	Dorn	oswood	Krecklen	Barthy		
			X			

Blind Check Initiated By: Barbara Date: 5-18

Interment space for: Wilhelm & Mary Krecklen

Interment Date: 5-19-05 Time: 11:00 G.S.

Div: 5 Sect: 3 Blk/Row: ____ Lot: 62 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 5-18-05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19131

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Wilhelm	Joseph	Kreckler	06/24/1933	11/22/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Julius Kreckler (Brother) 10348 Elmdale 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	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ Yh Domg	05/11/2005

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	05/11/2005	2508076 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
- [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 5-19-05	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 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
Res
Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosia L. Strawder (owner) 228853

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 2 Blk/Row Lot 86 Grave 9

Grave space & Care Fund	$985.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	413.00
Burial Container Liner	209.00
Handling Fees	160.00
Flower vases (Trim) Marker setting fee	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$2,022.83
Paid receipt number R-58860	$895.00
Balance due	$1,127.83

PAID
NOV 24 2006
MOUNT HOPE CEMETERY

Paid in full
P- 00590

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

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

228853

X ROSIA L. STRAWDER (Print Name)

X 988 MARJORIE DR. (Address)

X SAN DIEGO, CA 92114 (City, Zip Code)

X (619) 464-0732 (Telephone)

X Rosia Strawder (Signature)

Charles Brown

C/O purchaser: Charles Brown
228854

Invoice #

Work Order # E 19132

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Deed mailed 11-29-06

OFFICIAL RECEIPT

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

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

P 00006

Date: 12/19, 20 05

From: Strawder Brown Rosie + Charles Address: on record

One Hundred Twenty Six — Dollars ($ 126 —)

in part Payment of Coupons 7+8

Div 11 Sec 2 Blk/Row Lot 86 Grave 9

Invoice No. E-19132

Acct. No.

W.O.

BALANCE DUE $ 1001.83

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

PAID

DEC 19 2005

MOUNT HOPE CEMETERY

ISSUED BY Pallett

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	126 —
Trust	77186	
TOTAL PAID		$ 126 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

due 19th each month — monthly-$63.00 — Final -$67.83

Pin# 228853 — CO/PURCHASER: Charles Brown Pin# 228854 — E-19132

STRAWDER, ROSIA L. — 988 Marjorie Dr. S.D. CA., 92114 (619) 464-0732

DIV 11 SEC 2 LOT 86 GR 9

		DEBIT	CREDIT	BALANCE
05-19-05	Opened Pre-Need with 25% down for Lot & Trust R-58860: Trust to include O/C B/C Bell Liner, H/F, R/F, Taxes, One Trion Vase, marker setting fee to be included	$2,022.83	506.00	1,516.83
	(6 month payment in advance)			
5-19-05	R-58860 coupons 1,2,3,4,5,6 June, July, Aug, Sept, Oct, Nov 05		389.00	1,127.83
12-19-05	P00006 " 7,8 Dec 05, Jan 2006		126.00	1,001.83
2-10-06	P00117 coupons 9,10 Feb, March 2006		126.00	875.83
3-27-06	P-00197 Coupons 11,12,13 April, May, June 2006		189.00	686.83
7-7-06	P-00372 coupons 14,15,16,17,18,19 July thru Dec 2006		378.00	308.83
11/24/06	P-00590 - Paid in Full		308.83 WS	-0-

PAID
NOV 24 2006
MOUNT HOPE CEMETERY

E 19132

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-19132 DATE: 11/29/2006

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: Rosia L Strawder 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: 11 SECTION: 2 BLOCK / ROW: LOT: 86 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 29th day of November, 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

AT Need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEE Mabel Cobbs 228893

In a Liner (Type of Burial Container) Funeral, date, time Weds May 25th 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 2 Blk/Row _____ Lot 247 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	0
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$1,833.20
Paid receipt number R-58865	1,833.20
Balance due	0

PAID
MAY 23 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 Zip Code

X _____ Telephone

see attach for signature

Invoice # _____

Work Order # E 19133

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 19133

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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		Jose Guadalupe	Billups

Blind Check Initiated By: Sandra Date: 5-23-05

Interment space for: Lee mabel Cobbs

Interment Date: weds May 25 Time: 11:00 church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 247 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-23

J Haggard

AT Need Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEE Mabel Cobbs in a Liner (type of burial container) Funeral, date, time Weds May 25th, 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 2 Blk/Row _____ Lot 247 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	0
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$4,833.20
Paid receipt number	
Balance due	

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.

228894

I hereby authorize the interment in lot I hold under deed

X _____ Signature

X Vera Bryant Print name

X 141 Playa Ct. Address

X Hemet CA 92545 City Zip Code

X (619) 228-6637 / 951-926757 Telephone

Invoice # _____

Work Order # E 19133

Acct. # _____

This information is available in alternative formats upon request.

E-19133

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	MABLE	COBBS	02/20/1942	05/17/2005	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	CAROLINE ALLEN-DAUGHTER 3542 BANCROFT DR. #C SPRING VALLEY CA 91977

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. SAN DIEGO CA 91950	FD-1689

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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]	05/23/2005

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/23/2005 V MITCHELL	▶ 2508675

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 5-25-05	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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clara Kettleson 210781

in a Liner (Type of Burial Container) Funeral, date, time MAY 24, 12:00 TUES

Church, Chapel, Graveside ; Greenwood Mortuary.

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

Division 8 Section 3 Blk/Row _____ Lot 2179 Grave _____

Grave space & Care Fund C-6569 (1968)	Ø
Overtime/Late Arrival Fees	Ø
Opening/Closing & Setup	$413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$848.20
Paid receipt number pd by M/C	848.20
Balance due	Ø

PAID
MAY 20 2005
MOUNT HOPE CEMETERY

MArKer is already set, just needs DOD

I hereby certify I am the X 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 BENJAMIN F. JOHNSON
Print Name

X 2356 MOORE ST #104
Address

X SAN DIEGO, CA 92110
City Zip Code

X 619 692-9784
Telephone

Invoice # _____

Work Order # E 19134

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19134

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-10 1968

CHARGE Clara Kettleson 282-057

ADDRESS 3229 1/2 Adams Ave. S.D. 92116

NAME OF DECEASED Pre-need

OWNER Same

ADDRESS

MORTUARY

LOT 2179 GR ROW SEC 3 BLK DIV 8	120	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	120	00
PAID RECEIPT NUMBER 15888		
BALANCE		

2 x 1 Flush marker Only

PAID
DEC 10 1968
MT. HOPE CEMETERY
CITY of SAN DIEGO, Calif.

4039

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 Clara Kettleson ORDER TAKEN BY K Gilbertson

W.O. NO. C 6569 INVOICE NO. Cash

FORM PR-974 REV.

MT HOPE CEMETERY E-19134

GRAVE BLIND CHECK FORM

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

		Theodore Kettleson	Clara Kettleson X	Hanna Bayna		

Blind Check Initiated By: Sandra Date: 5-20-05

Interment space for: Clara Kettleson

Interment Date: Tues May 24 05 Time: 12:00 Chapel

Div: 8 Sect: 3 Blk/Row: ____ Lot: 2179 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-23-05

Flagged

E-19134

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FND

1A. NAME OF 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	-	KETTLESON	12/18/1916	05/18/2005	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	BEN JOHNSON-DPOAHC 2356 MOORE ST. STE. 104 SAN DIEGO CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ [illegible]	05/23/2

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/23/2005 K JONES	2508641 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 5-24-05	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.

E19134

ADVANCE HEALTH CARE DIRECTIVE for CLARA KETTLESON
(California Probate Code Section 4701)

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
(b) Select or discharge health care providers and institutions.
(c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
(e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

E 19134

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

****

PART 1
POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I, CLARA KETTLESON, designate the following individual as my agent to make health care decisions for me:
BENJAMIN F. JOHNSON
Residing at: 2356 Moore Street, Ste. 104, San Diego, CA 92110, ph. (619)692-9784;

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my agent:
JOANNE ACKERMAN
Residing at: 2356 Moore Street, Ste. 104, San Diego, CA 92110, ph. (619)692-9784

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

_____

_____

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box (_), my agent's authority to make health care decisions for me takes effect immediately.

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

E19134

However, these anatomical gifts can only be made when there are no charges to the estate, trust or beneficiaries.

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

PART 2
INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I marked below:

(X) (a) Choice Not To Prolong Life
I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

(_) (b) Choice To Prolong Life
I want my life to be prolonged as long as possible within the limits of generally accepted health care standards

(_) (c) Choice To Prolong Life for a Specified Period of Time
I request that my health care providers utilize all reasonable means to maintain my life for a period of _____ days if I am being kept alive only through life support equipment and have been diagnosed as being in an irreversible condition. If there has been no measurable improvement during that time I request that my Directive to physicians (Living Will attached) be implemented.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

_____

_____

(2.3) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death

(2.3) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

I give my named agent immediate authority to obtain medical records, discuss my health care needs with physicians, nurses, dentists, dental assistants, insurance carriers, physician's staff, pharmacists, residential home care providers, caretakers, health care providers associated with my health care needs.

PART 3
DONATION OF ORGANS AT DEATH
(OPTIONAL)

(3.1) Upon my death (mark applicable box):

( ) (a) I give any needed organs, tissues, or parts, OR
( ) (b) I give no organs, tissues, or parts.

PART 4
PRIMARY PHYSICIAN
(OPTIONAL)

(4.1) I designate the following physician as my primary physician:

(name)

(address) (city) (state) (ZIP Code)

(phone)

PART 5

(5.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign and date the form [illegible]

Date: 5-11-05

CLARA KETTLESON

E19134

E19134

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

May 11, 2005 Joanne Ackerman
(date) (sign your name)

8411 Blue LK-Dr. Joanne ACKERMAN
(address) (print your name)

San Diego, CA 92119
(city) (state)

E-19134

LIVING WILL

If I should have an incurable and irreversible condition that has been diagnosed by two physicians and that will result in my death within a relatively short time without the administration of life-sustaining treatment or has produced an irreversible coma or persistent vegetative state, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Natural Death Act of California, to withhold or withdraw treatment, including artificially administered nutrition and hydration, that only prolongs the process of dying or the irreversible coma or persistent vegetative state and is not necessary for my comfort or to alleviate pain. If I have been diagnosed as pregnant and that diagnosis is known to my physician, this declaration shall have no force or effect during my pregnancy.

Signed this 11 day of MAY, 2005

Signature Clara Kettleson

CLARA KETTLESON

Address: 1244 28th Street, San Diego, CA 92102-2206, ph.(619)230-1041;

The declarant voluntarily signed this writing in my presence. I am not a health care provider, an employee of a health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, or an employee of an operator of a residential care facility for the elderly.

Witness: Artemisa Ortiveros Dated: 5/11/05

Address: 1240 28 th St San Diego CA 92102

The declarant voluntarily signed this writing in my presence. I am not entitled to any portion of the estate of the declarant upon his or her death under any will or codicil thereto of the declarant now existing or by operation of law. I am not a health care provider, the operator of a community care facility, the operator of a residential care facility for the elderly, or an employee of an operator of a residential care facility for the elderly.

Witness:_____ Dated:_____

Address:_____

AT - Need 1 & 2 not Burial pd IN Full

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF L.J. THOMAS / Beverly Thomas 228917

in a DD Crypt (A) (Type of Burial Container) Funeral, date, time Fri MAY 27th, 05 11:00 234-3272

Church, Chapel, Graveside ; CA Burial - Janne Mortuary.

All Funeral cars must arrive 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 200 Grave 3

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
Gal. Vase Flower vases / Marker setting fee	163.85
Recording/Filing/Transfer Fees 2 @ $50.00	100.00
Sales taxes	32.40
Total Due	$2,877.25
Paid receipt number pd by visa	2,877.25
Balance due	0

PAID MAY 23 2005 MOUNT HOPE CEMETERY

I hereby certify I am the X Rev M Thomas of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228916

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

X Rev M Thomas
Signature

X L.J. THOMAS
Print Name

X 10947 Hyades Way
Address

X San Diego Ca 92126
City Zip Code

X 858 693 3646
Telephone 858 335-5795

Invoice # _____

Work Order # E 19135

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

L. J. Thomas
10947 Hyades Wy
San Diego, Ca. 92126
H. 858 693-3646
858 335-5795

5-23-05 pd by Visa for marker
setting fee
5-28-05 WO# 4316 install gal vase

MT HOPE CEMETERY E19135

GRAVE BLIND CHECK FORM

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

			X	Grace Bradley	Antonio Vargas	

Blind Check Initiated By: Sandra Date: 5-24-05

Interment space for: Beverly Thomas

Interment Date: FRI MAY 27th Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 200 Gr: 3

Grave Laid out by: DARRELL FAMBEK

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-24-05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19135

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BEVERLY	L	THOMAS	09/22/1940	05/21/2005	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	LOUIS J. THOMAS-HUSBAND 10946 HYADES WAY SAN DIEGO CA 92126

7A. TYPED NAME AND ADDRESS OF 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]	05/24/2005

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	05/25/2005 V MITCHELL	▶ 2508826

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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: 5-27-05	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

ATNeed

Date 05/23/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Demone Edward COOK 228939 1:00

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Friday May 27

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 2 Blk/Row _____ Lot 108 Grave B

*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	2,250.40
Paid receipt number R-5876	2250.40
Balance due	0

PAID

MAY 26 2005

MOUNT HOPE CEMETERY

MORT. TO PAY

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

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

Signature

Print Name

Address

City Zip Code

Telephone

See Attached Signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19136

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19136

GRAVE BLIND CHECK FORM

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

			Conquest			
			X	Dee E. Cook		Gonzales

Blind Check Initiated By: Paulette Date: 5/24

Interment space for: Demone E. Cook

Interment Date: 5/27/05 Fri. Time: 1:00 P

Div: 12 Sect: 2 Blk/Row: ____ Lot: 108 Gr: B

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 5-24-05

E19136

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Demone	Edward	Cook	07/17/1967	05/19/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lakeside	San Diego	Renee Cook, Sister 5848 Streamview Drive, #25 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
Bishop Mortuary 3444 Citrus Street, Lemon GRove, CA 91945	FD-1673	▶ Katura Lamm	05/24/2005

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	K. Lamar 05/24/2005	▶ 2508798

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5-27-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Navisa	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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 05/23/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Demone Edward Cook

In a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Friday May 27

Church, Chapel, Graveside _____ ; Bronaf Mortuary

All Funeral cars must arrive 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 108 Grave B

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	2,250.40
Paid receipt number	—
Balance due	—

MORT. TO PAY

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.

228540

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

Renée M. Cook
Signature

Renée Marie Cook
Print Name

5848 Streamview dr. #25
Address

San Diego, CA. 92105
City Zip Code

619-269-1706
Telephone

Paulette

Work Order # E 19136

Invoice # _____

Acct. # _____

REA-104 (9-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot/Trust

Date 5-23-05

228656

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Lovinia C. Wofford / or Heirs

in a DD 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 2 Blk/Row _____ Lot 107 Grave 2

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2 @ 413 —	826 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 2 @ 50 —	100 —
Sales taxes	32.40
Total Due	2713.40
Paid receipt number Visa Card	– 763.00
Balance due	1950.40

8/18/06 Application for a Refund in the amount of $1,816.40 DP# 4166609

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 1 hold under deed.

Lavinia C. Wofford
Signature

Res fees
Paulett

LAVINIA C. WOFFORD
Print Name

223 32ND ST.
Address

S.D. CA. 92102
City Zip Code

(619) 696-9145
Telephone

Invoice # _____

Work Order # E 19137

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

DIV 12 SEC 2 LOT 107 GR 2 monthly -$85.00 Final -$80.40 E-19137

228656 (619) 696-9145 due 23rd of each month

Wofford, Lavinia C. 223 32nd St., S.D. CA 92102

	DEBIT	CREDIT	BALANCE
5/23/05 Pd 25% dwn on pre-need lot/trust. by visa card.	985.00		985.00
Trust includes: two o/c $826, b/c $418, h/f $352, two r/f	1728.40		271[illegible].40
fees $100, sales tax on the d.d. crypt $32.40.		763.00	19[illegible].40
7-26-05 pd by visa Coupons #2 June 2005 July 05		170.00	1,780.40
9/26/05 pd by visa NO coupons 3,4,5 aug, Sept Oct 05		255.00	1525.40
1-6-06 pd by ~~visa~~ m.c. " " 6,7,8 Nov, Dec, Jan 06		255.40	1270.00
2-13-06 pd by visa NO coupon 9,10 Feb 06, Mar 06		170 —	1100.00
3-24-06 pd by visa NO coupon #11 April 06		100. —	1000.00
4-14-06 pd by visa coupon #12 May 06		100 —	900.00
5-12-06 pd by visa AP 149846 #13 June 06		100 —	800 —
7-28-06 left cemetery Remainder with family			
7-28-06 pd by visa AP 887189 #14 July		100	700 —

REFUND FOR AMOUNTS PAID
TO CUSTOMER August 2006
$ 1,816.40

DP# 1166609

77184 20%
63033 trust

E-19137

FY 07 08/03/06 08:44:11

THE CITY OF SAN DIEGO
REQUEST FOR DIRECT PAYMENT

DP NO. 4166609

VENDOR INFORMATION	PREPARER INFORMATION	ENCUMBRANCE DOC. NO.
VENDOR NUMBER & ALPHA: 0004007266 LCW	DEPT/GROUP: 072	☐ COMPLETE
VENDOR NAME: LAVINIA C. WOFFORD	NAME: PAULETTE CRAWFORD	SORT KEY
VENDOR ADDRESS: 223 32ND ST	PHONE NO: 619 527 3400	AUTHORITY FOR PAYMENT RES/DOC NO:
SAN DIEGO CA 92102	MAIL STATION: 072	
	PREPARED FOR DEPT. NO: 072	PURCHASING APPROVAL

DESCRIPTION OF EXPENSE/SPECIFIC CITY BENEFIT & PURPOSE:

REFUND TO LAVINIA C. WOFFORD. SHE NO LONGER NEEDS THE GRAVESITE.

AGENT

I CERTIFY THIS CLAIM IS VALID UNDER THE CITY CHARTER, COUNCIL POLICIES, ADMINISTRATIVE REGULATIONS, AND OTHER APPROPRIATE GOVERNING RULES, AND IS EVIDENCED BY SUPPORTING DOCUMENTATION

Marie C. Doherty

DEPT. HEAD OR DESIGNEE

COMMENTS AND/OR SPECIAL INSTRUCTIONS:

FUND OVERRIDE ☐

PAYMENT DATE

08/16/06

RELEASED: 08/03/06 08:44

FINAL-RLSD NEW-VEN

PAYEE REMITTANCE INFORMATION

SEQ	INVOICE NUMBER OR DESCRIPTION	INVOICE DATE	PAYMENT CATEGORY	LATE CODE	AMOUNT	TAX CODE
A	PRE-NEED LOT	05 23 05	4		788.00	N
B	PRE-NEED TRUST	05 23 05	4		1,028.40	N
				TOTAL AMOUNT $	1,816.40	

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

SEQ	CY/PY	FUND	DEPT.	ORG.	ACCT.	JOB ORDER	OPER ACCT	BENE/ EQUIP	FAC.	AMOUNT	AUDITOR APPROVAL	DATE
001	0	67007			77184					788.00		
002	0	63033			77186					1,028.40		
									TOTAL AMOUNT $	1,816.40		

08/03/06 08:44:11 DP4166609

AT-Need
Res.
would like
To witness
Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James F. Parker 228950

in a DD Crypt (A) (Type of Burial Container) Funeral, date, time Fri May 27th, 05 1:00

Church, Chapel, Graveside _____ ; CA Burial - Gloria Mortuary.

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

will be applied and billed to undersigned. $165.00

Division 11 Section 1 Blk/Row _____ Lot 63 Grave 5

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	138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.40
Total Due	$ 2,388.40
Paid receipt number R-58869 & Visa	2,388.40
Balance due	Ø

PAID
MAY 24 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.

228951

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

x Patricia Parker
Signature

x PATRICIA PARKER
Print Name
x 3996 BROADWAY ST
Address
x SAN DIEGO CA 92102
City Zip Code
x 619 264-7870
Telephone

Invoice # _____

Work Order # E 19138

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 19138

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Family After Services
* would like To witness Burial

				Bauer Eugenia	Pouliot	
			X	Tree		

Blind Check Initiated By: Sandra Date: 5-24-05

Interment space for: James F Parker

Interment Date: May 27th, 05 Time: 1:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 63 Gr: 5

Grave Laid out by: DARREN FRANKER

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/25/05

DD crypt (A)

E-19138

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	F.	PARKER	03/11/1943	05/20/2005	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	PATRICIA R. PARKER-WIFE 3996 BROADWAY 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
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [signature]	05/25/2005

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		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	05/26/2005 V MITCHELL	▶ 2508946

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 5-27-05	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.

PARKER JAMES FRANKLIN | RA 13 773 409 | SP4 E-4 (P) | 29 JUL 64

PERSONAL DATA

1. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	ARMY RA UNASGD
2. PLACE OF BIRTH (City and State or Country)	PITTSBURGH PENNSYLVANIA
3. DATE OF BIRTH	DAY 11 MONTH MAR YEAR 43
4. RACE	NA
5. SEX	MALE
6. COLOR HAIR	BLACK
7. COLOR EYES	BROWN
8. HEIGHT	68
9. WEIGHT	155
10. U.S. CITIZEN	☒ YES ☐ NO
11. MARITAL STATUS	SINGLE
12. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	12 YEARS
13. MAJOR COURSE OR FIELD	ACADEMIC

TRANSFER OR DISCHARGE DATA

14. TYPE OF TRANSFER OR DISCHARGE	TRFD TO USAR SEE ITEM # 18
15. STATION OR INSTALLATION AT WHICH EFFECTED	US ARMY PERSONNEL CENTER OAKLAND CALIF
16. REASON AND AUTHORITY	PAR 7 AR 635-205 SPN 411 O/S RET
17. EFFECTIVE DATE	DAY 26 MONTH OCT YEAR 65
18. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	SIG CO 5TH SFG (ABN)
19. TYPE OF CERTIFICATE ISSUED	NONE

SERVICE DATA

20. SELECTIVE SERVICE NUMBER	36 21 43
21. DATE INDUCTED	DAY — MONTH NA YEAR —
22. DISTRICT OR AREA COMMAND	USAR COMD
23. SERVICE TRANSFERRED TO	US ARMY ADMIN CENTER ST LOUIS, MO.
24. TERMINAL DATE OF OBLIGATED SERVICE	DAY 25 MONTH — YEAR —
25. CURRENT ACTIVE SERVICE OBTAINED BY INDUCTION	☐ ENLISTED (Prior Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED ☐ OTHER
26. DATE OF ENTRY	DAY — MONTH NOV YEAR 62
27. PRIOR MILITARY SERVICE	NONE
28. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	PVT E1 (P)
29. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE	PITTSBURGH PENNSYLVANIA
30. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City)	611 STREET PITTSBURGH (ALLEGHENY) PENNSYLVANIA
31. STATEMENT OF SERVICE	YEARS / DAYS
(a) NCS SERVICE THIS PERIOD	1 / 1
CREDITABLE FOR BASIC PAY PURPOSES	0 / 0
(b) PRIOR SERVICE	2 / 1
(c) TOTAL	2 / 1
(d) OVERSEAS	USARPAC 0 / 26
32. MILITARY OCCUPATION AND FIELD	05C RAD
33. DECORATIONS, CITATIONS, COMMENDATIONS, BADGES, COMMENDATIONS, CITATIONS AUTHORIZED	MAR FLT PRCHT BADGE EXPT (14) CIB VSM
34. WOUNDS AS A RESULT OF ACTION WITH ENEMY FORCES	NONE
35. SERVICE SCHOOLS, CORRESPONDENCE COURSES, DATES, PLACE, SUBJECT, SUCCESSFULLY COMPLETED MAJOR COURSES	SIG C — 5 MAY 62 — DPN — NONE
36. GOVERNMENT LIFE INSURANCE	☐ YES
37. AMOUNT OF	
38. MONTH ALLOTMENT DISCONTINUED	NA
39. VA BENEFITS PREVIOUSLY APPLIED FOR	NONE
40. VA CLAIM NUMBER	C NA

41. REMARKS

BLOOD GROUP- 18 O+

SSAN- 165 34 4074

LUMP SUM PAYMENT MADE FOR 23 DAYS ACCRUED LEAVE

ITEM 30; ATP 29 JUL 65

42. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, City, County and State)

RFD #2

43. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED

Parker James Franklin

44. TYPED NAME, GRADE AND TITLE OF AUTHENTICATING OFFICER

R. H. [illegible], CPT, M.A., TSG, ASST ADJ

45. ORGANIZATION OF PERSON BEING TRANSFERRED OR DISCHARGED

D31

E-19138

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
U. S. ARMY ADMINISTRATION CENTER
ST. LOUIS, MISSOURI 63132

002 757 474

LO USAR:

25 OCTOBER 1968

SUBJECT: Discharge from United States Army Reserve

TO: SP4 PARKER JAMES F (SSAN: 165-34-4074)
ER 13 773 409 CG REINFORCEMENT
3996 BROADWAY ST
SAN DIEGO CAL 92102

SEL SVC IDENT:
36 021

TC 411. By order of the Secretary of the Army, you are discharged from the United States Army Reserve on the date indicated below. SPECIAL INSTRUCTIONS: If Reserve Identification Card, DD Form 2A (red) is in your possession, return it to this headquarters, Attention: AGUZ-SEC.

Relieved from	: USAR Control Group REINFORCEMENT
Type of discharge	: HONORABLE - DD Form 256A
Reason for discharge	: EXPIRATION OF TERM OF SERVICE
Authority for discharge	: PAR 3-9 AR 135-178
Effective date of discharge	: 31 OCTOBER 1968

BY ORDER OF THE SECRETARY OF THE ARMY:

B E Bakewell
Adjutant General

DISTRIBUTION:
1 - Reservist concerned
1 - Selective Service
1 - 201 file

A COPY OF THIS ORDER WILL BE FURNISHED TO INDIVIDUALS (LOCAL SELECTIVE SERVICE BOARD) OR (STATE DIRECTOR, SELECTIVE SERVICE SYSTEM) IN LIEU OF DD FORM 44 OR DD FORM 889.

USAAC Form 825
1 Aug 67

F-19138

At Need.
20 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/24/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Sewerynowicz 228952

in a Liner (Type of Burial Container) Funeral, date, time Friday May 27 10:00

Church, Chapel (Graveside) Witness ; Berge-Roberts Mortuary 474-6565

All Funeral cars must arrive 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 82 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)	~~138.00~~ P.C.
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1971.20
Paid receipt number	1971.20
Balance due	Ø

PAID
MAY 26 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.

228953

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

Beth Stephens
Signature

Beth Stephens
Print Name
3861 58th St.
Address
San Diego, CA 92115
City Zip Code
(619) ~~561~~ 823-2384
Telephone

paulette

Work Order # E 19139

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19139

GRAVE BLIND CHECK FORM

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

		Patterson Rosendahl	Patterson			
			X		Gebhart	
		Martin		Houston	Scott	

Blind Check Initiated By: Paulette Date: 5/26/05

Interment space for: John Sewerynowicz

Interment Date: 5-27-05 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 82 Gr: 7

Grave Laid out by: DARKEY / FAULGER

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: Kenneth Collins Date: 5/26/05

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 527-3400

DATE	YOUR ORDER NO.
May 25, 2005	E-19139

TO: Attention: Jane Simone
County of San Diego
Health & Human Services Agency
7065 Broadway, Lemon Grove 91945

DESCRIPTION OF CHARGE		AMOUNT
Charges due for the services of John Sewerynowicz in Division 12, Section 2, Lot 82, Grave 7 are as follows: Lot	Lot	$985.00
	Open/Closing	$413.00
	Burial Container	$209.00
	Handling Fee	$160.00
	Recording/Filing	$ 50.00
	Sales Tax (Liner)	$ 16.20
	Setting Fee (marker)	$138.00
	Total	$1971.20

Amount due 48 hours prior to burial services.

County of

E 19139

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	PATRICK	SEWERYNOWICZ	09/04/1988	05/18/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	BETH STEPHENS-LEGAL GUARDIAN 3861 58th ST. SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	▶ Carr Ann	05/24/2005

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	05/24/2005 C GRIER	2508787 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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.

NOTICE OF ACTION

COUNTY OF
SAN DIEGO

DEL. 12/04

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

HB67
R

Notice Date 06-10-05

Case
Name MACARIO OBDULIA
Number CW-0A22881-91-0

Worker
Name MARLENE TIMM
Number HB67
Telephone (619) 401-3988
Address 5201-K RUFFIN ROAD STE HHSA
SAN DIEGO CA 92123

Beth Stevens

E-19139

8582682873

12-2-82-7

(ADDRESSEE)

MOUNT HOPE CEMETERY
FOR JOHN SEWERYNOWICZ
3751 MARKET ST
SAN DIEGO CA 92102-4527

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

A SUPPLEMENT PAYMENT HAS BEEN AUTHORIZED FOR THE ABOVE NAMED CHILD.

$_____ CLOTHING ALLOWANCE/OR $ 2739.11 FOR Funeral Expense

YOU ARE RESPONSIBLE FOR MAINTAINING RECEIPTS FOR THE CLOTHING EXPENDITURES FOR THIS CHILD.

THIS IS A ONE-TIME ONLY PAYMENT.

Contract # 200501378
John Sewerynowicz

COMMENTS:

LAWS REQUIRING THIS ACTION: MANUAL OF POLICIES AND PROCEDURES SECT: 11-420.1 AND 11-420.2

NA 990-SUPPLEMENT (FC, EA CLOTHING & KG SUPPS) REV 08/03 833-0

NA 990N (5/87)

060905 NA990 N

NOTICE OF ACTION

COUNTY OF
SAN DIEGO

File

DEL. 09/04

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

HB67
R

Notice Date 05-26-05

Case
Name MACARIO OBDULIA
Number 40-0A22881-11-0

Worker
Name MARLENE TIMM
Number HB67
Telephone (619) 401-3988
Address 5201-K RUFFIN ROAD STE HHSA
SAN DIEGO CA 92123

(ADDRESSEE)

MT HOPE CEMETERY
FOR JOHN SEWERYNOWICZ
3751 MARKET ST
SAN DIEGO CA 92102-4527

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

A SUPPLEMENT PAYMENT HAS BEEN AUTHORIZED FOR THE ABOVE NAMED CHILD.

$_____ CLOTHING ALLOWANCE/OR $ 1971.20 FOR Burial expenses.

YOU ARE RESPONSIBLE FOR MAINTAINING RECEIPTS FOR THE CLOTHING EXPENDITURES FOR THIS CHILD.

THIS IS A ONE-TIME ONLY PAYMENT.

COMMENTS:

LAWS REQUIRING THIS ACTION: MANUAL OF POLICIES AND PROCEDURES SECT: 11-420.1 AND 11-420.2

12-2-82-7
E-19139

NA 990-SUPPLEMENT (FC, EA CLOTHING & KG SUPPS) REV 08/03 833-0

NA 990N (5/87)

052505 NA990 N

IN Grave with Hazel + mntsu Ito AT-Need RES

12 Chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-26-05

228988

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elwood Yasushi Ito

in a Ash Vault (Type of Burial Container) Funeral, date, time June 3rd 05 10:30

Church, Chapel, Graveside; 299-8805 / Simple Telophase/Tribute Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ki X will be applied and billed to undersigned. $165.00

Division 7 Section 11 Blk/Row ____ Lot 171 Grave 2

Grave space & Care Fund C-0715 (1964)	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 pd by Visa	$297.73
Balance due	0

PAID MAY 27 2005 MOUNT HOPE CEMETERY

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

I hereby authorize the interment in lot I hold under deed. 228941

X Keiko Ito
Signature

Bob + 228912
X Keiko Ito - 228941
Print Name
X 57 East J St.
Address
X Chula Vista, CA 91910
City Zip Code
X (619) 427-8089
Telephone
392-7058 cell #

Invoice # ____

Work Order # E 19140

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

4 Ashes IN Grave already

12 Chairs MT HOPE CEMETERY E19140

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 with Matsu Ito / Per David Lubo Approved For six cremains / 4 has been Inter already

			watanabe	Amano		
			Ito X	watanabe		

Blind Check Initiated By: Sandra Date: 5-31-05

Interment space for: Elwood yasushi Ito

Interment Date: Fri June 3rd, 05 Time: 10:30 GS

Div: 7 Sect: 11 Blk/Row: ____ Lot: 171 Gr: 2

Grave Laid out by: DARKEYI

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/2/05

7 laggeal

E19140

age 77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ELWOOD	YASUSHI	ITO	07/01/1927	05/25/2005	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	BOB ITO-BROTHER 57 EAST J ST 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
TELOPHASE CREMATION SOCIETY-SD 7851 MISSION CENTER CT #104 SAN DIEGO, CA 92108	FD-1272	▶ Jeanne Hanson	05-31-2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition listed herein is one of the 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	05/31/2005 F.HANSON	2509077 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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
- [ ] 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 92102-4527	11B. DATE BURIED 6-3-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kura F Jameson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC. , 14065 HWY 9 BUSINESS EL CAJON, CA 92021	12B. DATE CREMATED 5/31/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

E19140

Mail Address:
P. O. Box 120094
San Diego, Calif. 92112

CONTI & SON MONUMENT COMPANY

3871 IMPERIAL AVENUE
San Diego, California 92113

Phone (619) 264-2480
(619) 264-3161
Fax (619) 264-1431

N 11009

Date 7-6-05

Sold to Kiyko Ito Phone 427-8089

Street 57 El J St. City Cv.

91910 this day ordered from CONTI & SON MONUMENT COMPANY and said Company agrees to build and erect said IP SCRIPTION

as per sizes and materials given below, in Mt. Hope

Cemetery, not later than ASAP unless unforeseen causes prevent. The purchaser on his part agrees, on the completion of said work, to pay the CONTI & SON MONUMENT COMPANY as follows:

Terms: PAID IN FULL

~~Note: An interest charge of % will be made on unpaid balance commencing 30 days after erection.~~

Price $ 85.-
LABOR
NO TAX

The stone is to remain the property of the CONTI & SON MONUMENT COMPANY until paid for as per above agreement, and in event above work is not paid for as per contract, I hereby authorize Supt. of Cemetery to permit the CONTI & SON MONUMENT COMPANY to remove said monument. This order is not subject to cancellation after acceptance.

CONTI & SON MONUMENT COMPANY

Purchaser Accepted

Date Ord. 7-6-05	Del. Date	Letters	Cem. Mt. Hope
Material	Size		Finish

ADD TO: ELLWOOD ITO

MAY 25, 2005

N 11009

Approved

Purchaser

E-19140

57 East J St.
Chula Vista, CA 91910
May 26, 2005

Mt. Hope Cemetary

We would like to change Title of grave site from Mother / Matsu Ito & Elwood Ito (brother) and to include that we are requesting to take on legal custody of grave site Division 7, Section 11, Lot 171, grave #2 to Bob Ito being legal heir to mother & brother above, ~~and~~ Keiko Ito/wife.

X Bob Ito
Bob N. Ito

X Keiko Ito
Keiko Ito / wife

State of California
County of San Diego
Subscribed and sworn to (or affirmed) before me on this 26TH day of May, 2005, by Bob N. Ito and Keiko Ito, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
(Seal) Signature Luz Ma. Liberato

OFFICIAL SEAL
LUZ MA. LIBERATO
NOTARY PUBLIC-CALIFORNIA
COMM. NO. 1554944
SAN DIEGO COUNTY
MY COMM. EXP. MAR. 23, 2009

E19140

fiduciary

Allan J. Rickmeier
Private Fiduciary

5-26-05
AT-Need
(Res)
Elwood Yasushi Ito

619.640.1908 *tel*
619.640.1908 *fax*
P.O. Box 16402
San Diego, CA 92176

Pre-Need For 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/27/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Obdulia Rodriguez 228789-pin#

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 58 Grave 4

Grave space & Care Fund	0
Overtime/Late Arrival Fees	0
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 pd by visa	116.00
Balance due	$347.00

Paid in full 1-9-2007 See letter and

RECEIVED JAN 9 2007 MOUNT HOPE CEMETERY

I hereby certify I am the x Obdulia Rodriguez of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Obdulia Rodriguez
Signature

x Obdulia Rodriguez
Print Name

x 3809 Highland Ave
Address

x San Diego CA 92105
City Zip Code

x 619 944-3928 cell
Telephone

Invoice # _____

Work Order # E 19141

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

228789

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59154

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9/8, 20 05

From: Angelica M. Rodriguez Address: on record

Four fee Dollars ($ 14 -)

in part Payment of Pre-need trust

Div 12 Sec 2 Blk/Row Lot 58 Grave 4

Invoice No. E-19141

Acct. No.

W.O.

BALANCE DUE $ 305 —

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 07 2005

MOUNT HOPE

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	14 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	14. —

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

2028

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59432
E-19141

Date: 8-4, 2005

From: O. Rodriguez Address:

Fourteen and 00 Dollars ($ 14 —)

in Part Payment of Pre-need Trust

Div 12 Sec 2 Blk/Row Lot 58 Grave 4

Invoice No. E-19141

Acct. No.

W.O.

BALANCE DUE $319.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐ 2024

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

PAID
AUG 03 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	14. —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	14. —

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

59282
E19141

Date: 10/6, 20 05

From: Angelica M. Orozco Rodriguez Address: on record

Fourteen and 00 Dollars ($ 14 -)

in part 12 Payment of Pre-need trust.

Div ____ Sec 2 Blk/Row ____ Lot 58 Grave 4

Invoice No. E-19141

Acct. No. ____

W.O. ____

BALANCE DUE $ 291. -

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 2032

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

PAID
OCT 06 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	14 -
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	14. -

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

#14.00 monthly due 28th of each month — $14.00 monthly

Pin# 228789 c/o Purchaser Marlene Onofre Rodriguez Pin # 228933 — E-19141

RODRIGUEZ, OBDULIA ~~3869 Highland Ave S.D. CA 92105~~ (619) ~~944-3928~~ — 619 228-6779

DIV 12 sec 2 Lot 58 GR 4 (7030½ Kearney Ave)

				DEBIT	CREDIT	BALANCE
05-27-05	Opened Pre-Need for 2nd Burial with 25% dwn			463.00	116.00	$347.00
	Trust to include O/C & R/F					
7-12-05	R-59051	#1	June 05		14.00	333.00
8-4-05	R-59432	#2	July 05		14.00	319.00
9-7-05	R-59154	#3	Aug 05		14-	305-
10-6-05	R-59282	#4	Sept 05		14-	291.-
11-2-05	R-59598	#5	no coupon Oct 05		14-	277-
12-2-05	R-59458	#6	Nov 05		14-	263.00
1-10-06	P-00042	#7 & #8	Dec 05 Jan 06		28-	235.00
2-21-06	P-00136	#9	Feb 06		14-	221.00
4-11-06	P-00228	#10+11	Mar 06 & April 06		28-	193.00
6-18-06	P:00351	#12+13	May 06 & June 06		28-	165.00
9-26-06	pd by m/c on phone #14,15,16 July, Aug, Sept 06				42-	123.00
11/17/06	Pd w/M/O for Oct & Nov 06				28-	95.00
1-[illegible]-07	Pd by m/c for balance		Ap 428396		95-	0

Paid In full

Jan 9, 2007

PAID JAN 19 2007 MOUNT HOPE CEMETERY

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hester Lee 211972

in a Liner (Type of Burial Container) Funeral, date, time Thurs June 02, 2005 11:00

Church, Chapel, Graveside : Rossdale/Blair Mortuary.

All Funeral cars 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 10 Grave 1

Grave space & Care Fund D-7321 (1976)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container Liner	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 for signature

Invoice # _____

Work Order # E 19142

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Liner

MT HOPE CEMETERY E-19142

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Frost	X	Fa HEN Bruce		Ike Beckham

Blind Check Initiated By: Sandra Date: 5-31-05

Interment space for: Hester lee

Interment Date: Thurs June 2, 2005 Time: 11:00 Church

Div: 7 Sect: 17 Blk/Row: ____ Lot: 10 Gr: 1

Grave Laid out by: DARREYL

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-1-05

Flagged

E-19142

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-31 1976

CHARGE Hester V. Lee 92114

ADDRESS 5324 Trinidad Way S.D.

NAME OF DECEASED Pre-need Cem. Serv.

OWNER Hester V. Lee

ADDRESS Same

MORTUARY 262-0384

LOT 10 GR 1 ROW SEC 17 DIV 7	160	00
OPENING TIME DAY DATE	135	00
VAULT BOX Bc 0 SIZE	95	40
REMOVAL OR FOUNDATION VET.		
TOTAL	390	40
PAID RECEIPT NUMBER 23856		
BALANCE		

Plush Marker Only

PAID
AUG 31 1976
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.

#8573

AUTHORIZED IN PERSON PHONE BY Hester V. Lee ORDER TAKEN BY R. Ullehne

W.O. NO. D 7321 INVOICE NO. CASH

FORM PR-974 REV.

AT-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-27-05

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

New Hope Friendship Baptist Church

in a Liner (Type of Burial Container) Funeral, date, time THURS 06/02 11:00

Church / Chapel, Graveside 11:00A : 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 17 Blk/Row _____ Lot 10 Grave 1

Grave space & Care Fund D-7321 (1976) 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 0

Burial Container Liner 0

Handling Fees 0

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees 0

Sales taxes 0

Total Due 0

Paid receipt number _____

Balance due 0

I hereby certify I am the X 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 Cordelia S. White

X Cordelia White
Print Name

X 1828 48th Street
Address

X San Diego, CA 92114
City Zip Code

X (619) 263-9671
Telephone

Work Order # E 19142

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9142

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Hester	Vinnie	Lee	08/24/1907	05/26/2005	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	Cordelia White, Friend 1828 48th Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	05/30/2005

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	05/31/2005	2509072 M. 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	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

08/31/05

Date ~~05/27/05~~ pc.

134046

#229444

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Lellia Robertson C/O Julia Calhoun

in a Dbl. 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 7 Section 14 Blk/Row Lot * 141 ~~142~~ Grave 1

Grave space & Care Fund E-17796	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2-O/C @ 413.00	826.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 2-R/F @ 50.00	100.00
Sales taxes	32.40
Total Due	1728.40
Paid receipt number Visa Card	432.10
Balance due	1296.30

PAID

MAY 6 2009

M/C AP029324 / P0737

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

MOUNT HOPE CEMETERY

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

Signature

Print Name

Address

City Zip Code

Telephone

Paulette

Work Order # E 19143

Invoice #

Acct. #

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

Printed on recycled paper

* 6/15/06 change to LOT 141 MFD.

E19143

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 06/15/06 TIME: 13:59:54
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 121
CD TYPE: VISA
TR TYPE: MP

TOTAL: $195.21M

ACCT: **********4014 EXP: ****
AP: 071006

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

Lelia Robertson
PO Box 852
Rialto, CA. 92377
213 897-6392
Cell 909 721-4092

pd by phone on visa
by Lelia Robertson
FOR Trust on 1st
Burial only E-19143
Div 7 Sec 14 Lot 141
GR 1

6-15-06 Family will
Continue To make payment
ON 2nd Burial
Family will be using 1st
Burial, First burial is
pd IN Full E-19143 OK
Maria Dovensky

Pre-need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nelson Family / Nathaniel + Betty

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 117 Grave 8

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 – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ $50.00	100.00
Sales Taxes	32.40
Total Due	$2,713.40
Paid receipt number pd by Visa	$678.00
Balance due	$2,035.40

PAID
OCT 30 2006
MOUNT HOPE CEMETERY

pd in full 10-30-06 by Visa AP036688

228930 Purchaser 228931 co purchaser

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

228930

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

Signature

X NATHANIEL NELSON (Print Name)
X 3997 T ST (Address)
X SAN DIEGO, CA 92113 (City, Zip Code)
X (619) 263-7982 (Telephone)

Invoice #

Work Order # E 19144

Acct. #

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

10/31/06 certificate mailed

Due 28th of each month

Pin# 228930 C/O Purchaser Pin# 228931 monthly #85.00 final #80.40 E-19144

NELSON, NATHANIEL & BETTY 3997 T ST. San Diego, CA. 92113 (619)263-7982

DIV 12 SEC 2 LOT 117 GR 8

				DEBIT	CREDIT	BALANCE
05-27-05	Opened Pre-need Lot/Trust with 25% dwn pd by Visa. Trust to include (2) O/C, B/C, H/F, (2) R/F, Taxes			$2,713.40	678.00	2,035.40
				#785.00	197-20% 588-80%	
6/7/05	Coupon #1	Visa card	June 2005		85.00	1950.40
7/15/05	NO COUPON #2	" "	July 2005		85.00	1865.40
8/29/05	" #3	"	Aug 2005		85.00	1780.40
9/29/05	" #4	"	Sept 2005		85.00	1695.40
11/01/05	" #5	"	OCT 2005		85.00	1610.40
11-28-05	#6	Visa	NOV 2005		85.00	#1,525.40
1-5-06	" #7	Visa	Dec 2005		85.00	#1,440.40
2-8-06	" #8	Visa	Jan 2006		85.00	#1,355.40
3-6-06	" 9	Visa	Feb 2006		85.00	#1,270.40
4-4-06	#10	Visa	Mar 2006		85.00	1,185.40
5-1-06	#11	Visa	Apr 2006		85.00	1,100.40
6-1-06	#12	Visa	May 2006		85.00	1,015.40
6-26-06	#13	Visa	June 2006		85.00	930.40
8-1-06	#14	Visa	July 2006		85.00	845.40
8-31-06	#15	Visa	Aug 2006		85.00	#760.40
10-2-06	#16	Visa	Sept 2006		85.00	#675.40
10/30/06	#17-24	Visa Card	AP 0316688		806.75	540

PAID

OCT 30 2006

MOUNTAIN VIEW

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/31/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Josephine Bazile 228990

in a Liner (Type of Burial Container) Funeral, date, time Friday June 3 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 277 Grave 2

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	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due Visa	1833.20
Paid receipt number	1833.20
Balance due	Ø

PAID
MAY 31 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.

228990

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

E Bony N. Bazile
Signature

E Bony N. Bazile
Print Name

2237 Oceanview Blvd
Address

San Diego 92113
City Zip Code

(619) 236-9460
Telephone

Paulette
Res fee Verified

Invoice # _____

Work Order # E 19145

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 19145

GRAVE BLIND CHECK FORM

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

			carmichael	Richardson		
			X	Tullock		

Blind Check Initiated By: Busette Date: 6-1

Interment space for: Josephine Bazile

Interment Date: 6-3-05 Time: 10:00 church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 277 Gr: 2

Grave Laid out by: DARREYL

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 6-1-05

E19145

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	-	Bazile	10/31/1948	05/27/2005	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	Ebony Bazile: Daughter 2237 Oceanview Blvd. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person seeking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	FD-1329	Sunnika Pryor	06/02/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition carried herein is one of the dispositions authorized by Section 10065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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	S. PRYOR 06/02/2005	2509301

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 6-3-05	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.

pre-need
Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-31-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Muslim Organization

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 MUSLIM Section _____ Blk/Row _____ Lot 171 Grave 1

Grave space & Care Fund	605.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	605.-
Paid receipt number R-58885	605.-
Balance due	Ø

PAID
MAY 31 2005
MOUNT HOPE CEMETERY

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

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

Signature

Mr. FAZAD
Print Name
P.O. Box 261058
Address
S.D. CA 92126
City Zip Code
858-672-2646
Telephone

paulette

Work Order # E 19146

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 5/31/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RAHMAN GHAVAMI 228980

in a Muslim SLAB (Type of Burial Container) Funeral, date, time THURS JUNE 2, 1:00

Church Chapel Graveside ; GREENWOOD Mortuary.

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

will be applied and billed to undersigned. ____

Division Muslim Section ____ Blk/Row ____ Lot 161 Grave 1

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	88.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	6.82
Total Due	557.82
Paid receipt number R-58886	557.82
Balance due	Ø

PAID
MAY 31 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.

228981

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

Mehran Ghavami
Signature

MEHRAN GHAVAMI
Print Name

4227 52nd ST. #104
Address

SAN DIEGO CA 92115
City Zip Code

(858) 735-6446
Telephone

Red. SD.

Invoice # ____

Work Order # E 19147

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19147

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: _____ Date: _____

Interment space for: Rahman Shavami

Interment Date: 6-2-05 Time: 1:00 Chapel

Div Muslim Sect: _____ Blk/Row: _____ Lot: 161 Gr: 1

Grave Laid out by: Vincent Fowler

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/31/05

F100

E-19147

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 85

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RAHMAN	-	GHAVAMI AMINE	05/29/1919	05/27/2005	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	RON GHAVAMI-SON 11282 CORTE PLAYA AZTECA SAN DIEGO CA 92124

7A. TYPED NAME AND ADDRESS OF 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	▶ [illegible]	05/31/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10060 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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	06/01/2005 K JONES	2509165 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6-2-05	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

pre-need TRUST

Date 5/31/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNESTINE DAVIS/OR HEIRS

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 2 Blk/Row Lot 40 Grave 5

Grave space & Care Fund	E-1[illegible]30	—
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	1728.40
	Paid receipt number R-59017	$432.00
	Balance due	*1296.40

PAID SEP 2 1 2005 MOUNT HOPE CEMETERY

PAID JUN 3 0 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 228 67 hold under deed.

Signature: Ernestine Davies

Print Name: Ernestine DAVIES

Address: 350 Los Sonets Dr

City: San Diego Zip Code: 92114

Telephone: (619) 263 7934

Pearlette

Work Order # E 19148

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19648

E19148

Francisco Diaz
1009 Melrose Avenue
Chula Vista, CA 91911

Payment Number:	6	**Payment Due Date:**	09/22/2006
Payment Amount:	39.78	**Amount Enclosed:**	39.78
Payment after 10/02/2006:	39.78		
Bal. After This Payment:	716.14	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	18.00		

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19648

E19148

Francisco Diaz
1009 Melrose Avenue
Chula Vista, CA 91911

Payment Number:	7	**Payment Due Date:**	10/22/2006
Payment Amount:	39.78	**Amount Enclosed:**	39.78
Payment after 11/01/2006:	39.78		
Bal. After This Payment:	676.36	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	17.00		

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-19648

E19148

Francisco Diaz
1009 Melrose Avenue
Chula Vista, CA 91911

Payment Number:	8	**Payment Due Date:**	11/22/2006
Payment Amount:	39.78	**Amount Enclosed:**	39.78
Payment after 12/02/2006:	39.78		
Bal. After This Payment:	636.58	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	16.00		

OFFICIAL RECEIPT

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

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

P 00489
E19148

Date: 9-13, 2006

From: Maria Del Carmen Orozco Address: on record

One hundred Nineteen and 34/00 Dollars ($ 119.34)

in part Payment of Pre-need trust for Francisca Diaz

Div 10 Sec Blk/Row Lot 4891 Grave

Invoice No. E-19648

Acct. No.

W.O.

BALANCE DUE $636.58

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 1545

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

PAID

SEP 12 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	119.	34
Trust	77186		
TOTAL PAID		$ 119.	34

AC-212 (11-05)

This information is available in alternative formats upon request.

PIN # ~~228667~~ 228514 Contract Expires June 2007 $54.00 monthly due 30th each month $54.40 final E-19148

Davis, Ernestine 350 Los Soneto Drive, San ~~Deigo~~ Diego CA 92114 619-263-7934

DIVISION 12 SEC 2 LOT 40 GR 5		Debit	Credit	Balance
6/30/05 Pre-need trust. Trust includes: TWO opening/closing burial container, handling fee, TWO Recording & filing fee sales tax on the DD Crypt. R-59017		1728.40		1728.40
			432.00	1296.40
8-10-05 R-59064	July 05		61.00	1235.40
10/12/05 R-R4059306	No coupon Aug., Sept 05		100 —	1135.40
11-30-05 R-59444	Nov, Dec 05		108.00	$ 1027.40
2-6-06 Mailed Selling Cert Letter				
2-8-06 P-00112	Jan, Feb 06		108.00	$ 919.40
4-6-06 Master card	Mar, Apr 06		108.00	$ 811.40
6-2-06 Mastercard	May, June 06		108.00	$ 703.40
8-7-06 Mailed Cert Selling Letter				
8-17-06 Mastercard No coupon	July 06		54.00	$ 649.40
9-13-06 Visa AP 008887 (No Coupon)	Aug 06, Sept 06		108.00	$ 541.40
10-10-06 Visa AP068124	Oct 2006		54.00	$ 487.40
12-01-06 MC AP 813894	Nov 2006/Dec 2006		110.00	$ 377.40
2-26-07 AP 589015 MC	Jan 07/Feb 07		110.00	$ 267.40
4/3/07 AP 503485	March/April 07		110.00	157.40
8/20/07 Pre-need	May June July		100 —	57.40
9/21/07 AP 890062	Final		57.40	[illegible]

PAID SEP 21 2007 COUNTY TREASURER

AT-Need
(RES)
16 Chairs
If possible

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juan A. Cruz SR. 22 8992

in a Liner (Type of Burial Container) Funeral, date, time Fri June 3rd, 05 10:00

Church, Chapel, Graveside ST. Jude ; Azhan/Carlos Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Mex will be applied and billed to undersigned. $165.00

Division 12 Section 2 Blk/Row _____ Lot 142 Grave 2

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	0
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$1,833.20
Paid receipt number pd by visa & check R-58891	1,833.20
Balance due	0

PAID
JUN - 1 2005
MOUNT HOPE

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

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

X [signature]
Signature

X Mimi Cruz 228991
Print Name

X 927 44th St
Address

X San Diego CA 92102
City Zip Code

X (619) 263-7563
Telephone

Invoice # _____

Work Order # E 19149

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

* 16 chairs IF possible

MT HOPE CEMETERY E19149

GRAVE BLIND CHECK FORM

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

		DEM				
	FRIEND		X			
		SOLBERG				

Blind Check Initiated By: Paulette C. Date: 6/1/05

Interment space for: Juan A. Cruz Sr.

Interment Date: FRI June 3rd, 05 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 142 Gr: 2

Grave Laid out by: DARREL

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 6-1-05

E-19149

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Pd

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Juan	A.	Cruz Sr.	06/10/1969	05/29/2005	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	Mimi F. Cruz - Wife 927 44th St. San Diego, CA.,92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Funeraria Arlian 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 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 05/31/2005

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 06/01/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Sergio Valencia ▶ 2509127

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 6305	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

ARRIVED AT 3:15 pm

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lenard Baker SR. 206523 pin#

in a Liner (Type of Burial Container) Funeral, date, time FRI June 10, 05 ~~10:00~~ 1:00

Church, Chapel, Graveside : Rasdale / Skipper Mortuary.

All Funeral 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 12 Section 1 Blk/Row Lot 12 Grave 6

Grave space & Care Fund E-015743 & E-18268 (2004)	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	Ø
Burial Container Liner	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

Bielect family late charges 6-13-05. pd late arrival fee by Vera 6-17-05

X
Print Name

X
Address

X
City

Zip Code

X
Telephone

See attach for signature

Invoice #

Work Order # E 19150

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 19150

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust

206523

Date 1-21-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Lenard Baker Sr.

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 12 Grave 6 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund E-15743	—
*Additional spaces and care fund	—
Opening/Closing & Setup	443.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number R-57120	848.20
Balance due	Ø

PAID
JAN 21 2004
MOUNT HOPE CEMETERY

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

206523

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

_____
Signature of recorded holder of deed

Signature: Lenard Baker
Address: 217 San Jacinto Rd
City: S.D. Zip Code: CA. 92114
Telephone: (619) 264-8309

Paulette

Work Order # E 18263

Invoice # _____

Acct. # _____

REA-104 (7-98)

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13:06 SD HOPE CEMENTERY → RAGSDALE

AT- need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-1-05

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

in a Liner (Type of Burial Container) Funeral, date, time FRI June 10, 05 1:00pm

Church, Chapel, Graveside Ragsdale / Skipper Mortuary.

All Funeral cars must arrive 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 12 Grave 6

Grave space & Care Fund E-015743 & E-18268	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	0
Burial Container Liner	0
Handling Fees	0
Flower vases – Marker setting fee	—
Recording Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Sheila L. Baker
Signature

X Sheila L. Baker
Print Name

X Sheila L. Baker
Address

X 217 San Jacinto Drive
City San Diego, CA 92114 Zip Code
X (619) 264-8309
Telephone

Invoice # _____

Work Order # E 19150

Acct. # _____

REA-104 (3 04)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E19150

GRAVE BLIND CHECK FORM

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

					Muriel	
		Jones			Brown	
	Baker		X		Frazer	
			Steward			

Blind Check Initiated By: Paulette Date: 6-6

Interment space for: Leonard Baker Sr.

Interment Date: Fri June 10, 05 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 12 Gr: 6

Grave Laid out by: DIANNE/L

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

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

E-19150

APP ,ICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Lenard	-	Baker	09/06/1925	05/31/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Sheila L. Baker: Daughter 217 San Jacinto 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	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	FD-1329	▶ [illegible]	06/06/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge an application that the proposed disposition stated herein is part of the disposition authorized by Section 103065 of the Health and Safety Code and was not obtained by fraud in violation 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	S. Pryor 06/07/2005	2509470 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 6-10-05	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 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
Cert Trust

Date 6-1-05

228494 228501

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

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 11 Section 1 Blk/Row Lot 13 Grave 6

Grave space & Care Fund	E-189060	Ø
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2041300	826.00
Burial Container		418.00
Handling Fees		352.00
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	2050.00	100.00
Sales taxes		32.40
Total Due		1728.40
Paid receipt number	R-58892	1728.40
Balance due		Ø

PAID

JUN - 1 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 Edward King Paulette

Print Name Edward King 228494

Address 4948 Hilltop Dr.

City S.D. CA Zip Code 92102

Telephone (619) 264-5521

Invoice #

Work Order # E 19151

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 6-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosie Hernandez 228994

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs June 9 10:00

Church, Chapel, Graveside ST. Rita : Berge-Roberts Mortuary. Robert 479-6565

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. $165.00

Division 7 Section 2 Blk/Row ____ Lot 9 Grave 6

Grave space & Care Fund	1,535.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container TS Vault	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	$2,498.31
Paid receipt number pd by visa	$2,498.31
Balance due	Ø

PAID
JUN - 1 2005
MOUNT HOPE CEMETERY

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

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

X [signature]
Signature

X Patrick Martinez 228993
Print Name

X 1212 Azusa St Apt B
Address

X San Diego, CA 92110
City Zip Code

X (619) 703-4005
Telephone

CDL B534852
10-09

Invoice # ____

Work Order # E 19152

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 19152

GRAVE BLIND CHECK FORM

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

			Marion Hammond			
		George Markham	X		A29 Dudley	

Blind Check Initiated By: Sandra Date: 6-6-05

Interment space for: Rosie Hernandez

Interment Date: Thurs June 9 Time: 10:00

Div: 7 Sect: 2 Blk/Row: ____ Lot: 9 Gr: 6

Grave Laid out by: DARREYL

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/7/05

7 Jaggeal

E19152

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ROSIE	-	HERNANDEZ	09/30/1938	05/31/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	PATRICK MARTINEZ - SON 1212 AZUSA ST #B SAN DIEGO CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 92950	FD284	▶	06/03/2005

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	06/06/2005	E GALVEZ 2509450 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA 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.

1 @ Burial

At need
NON-RES.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura MacLean 213789

in a DD CryptT(A) (Type of Burial Container) Funeral, date, time Weds June 8th, 05 10:00

Church Chapel Graveside Featherrindell Mortuary (619) 583-9913 Eah

All Funeral 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 X

Division 12 Section 2 Blk/Row _____ Lot 148 Grave 2

Grave space & Care Fund E-147960 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 549.00

Burial Container DD CRYPT (A) 556.00

Handling Fees 468.00

Flower vases - Marker setting fee 184.00

Recording/Filing/Transfer Fees 66.00

Sales taxes 43.09

mort to pay

Total Due $1,866.09

Paid receipt number R-58913 $1,866.09

Balance due 0

PAID
JUN - 6 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

Paulette

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attach for signature

Invoice # _____

Work Order # E 19153

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

2005 14:40 S[illegible]T. HOPE CEMENTERY → FEATHERINILL

All Funeral cars must [illegible] before 3:00 p.m. of regular work day [illegible] charge [illegible]

will be applied and billed to undersigned $165.00 X

Division 12 Section 2 Blk/Row ____ Lot 148 Grave 2

Grave space & Care Fund 12-14796 0

Overtime/Late Arrival Fees

Opening/Closing & Setup 549.00

Burial Container D.D. Casket 556.00

Handling Fees 468.00

Flower vases - Marker setting fee 184.00

Recording/Filing/Transfer Fees 66.00

Sales taxes 43.09

mort To pay

Total Due $1,866.09

Paid receipt number R-58913 1,866.09

Balance due 0

PAID
JUN - 6 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

Paulette

Work Order # E 19153

Marsha MacLeod 228987
Print name
521 Tiffin St
Address
Spring Valley 91977
City State Zip
760 470 [illegible]
Telephone

Invoice #

Acct. #

RCA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-19153

Date 1-4-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura & Gordon MacLean

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 148 Grave 2 & 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	2 at 895.00	1790.00
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee		
Sales taxes		
Total Due		1790.00
Paid receipt number M/C		1790.00
Balance due		0

PAID
JAN 04 1999
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave 3 is for Daniel R. Mathias

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

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

_____
Signature of recorded holder of deed

X L H MacLean
Signature
X PO Box 1433
Address
X Spring Valley Ca 91979
City Zip Code
X (619) 470-2780
Telephone

Invoice # _____

Work Order # E 14796

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19153

GRAVE BLIND CHECK FORM

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

			HAYNES			
		BRETTEL	X		LEVINGSTON	
			ROBINSON			

Blind Check Initiated By: Dawn M. Date: 6-6-05

Interment space for: Laura MacLean

Interment Date: Weds 6/8 Time: 10:00 Chapel

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

Grave Laid out by: DARREYI

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 6-6-05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19153

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

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Laura	Hazel	MacLean	04/01/1923	06/01/2005	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	Gordon McLean (Spouse) 331 JulasCt. 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
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M Dom	06/06/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103061 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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	06/06/2005	2508445 N. Dominguez ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 6-8-05	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 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
AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date: 6-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Sharon Raimo Dennis

in a Liner (Type of Burial Container) Funeral, date, time weds June 8, 05, 10:00

Church, Chapel, Graveside 10:00 AM : 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. $165.00

Division 12 Section 21 Blk/Row _____ Lot 113 Grave 3

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	415.00
Opening/Closing & Setup	413.00
Burial Container Other	209.00
Handling Fees $51.63 $138.00	160.00
Flower vases – Marker setting fee	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$ 2,022.83
Paid receipt number R-58906	2022.83
Balance due	0

PAID
JUN - 6 2005
MOUNT HOPE CEMETERY

mort. To pay

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

X SHARIRAH RAIMO-MCQUEEN Print Name

X 8187 VALLEY VIEW CIRCLE #118 Address

X LAMESA 91941 City Zip Code

X (619) 463 4323 Telephone

Invoice # _____

Work Order # E 19154

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Sandra

E1954

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date:	6-2-05	From:	Sandra
To:	Ragsdale	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:	11:20 6-2-05
Burial fee amount due:	$2,022.83
Burial service fee for:	Mary Sharon R. Dennis
Date and time of burial service:	Weds June 8, 05 10:00 Chapel
Due date of burial fee to Mt Hope Cemetery:	48 hrs B4 Service
Prepared by:	Sandra
Signature:	Sandra Brollini
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	
Comments:	Mort. To pay

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

MESSAGE CONFIRMATION

06/02/2005 11:18
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
06/02	00'36"	RAGSDALE	CALLING	02	OK	0000

06/02/2005 11:17 SD MT. HOPE CEMENTERY → RAGSDALE NO.008 P01

will be applied and billed to undersigned. $165.00

Division 12 Section 2 Blk/Row ____ Lot 113 Grave 3

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees 413.00

Opening/Closing & Setup 209.00

Burial Container Liner 160.00

Handling Fees 189.63

$51.63 $138.00

Flower vases – Marker setting fee 50.00

Recording/Filing/Transfer Fees 16.20

Sales taxes $2,022.83

Total Due

mort. To pay

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

X SHAKIRAH RAIMO-McQueen
Print Name

X 8187 Valley View Circle #118
Address

X LAMESA 91941
City Zip Code

X (619) 463 4323
Telephone

Invoice # ____

Work Order # E 19154

Acct. # ____

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-NEED

Date 6/2/05

FIN: 228987

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

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time Thurs. June 9 10:11

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 1 Blk/Row _____ Lot 113 Grave 8

PAID JUN - 6 2005 MOUNT HOPE CEMETERY

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	443.00
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-58907	2250.40
Balance due	0

PAID JUN - 6 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 Res Fee

Work Order # E 19155

See attached

First Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19155

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Eddie	-	Batties	09/18/1919	06/01/2005	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	Pauline Batties: Wife 1816 E. Westinghouse Street San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	FD-1329	Shirley Pryor	06/07/2005

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	S.Pryor 06/07/2005	2509531

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 SD 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 6-4-05	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 E 19155

GRAVE BLIND CHECK FORM

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

	Hinds	Christopher	Cleveland	Barnes		
	Miller	MARSHALL	X	Page	Brecke	Drake
		welch		young		
			Stanford			

Blind Check Initiated By: Paulette Date: 06/06

Interment space for: Eddie Butties

Interment Date: 6/9 Time: 10 or 11

Div: 11 Sect: 1 Blk/Row: ____ Lot: 113 Gr: 8

Grave Laid out by: DARRYL

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

F/a9

Blind Check & Verified By: Kenneth Davis Date: 5/7/05

8:47 SD MT. HO CEMENTERY → RAGSDALE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-NEED

Date 6/2/05

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

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time THURS. June 9 12

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 1 Blk/Row Lot 113 Grave 8

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	418.00
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	
Balance due	

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

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

Pauline Batties
Signature

Pauline Batties 228986
Print name

1816 E. Westinghouse Street
Address

San Diego, CA 92111
City Zip Code

(858) 278-2459
Telephone

Paulette Res fee

Invoice #

Acct. #

Work Order # E 19155

IEA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19155

ENLISTED RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

BOOK 5685 PAGE 199

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
BATTIES EDDIE	38 162 094	SGT	QMC	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
993RD QM SERVICE CO	11 JAN 46	SEPARATION CENTER CAMP FANNIN TEXAS

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
BOX 893 WHARTON WHARTON CO TEX	18 SEP 19	LANE CITY TEX

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPENDS
SEE 9	BROWN	BLACK	6'2"	203 LBS	0

18. RACE: WHITE	NEGRO	OTHER (Specify)	19. MARITAL STATUS: SINGLE	MARRIED	OTHER (Specify)	20. U.S. CITIZEN: YES	NO	21. CIVILIAN OCCUPATION AND NO.
	X			X		X		FARM HAND GENERAL 3-16.10

MILITARY HISTORY

22. DATE OF ENLISTMENT	23. DATE OF ENTRY INTO ACTIVE SERVICE	24. PLACE OF ENTRY INTO SERVICE
3 [illegible] 46	25 MAY 42	IND STA HOUSTON TEX

25. COMPONENT	26. REGULAR	RES	27. LOCAL BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		1	WHARTON CO	SEE 9

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.: FOREMAN LABOR 356

31. MILITARY EDUCATION AND TRAINING (U.S. Infantry or Junior and Marksmanship Badges, etc.): BAR [illegible] RIFLE 15 NOV 42

32. BATTLES AND CAMPAIGNS: NEW GUINEA GO 33 WD 45

33. DECORATIONS AND CITATIONS: AMERICAN THEATER CAMPAIGN MEDAL ASIATIC-PACIFIC CAMPAIGN MEDAL WITH 1 BRONZE STAR AND 1 BRONZE ARROWHEAD PHILIPPINE LIBERATION RIBBON GOOD CONDUCT MEDAL [illegible] VICTORY MEDAL

34. WOUNDS RECEIVED IN ACTION: NONE

35. LATEST IMMUNIZATION DATES

SMALLPOX	TYPHOID	TETANUS	OTHER: TYPHUS
[illegible]	[illegible]	[illegible]	[illegible]

36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN

DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
7 OCT 42	US	7 OCT 42
17 FEB 44	AP	20 MAR 44
24 DEC 45	US	4 JAN 46

37. TOTAL LENGTH OF SERVICE

CONTINENTAL SERVICE: YEARS	MONTHS	DAYS	FOREIGN SERVICE: YEARS	MONTHS	DAYS
1	8	21	1	10	21

38. HIGHEST GRADE HELD: SGT

39. PRIOR SERVICE: NONE

40. REASON AND AUTHORITY FOR SEPARATION: CONVENIENCE OF THE GOVT (RR 1-1 DEMOBILIZATION) AR 615-365 15 DEC 44

41. SERVICE SCHOOLS ATTENDED: NONE

42. EDUCATION (Years): Grammar 6 | High School 0 | College 0

PAY DATA VOU # 9528

43. LONGEVITY FOR PAY PURPOSES: YEARS	MONTHS	DAYS	44. MUSTERING OUT PAY: TOTAL	THIS PAYMENT	45. SOLDIERS DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
3	7	5	$300	$100	605.00	14.05	801.85 O'KEETON CAPT FD

INSURANCE NOTICE

IMPORTANT: If premium is not paid when due or within thirty-one days thereafter, insurance will lapse. Make checks or money orders payable to the Treasurer of the U. S. and forward to Collections Subdivision, Veterans Administration, Washington 25, D. C.

48. KIND OF INSURANCE: NAL Serv.	U.S. Gov't	Non	49. HOW PAID: Allotment	Direct to V.A.	50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO: Continue	Continue with	Discontinue
	X		X		31 JAN 46	28 FEB 46	$6.64			X

54. RIGHT THUMB PRINT

55. REMARKS (This space for completion of above items of entry of other benefits accrued to the U. S. Veterans.)

LAPEL BUTTON ISSUED
8 DAYS LOST UNDER AW 107
ASR SCORE (2 SEP 45) - 56

APPLICATION FOR READJUSTMENT ALLOWANCE
PUBLIC LAW #268
MADE THROUGH
STATE Texas
DATE 4-15-46

56. SIGNATURE OF PERSON BEING SEPARATED: Eddie Batties

57. PERSONNEL OFFICER (Type name, grade and organization - signature): M BRYAN 1ST LT AC MIL PERS 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.

E19155

BOOK 5685 PAGE 198

Army of the United States

Honorable Discharge

This is to certify that

EDDIE BATTIES 38 162 094 SERGEANT

993RD QUARTERMASTER SERVICE COMPANY

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at SEPARATION CENTER
CAMP FANNIN TEXAS

Date 11 JANUARY 1946

Recorded the 15th day of March 1946

at 10:15 o'clock A. M. in Discharge Records of

Harris County, Texas in Vol. 5 page 32

F. L. BRAL, County Clerk

By Marjorie R. Duyke

Marjorie R. Duyke

D A LIND
MAJOR AC

AT-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Karen Stone (X) 229009

in a Ash Vault (Type of Burial Container) Funeral, date, time Thurs 9th June 05 11:00

Church, Chapel, (Graveside) witness by clergy only : Lewis Colonial 283-7211 Bunbough Mortuary.

All Funeral cars 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 59

Grave space & Care Fund A-1510 (1947)	Ø
Overtime/Late Arrival Fees	Ø
Opening/Closing & Setup	116.00
Burial Container ..... Ash vault	61.00
Handling Fees	66.00
Flower vases – Market setting fee	
Recording/Filing Transfer Fees	50.00
Sales taxes	4.73
Total Due	$ 297.73
Paid receipt number R-58934	$ 297.73
Balance due	Ø

PAID
JUN - 9 2005
MOUNT HOPE CEMETERY

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

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

X _____ Signature

X _____ Print Name
X _____ Address
X _____ City Zip Code
X _____ Telephone

Sel attached for signature

Invoice # _____

Work Order # E 19156

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Janece Drainer
406 453-3716 Hm # + Fax

FT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Karen Stone (X)

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

Church, Chapel, Graveside : Lewis Colonial 287-7211 Mortuary. 8 Scribbough

All Funeral cars 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 Site/Row 1 Lot _____ Grave 59

Grave space & Care Fund	0
Overtime/Late Arrival Fees	0
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-58934	$ 297.73
Balance due	0

PAID JUN 9 2005 MOUNT HOPE CEMETERY

Successor Trustee

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

229010

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

X Janice Ethel Trainer
Signature

X JANICE Ethel TRAINER
Print Name

X 1100 - 19th Ave S.W.
Address

X GREAT FALLS MT 59404
City Zip Code

X 406 - 453-3716
Telephone

Invoice # _____

Work Order # E 19156

Acct. # _____

FCA-106 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 19156

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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) Ashes

		Earl Stone	X	Grant Hart		

Blind Check Initiated By: Sandra Date: 6-6-05

Interment space for: Karen Stone (X)

Interment Date: Thurs June 9th, 05 Time: 11:00

Div: 7 Sect: 6 Blk/Row: 1 Lot: ____ Gr: 59

Grave Laid out by: DARREYI

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kim E. Jones Date: 6-8-05

Flagger

87083 E-19156 ABH 419

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KAREN	-	STONE	07/17/1908	05/29/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JANICE TRAINER - DPOAR 1100 19TH AVE S.W. GREAT FALLS MT 59404

7A. TYPED NAME AND ADDRESS OF 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	▶	06/02/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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	06/03/2005 L CASTRO	2509311 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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

- [ ] 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 ST SAN DIEGO CA 92102	11B. DATE BURIED 6-9-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CEMETERY3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 6/7/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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
Res
Lot + Trust
For (2) Graves

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Don P. Gray 228967 Patricia Louise Mende 228968 Gray

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 MASON Section T Blk/Row Lot 7 Grave 4+5

Grave space & Care Fund	2 @ $1,755.00	$3,510.00
Overtime/Late Arrival Fees		0
Opening/Closing & Setup	2 @ $413.00	826.00
Burial Container	TS Vault 2 @ $275.00	550.00
Handling Fees	2 @ $204.00	408.00
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees	2 @ $50.00	100.00
Sales taxes	2 @ $21.31	42.62
Total Due		$5,436.62
Paid receipt number	R 58701	$3,510.00
	R 58902	$1,926.62
Balance due		0

PAID
JUN - 3 2005
MOUNT HOPE CEMETERY

DESIGNATED EXECUTOR
REBECCA COLETTE GRAY BOWYER

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.

PIN# 228967

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

X Don P Gray
Signature

X DON PHOENIX GRAY
Print Name

X 5052 PROVIDENCE RD.
Address

X SAN DIEGO, CA 92117
City Zip Code

X 858-273-2395
Telephone

Invoice #

Work Order # E 19157

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERTO CUEVA 228996

in a Liner (Type of Burial Container) Funeral, date, time Tues June 7 10:00

Church, Chapel, Graveside Pinkham Mortuary 4259111

Julie Gibson 6055

All Funeral cars must arrive 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 66 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 Visa	1833.20
Balance due	0

PAID
JUN - 3 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.

228995

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

Signature Judith Goday

Res. Fee

Print Name Judith Goday

Address 1817 International Rd

City San Diego Ca. Zip Code 92154

Telephone 423-6021

Invoice # _____

Work Order # E 19158

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19158

GRAVE BLIND CHECK FORM

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

	Shelby	King	X			
			King	Verri		

Blind Check Initiated By: Paulette Date: 6-6-05

Interment space for: Roberto Cueva

Interment Date: 6/7 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 66 Gr: 4

Grave Laid out by: DARNEY

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-19158

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

1A. NAME OF 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	-	CUEVA	12/18/1939	05/30/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JUDITH GODOY (DAUGHTER) 539 DELAWARE ST. IMPERIAL BEACH, CA 91932

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
PINKHAM MITCHELL MORTUARY 808 13TH STREET IMPERIAL BEACH, CA 91932	FD-1178	▶	06/03/2005

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
$0.00	06/03/2005 SANDRA PENA	2509361 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-7-05	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.

E-19158

marker setting fee pd.

DIV 12 SEC 2 LOT 66 GR 4

ROBERTO CUEVA

Need to put into Nexus under Service

. put in Nexus on 6-10-05

CITY OF SAINT MARY CEMETERY 664
3751 MARKET STREET
SAN DIEGO CA 92102-4027
619-527-3074
4337 0201 5885 6444

10:47:32 SWIPE

06/13/05

XXXXXXXXXXXX3384 REF# 78282851

AUTH# 813491 $ 130.00

SALE $ 130.00

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

Judy Grady

TIPS

TOTAL

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 6-6-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ali Ilaian 229006

in a Muslim Slab (Type of Burial Container) Funeral, date, time Tues June 7th, 05

Church, Chapel, Graveside 1:00p.m Greenwood 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. $165.00

Division Muslim Section ____ Blk/Row ____ Lot 162 Grave 1

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container Slab	117.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.00
Sales taxes	9.06
Total Due pd by phone VISA	$741.06
Paid receipt number	$741.06
Balance due	0

PAID
JUN 06 2005
MOUNT HOPE CEMETERY

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

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

X [signature]
Signature

229007
X Said Ilaian
Print Name
X 746 Camino Magnifica
Address
X San Marcos 92069
City Zip Code
X (760) 644-0313
Telephone

Paulette

Work Order # E 19159

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

760
644-0313/zaid
ALI I/aian

MT HOPE CEMETERY E19159

GRAVE BLIND CHECK FORM

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

		163	161	159		
		164	162 X	160		

Blind Check Initiated By: Sandra Date: 6-6-05

Interment space for: ILI ILAian

Interment Date: TUES June 7th Time:

Div: MUSL Sect: ____ Blk/Row: ____ Lot: 162 Gr: 1

Grave Laid out by: DARREYL

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Le Reine Date: 6/6/05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E 19159

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ALI	-	ILAIAN	03/07/1920	06/05/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	SAID ILAIAN-SON 746 CAMINO MAGNIFICO SAN MARCOS, CA. 92069

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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
		▶ (E A Z	06/06/2005

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	06/06/2005 K JONES	2509463 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6 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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Resident pre-need lot/trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-05

228972

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Jimmy Dixon / or heirs

in a DD 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 16 Grave 7

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-58908	562.00
Balance due	1688.40

PAID
JUN 2 2008
MOUNT HOPE CEMETERY

01-257 Paid in full

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.

228972

I hereby authorize the interment in lot I hold under deed

Signature Jimmy Dixon

Jimmy R. Dixon
Print Name
1471 Grove #29
Address
Imperial Beach CA 91932
City Zip Code
619-575-2733
Telephone

Paulette

Work Order # E 19160

Invoice #

Acct. #

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

Deed done 6/2/08 will pick up.

Pre-need lot/Trust 228972 pin CONTRACT EXPIRES JUNE 2007 $50.00 monthly payment due 6th each month ~~SEE ADDRESS OVER~~

Dixon, Jimmy ~~1471 Grove #29, Imperial Beach CA 91932~~ ~~91950~~ 619) 575-2733 E-19160

~~317 CIA ST #1008 APT. NAT'L CITY CA~~

DIVISION 12 SEC 1 LOT 16 GR 7			DEBIT	CREDIT	BALANCE
6/6/05 Pd dwn payment on lot/trust. Trust includes: o/c $413, b/c $418, h/f $352, r/f $50, tax on DD Crypt $32.40 R-58908.			985.00 1265.40		985.00 2250.40
				562.00	1688.40
7-19-05	R-59364	Coupon #1 July 05		50-	1638.40
8-16-05	R-59086	Coupon #2 aug 05		50-	1588.40
9/19/05	R-59201	" 3 Sept 05		50-	1538.40
10/17/05	R-59283	" 4-7 Oct, Nov, Dec 05, Jan 06		200-	1338.40
2-7-05	R-59429 8-20	(13 payment coupons #8 Thru #20) up to 2/2007 Pd Thru Feb 07		650-	688.40
4-4-06	R-00207	(2 payments coupons #21, 22 Mar 07, Apr 07		100-	588.40
(4-2-07)	P-00269	Payment for May 07		50-	538.40
6-8-07	P-00855	" June 07		50-	488.40
6/28/07	P-00881	Payment July 07		50-	438.40
9-5-07	P-00958	Payment Aug 07		50-	388.40
10/2-07	P-00995	Payment Sept 07		50-	338.40
11/5-07	R-60352	" Oct 07		50-	288-
1-8-08	P-01099	Nov 07		50-	238-
2/8/08	P-01131	Payment Dec 07		50	188-
4-11-08	P-1200	APR 08		50-	138
6-2-08	P0125 7			138-	

PAID
JUN 2 2008
MOUNT HOPE CEMETERY

as of 4/07 NEW 1627 BCTG St Nat'l City 91950

Note: payments are set for 50.00 a month which makes the payments higher towards the end. Jimmy was sent a letter. Per his request of lower monthly payments. LB

CURRENT ADDRESS 11-5-07 1637 BETA ST
NATL CITY CA 91950
619-264-5130

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59086

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8/16, 20 05

From: Jimmy Dixon Address: On record

Fifty and 00/00 Dollars ($ 50.—)

in part Payment of pre-need lot/trust acct.

Div 12 Sec 1 Blk/Row Lot 16 Grave 7

Invoice No. E-19160

Acct. No.

W.O.

BALANCE DUE $1588.40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

#1032

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 16 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	50 —
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	$	50 —

Justine 231656

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59364

MOUNT HOPE CEMETERY
(619) 527-3400

Date: July 14, 20 05

From: Jimmy Ray Dixon Address: on Record

Fifty and 00 Dollars ($ 50.00)

in part Payment of Pre-need lot + trust

Div 12 Sec 1 Blk/Row Lot 16 Grave 7

Invoice No. E-19160

Acct. No.

W.O.

BALANCE DUE $ 1638.40

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

JUL 14 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	50 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	$	50. 00

AC-212 (Rev. 4-04) 1026

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59201

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9/19, 2005

From: Jimmy R. Dixon Address: on record

fifty and 00 Dollars ($ 50.—)

in part Payment of Pre-need lot/ trust.

Div 12 Sec 1 Blk/ Row Lot 16 Grave 7

Invoice No. E-19160

Acct. No.

W.O.

BALANCE DUE $1538.40

Pre-Need Lot X At Need ___ On Acct ___

Pre-need Trust X Cash ___ Check X

1040

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

PAID

SEP 19 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	50—
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	53033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	50—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

at. need
Res. Free

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/6/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence Bell 228998

in a Liner (Type of Burial Container) Funeral, date, time Thurs June 9, 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 $ _____

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 92 Grave 9

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-58923	1833.20
Balance due	Ø

PAID
JUN - 8 2005
MOUNT HOPE CEMETERY

Must Verified by Stiffer Pay ID

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.

MARION BELL
Signature

Marion Bell Jr. 228997
Print Name

7810 Brookhaven Drive
Address

San Diego, CA 92114
City Zip Code

619-479-9531
Telephone

Paulette

Invoice # _____

Work Order # E 19161

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 19161

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	Sirontz		X			
	Gates	Gates				

Blind Check Initiated By: Paulette Date: 6-7

Interment space for: Florence Bell

Interment Date: 6/9/05 thru Time: 1:00 chapel

Div: 12 Sect: 1 Blk/Row: ____ Lot: 92 Gr: 9

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: ____ Date: ____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19161

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Florence	C.	McDowell-Bell	10/27/1945	06/02/2005	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
Sabrina Mohnson: Daughter(POA)
7810 Brookhaven Road
San Diego, CA 92114

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 — Applicant taking permit: Sunnie Pryor
8B. DATE SIGNED: 06/07/2005

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: $11.00

9B. DATE PERMIT ISSUED: S. Pryor 06/07/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2509521

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
Vital Records: P.OBOX 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 Street San Diego, CA 92102	11B. DATE BURIED 6-9-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Michael Ale	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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: 6-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Marion Bell

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 92 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	1833.20

VOID

Paid receipt number

Balance due

Next to pay 52.00

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

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

Signature: MARION BELL

Print Name: Marion Bell JR.

Address: 7810 Brookhaven JR

City: Sandiego, CA Zip Code: 92114

Telephone: 619-479-9834

Paulette

Invoice #

Work Order # E 19162

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

(619) 440-8033

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nellie Cooper 225457

in a T.S Vault (Type of Burial Container) Funeral, date, time Thurs June 9 10:00

Church, Chapel, Graveside ; El Cajon arrival 11:30 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 10 Section _____ Blk/Row _____ Lot 115 Grave 1

Grave space & Care Fund C-96837	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases - Marker setting fee W04061-D	51.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1014.84
Paid receipt number R-58912	1014.84
Balance due	Ø

PAID

JUN - 6 2005

MOUNT HOPE CEMETERY

CA-Reb Verified

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. 229005

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

Signature Catherine Lawler

Paulette

Print Name Catherine Merri-Lawler

Address 1635 Foss Rd

City Alpine, CA Zip Code 91901

Telephone 722-6460

Work Order # E 19163

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

6-6-05 WO # 4061 D
install Drum
vane

MT HOPE CEMETERY E-19163

GRAVE BLIND CHECK FORM

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

	Hotz	E. Cooper	x	Blood	Johnston	Hotz

Blind Check Initiated By: Pauette Date: 6/7

Interment space for: Nellie Cooper

Interment Date: 6/9 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 115 Gr: 1

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag on grave

Blind Check & Verified By: ____ Date: ____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

up 88 E-19163

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

1A. NAME OF 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	-	Cooper	05/29/1917	06/04/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Mesa	San Diego	Catherine Lawler-Niece 1635 Foss Rd. Alpine, CA 91901

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
El Cajon Mortuary 684 S. Mollison Ave. El Cajon, CA 92020	FD-1022	▶	06/08/2005

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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	06/08/2005 P.J. Bickford	2509600 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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 ▶	
[redacted]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 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.

AT-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doretha Goodin White 229000

in a TS Vault (Type of Burial Container) Funeral, date, time Fri June 10, 05 10:00

Church, Chapel, Graveside Greater ST. Luke : CA Burial - Janett Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ MC X will be applied and billed to undersigned. $165.00

Division 12 Section 1 Blk/Row Lot 80 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 $51.63 / Marker setting fee $138.00	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	$2,137.94
Paid receipt number R-58916	$2,137.94
Balance due	0

PAID JUN - 6 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.

X Denise L. Griddell
Signature

229001

X Denise L. Griddell
Print Name

X 23840 Hollingsworth Dr.
Address

X Murrieta CA 92562
City Zip Code

X (951) 677-4217
Telephone

Cell (949) 279-9960

Invoice #

Acct. #

Work Order # E 19164

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Fed
286-2674
CA Burial

Vexus number setting fee
pol
W/O 4371 to install
turon vare

MT HOPE CEMETERY E 19164

GRAVE BLIND CHECK FORM

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

			X	Jorge Montes		
		Pilorin G.	Tree			

Blind Check Initiated By: Sandra Date: 6-7-05

Interment space for: Doretha Goodin White

Interment Date: Fri June 10, 2005 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 80 Gr: 4

Grave Laid out by: DARREYL

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-9-05

7 laggeal

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19164

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DORETHA	G.	WHITE	07/11/1932	06/06/2005	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	DENISE CRIDDELL-DAUGHTER 23840 HOLLINGSWORTH DR. MURIETTA, CA 925[illegible]2

7A. TYPED NAME AND ADDRESS OF 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]	06/07/2005

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	05/03/2005 V MITCHELL	▶ 2509554

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 6/9/05	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.

pre-need turn
At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/7/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Myles 229175

in a Liner (Type of Burial Container) Funeral, date, time Mon. June 13 1:00

Church, Chapel, Graveside ; Anderson 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 190 Grave 2

Grave space & Care Fund E-19039 —

Overtime/Late Arrival Fees —

Opening/Closing & Setup —

Burial Container R-58930 —

Handling Fees " —

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees " —

Sales taxes " —

Total Due —

Paid receipt number R-58930

Balance due —

PAID
JUN - 9 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

Paulette

Work Order # E 19165

Print Name Felicia Myles-Lewis 278678

Address 3644 Harvard Dr

City Oceanside Ca 92056 Zip Code

Telephone 760-439-2676

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19165

GRAVE BLIND CHECK FORM

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

		Brambila	X			
			Johnson			

Blind Check Initiated By: Paulette Date: 6-10

Interment space for: William Myles

Interment Date: Mon. 6/13/05 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 190 Gr: 2

Grave Laid out by: DARREYL

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6/10/05

E-19165

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	-	Myles	07/24/1934	06/05/2005	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	Felicia Lewis: Daughter (POA) 3644 Harvard Drive Oceanside, CA 92056

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person making owns	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	Stephanie Pryor	06/11/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16365 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT 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	S. Pryor [illegible]2005	2509863

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 6-13-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F Lemp
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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
No Ash Vault
Reqd.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessica Ann Stewart (X) 229123

in a No Ash Vault Reqd. (Type of Burial Container) Funeral, date, time Fri July 1st 05 12:30

Church, Chapel, (Graveside) wittness only: National Cremation 422-7743 Service-Chulavista Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165 X

will be applied and billed to undersigned. $165.00

Division 8 Section 4 Blk/Row Lot 101 Grave

Grave space & Care Fund	$439.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	154.00
Burial Container No Ash Vault Reqd.	
Handling Fees	
Flowers $68.86 Flower vases / Marker setting fee $184.00	252.86
Recording/Filing/Transfer Fees	66.00
Sales taxes	
Total Due	$911.86
Paid receipt number pd by Visa	$911.86
Balance due	0

PAID JUN - 7 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.

I hereby authorize the interment in lot I hold undersdeed.

X Chuck M Smith
Signature

229124
X Charles Grant Smith
Print Name

X 3411 WASHINGTON ST APT 6
Address

X LEMON GROVE CA 91945
City Zip Code

X 619 303 5282
Telephone

Invoice #

Work Order # E 19166

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

7-7-05 WO# 4432
Iron Vase

MT HOPE CEMETERY E-19166

GRAVE BLIND CHECK FORM

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

Ashes

				SUNDSON		
	McCrank		X	NILSSON		
			PRANGER			

Blind Check Initiated By: _____ Date: _____

Interment space for: Jessica Ann Stewart (A)

Interment Date: Fri July 1st 05 Time: 12:30

Div: 8 Sect: 4 Blk/Row: ____ Lot: 101 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: 6/1/05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 50 E-19166

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JESSICA	ANN	STEWART	07/01/1954	11/23/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	CHARLES G. SMITH - DPOA P.O. BOX 1096 LEMON GROVE, CA 91946

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
NATIONAL CREMATION SERVICES - 645 "H" STREET SUITE #J, CHULA VISTA, CA 91910	FD 1707	▶ Nia Good	11/30/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1800 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	NIA GOOD 11/30/2004	2420146 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-1-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Harvey L. Fomber	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 12-2-04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA 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-19166

GENERAL POWER OF ATTORNEY

I, Jessica Ann Stewart [YOUR FULL LEGAL NAME], residing at 3280 Olive St. #40, Lemon Grove, CA 91945 [YOUR FULL ADDRESS], hereby appoint Charles Smith of 3411 Washington St #6, Lemon Grove CA 91945 as my Attorney-in-Fact ("Agent").

If my Agent is unable to serve for any reason, I designate Alicia Sacks, of 1951 47th St #19 San Diego CA 92102, as my successor Agent.

I hereby revoke any and all general powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.

a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.

b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.

c. Have access to any safe deposit box that I might own, including its contents.

2. Sign any and all forms needed for continued Home Health Care or Hospice, or any State, County or Federal Forms needed for any other reason.

3. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.

4. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.

E 19166

Acknowledgement:

STATE OF Ca

COUNTY OF San Diego

The foregoing instrument was acknowledged before me this 24th day of September, 2004 by Jessica Ann Stewart [YOUR FULL LEGAL NAME], who is personally known to me or who has produced Driver's License as identification.

Rose Mandell
Signature of person taking acknowledgment

ROSE MANDELL
Name typed, printed, or stamped

notary
Title or rank

Commission 1341319
Serial number (if applicable)

ROSE MANDELL
COMM. #1341319
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires
JANUARY 26, 2006
CSC1 CSC1

This document was prepared by:

Name: Claude Payton

Address: PO Box 16

La Mesa, Ca 91941

E-19166

DECLARATION OF LEGAL NAME CHANGE

1. I, the undersigned, declare that the foregoing is true and correct:

2. I, Nancy Ann Stewart (name presently used), born Nancy Ann Stewart (name on birth certificate) in Philadelphia County in the State of Pennsylvania, on the 1st day of July (month), 1954 (year), DO HEREBY DECLARE my intent to change my legal name, and be henceforth exclusively known as Jessica Ann Stewart (new name).

3. NOTICE IS HEREBY given to all agencies of the State of California, all agencies of the Federal Government, all creditors, and all private persons, groups, businesses, corporations and associations of said legal name change.

4. I declare that I am 18 years of age or older.

5. I further declare that I have no intention of defrauding any person or escaping any obligation I may presently have by this act.

DATED: April 25, 1979

Nancy Ann Stewart
Nancy Ann Stewart
(old signature)
Jessica Ann Stewart
Jessica Ann Stewart
(new signature)

Judge rec'd 11-19-84 Sheehan

STATE OF CALIFORNIA
COUNTY OF San Diego } SS

On 4-30, 19 79, before me, MICHAEL A. JOPLIN, a notary public of the State of California, personally appeared NANCY ANN STEWART, known to me to be the person(s) whose name(s) is (are) subscribed to the within instrument, and acknowledged that (s)he (they) executed the same.

OFFICIAL SEAL
MICHAEL A. JOPLIN
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires MAY 26, 1980

Notary Public in and for said State

COPIED FROM VA CLAIMS FILE- 377/272C

E 19160

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH
VITAL RECORDS

Certification of Birth

DATE OF BIRTH 07-01-54
(MO. DAY. YEAR)

FILE NO 1366840-54

DATE FILED 07-12-54
(MO. DAY. YEAR)

COUNTY OF BIRTH PHILADELPHIA

DATE ISSUED 09-27-95
(MO. DAY. YEAR)

NAME NANCY ANN STEWART

SEX FEMALE

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

Charles Hardester
CHARLES HARDESTER
STATE REGISTRAR

H105.100 (REV. 8-1-86)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH.

7523716

AT-Need
(NON RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elsie Flores Munoz. 229017

in a Liner (Type of Burial Container) Funeral, date, time Fri June 10th, 05 1:00 Aztlan

Church, Chapel, Graveside American Memorial Bob Jackson 888-530-8177 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. $165.00

Division 12 Section 2 Blk/Row Lot 129 Grave 2

Grave space & Care Fund	1,310.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container Liner	278.00
Handling Fees	213.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	$2,437.54
Paid receipt number pd by phone Visa	$2,437.54
Balance due	Ø

PAID
JUN - 7 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 for signature

Invoice #

Work Order # E 19167

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Ruben F. Munoz
818 307-2399 cell #

Aztlan Mont.
Lisa
619 337-8100

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elsie Flores Munoz

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

Church, Chapel, Graveside American memorial Bob Jackson 888-530-8177 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ /mX will be applied and billed to undersigned. $165.00

Division 12 Section 2 Blk/Row ____ Lot 129 Grave 2

Grave space & Care Fund	1,310.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container Liner	278.00
Handling Fees	213.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	$ 2,437.54

Paid receipt number ____

Balance due ____

I hereby certify I am the X SON / 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.

229018

I hereby authorize the interment in lot I hold under deed

X [signature] (Signature)

X RUBEN F. MUÑOZ (Print Name)

X 20936 GRESHAM ST. #28 (Address)

X CANOGA PARK, CA 91304 (City, Zip Code)

X (818) 772-6358 (Telephone)

Invoice # ____

Work Order # E 19167

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E19167

GRAVE BLIND CHECK FORM

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

			2 X			Eddie Davis III
		Ruthie McPhatter	8	9	10	11 Waltower Betty

Blind Check Initiated By: Sandra Date: 6-8-05

Interment space for: Elsie Flores Munoz

Interment Date: Fri June 10th, 05 Time: 1:00 (GS)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 129 Gr: 2

Grave Laid out by: DARREYL

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/9/05

7 lagged

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 19167

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Elsie	-	Flores Munoz	12/02/1924	06/07/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Murrieta	Riverside	Ruben F. Munoz-Son 20936 Gresham St. #23 Canoga Park, CA 91304

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 of human remains is one of the dispositions authorized by Section 102855 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
		▶	6/8/05

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 6/8/2005 ▶	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Gary Felsman MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA PO Box 7600, Riverside, CA 92513		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 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 6/7/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Kinong 229038

in a Liner (Type of Burial Container) Funeral, date, time 6/13/05 Mon. 10:00

Church, Chapel, Graveside : CA BURIAL Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 113 Grave 3

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
* Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-58932	1833.20
Balance due	0

PAID
JUN - 9 2005
MOUNT HOPE CEMETERY

MORT TO PAY
FAX 227-3750

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 19168

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19168

GRAVE BLIND CHECK FORM

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

			X	SEPIN	Salvador	
		Williams	Vallejo			

Blind Check Initiated By: Paulette C Date: 6-6

Interment space for: David Kinong

Interment Date: 6/13/05 Time: mon June 13th, 05 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 113 Gr: 3

Grave Laid out by: DAMEY

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-6-05

E 19168
page 31

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DAVID	MANGUSAN	KINONG	09/23/1973	06/06/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VALDOSTA	GEORGIA	JOSEPHINE KINONG-MOTHER 1445 CALLE DELGADO 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
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [signature]	06/06/2005

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	06/09/2005 V MITCHELL	▶ 2509734

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 ST. SAN DIEGO CA 92102	11B. DATE BURIED 6-13-05	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.

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/7/05

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

in a Liner (Type of Burial Container) Funeral, date, time 6/13/05 Mon. Time

Church, Chapel, Graveside _____ CA BURIAL Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 113 Grave 3

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

MORE TO 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.

229039

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

Josephine Kinong
Signature

Paulette

Josephine Kinong
Print Name
1475 Calle Delgado
Address
National City 91950
City Zip Code
(619) 267-2781
Telephone

Invoice # _____

Work Order # E 19168

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 6-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice Mae Hoskins 229025

in a Liner (Type of Burial Container) Funeral, date, time Tues June 14th 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 $ X will be applied and billed to undersigned. $165.00

Division 12 Section 1 Blk/Row Lot 51 Grave 9

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 pd by phone Visa	1,833.20
Balance due	0

PAID
JUN - 7 2005
MOUNT HOPE CEMETERY

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

229026

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

X Forrest Hoskins
Signature

X [redacted]
First Name
X FORREST H. OSKINS
Address
X 260 EUCLID 92114
City Zip Code
X SAN DIEGO, CALIF
Telephone
Cell (619) 337-5234
Invoice #

Work Order # E 19169

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Coral Haynes
310 701-7818
uncle Earl Hoskins

MT HOPE CEMETERY E 19169

GRAVE BLIND CHECK FORM

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

			Hawkins			
			X	Johnson		
				Allen	Bates	Jones

Blind Check Initiated By: _____ Date: _____

Interment space for: Alice Hoskins

Interment Date: Tues 14th Time: 1:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 51 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/13/05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 19169

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

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ALICE	MAE	HOSKINS	08/01/1915	06/01/2005	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	DON DUNHAM-COMPANION 260 EUCLID AVENUE #G 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	Ronnie Pryor	06/03/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 102855 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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	06/03/2005 R. PRYOR	2509333

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 DIGO, CA 92102	11B. DATE BURIED 6-14-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

Pre-Need
DD crypt
1st + 2nd Burial
&
Two Ashes added
To Existing grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Bryan Barnes Pin# 228979

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 I OOF Section (Blk) Row 19 Lot 143 Grave

Grave space & Care Fund	$1,755.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ $413.00 DD + 2 @ $116.00 Ashes	1,058.00
Burial Container 1-DD crypt + 2 Ash Vaults	540.00
Handling Fees 1-DD crypt H/F + 2 Ash Vault H/F	484.00
Flower vases (Marker setting fee) WO# 4431 5-20-06 monument Foundation + border 30X12	214.00
Recording/Filing/Transfer Fees 1-DD crypt R/F + 2 Ash R/F	200.00
Sales taxes 1-DD Tax + 2 Ash Tax	41.86
Total Due	$4,292.86
Paid receipt number R-58926	4,292.86
Balance due	0

SD Resident Fee OK'd by David Lugo per Tom Weed due to City Employment

PAID

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 to be hold under deed.

MOUNT HOPE CEMETERY

Signature

Bryan Barnes
First Name
11027 Plum Tree Lane
Address
Spring Valley CA 91977
City Zip Code
619-644-3688
Telephone

Sandra

Work Order # E 19170

Invoice #

Acct. #

RFA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Bryan Barnes
619 261-4031 Cell
619 668-2080 WK

11027 Plum Tree Ln.
Spring Valley, CA.
91977

[redacted] 4981

Copy

E19170

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY – WORK REQUEST

Date: 6-30-06 Submitted By: Sandra

Name of Contact Person: Seaman - Poe

Address: Apt. / Space:

City: State: Zip Code:

Telephone: Relationship to Deceased:

Name of Deceased(s): Bryan Barnes (This is A Pre-need) 228979

LOCATION:

Div: IOOF Sect: Row/Blk 19 Lot: 143 Gr:

E-19170
R-5892
DD Crypt

- ☐ Raise / Level / Reseed / Resod Grave
- ☐ Raise / Lower / Level Marker
- ☐ Install Galvanize Flower Can
- ☐ Install Trion Flower Vase
- ☑ Install Foundation Size 12x30
- ☐ Install Border with ____ Vase(s) / without
- ☐ Install Government Marker – Bronze / Granite
- ☐ Install Marker(s) – as indicated below
- ☐ Other Special Instructions: This is a preneed per Peggy Seaman Poe / Family purchased upright wants Installed By Family passes Verified size of base with peggy TO 6 30x12

Work Completed By: Date:

Work Signed Off By: Date:

REA-110 (1-04)

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/8/05

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

in a Liner (Type of Burial Container) Funeral, date, time Friday June 10 1:00

~~Church, Chapel, Graveside~~ Delivery : 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 5 Grave 7

Grave space & Care Fund D-2401	0
Overtime/Late Arrival Fees "	—
Opening/Closing & Setup "	0
Burial Container "	0
Handling Fees	0
Flower vases – Marker setting fee "	—
Recording/Filing/Transfer Fees "	—
Sales taxes "	—
Total Due	0
Paid receipt number D-2401	—
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.

X _____ Signature

Pavlette

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 19171

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

pl. need lot & trust for self

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Isabelle Oates 229069

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 137 Grave 7

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

PAID
JUN 19 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.

X (See attached)
Print Name

6776 Charlene Ave
Address

San Diego CA 92114
City Zip Code

619 286-2621
Telephone

X
Signature

Paulette

Invoice #

Work Order # E 19172

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

pd-need lot + trust for self

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-9-05

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

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 137 Grave 7

Grave space & Care Fund	935.00
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 Visa Card	1833.20
Balance due	0

PAID
JUN 1 9 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 Isabelle Oates
Signature

X Isabelle Oates
Print Name
6776 Charlene Ave
Address
San Diego CA 92114
City Zip Code
619 286-2621
Telephone

Paulette

Invoice #

Work Order # E 19172

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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Estate (Res) PA# 20051390

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-8-05

Pin #196

229051

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dianne D Ramirez PA# 20051390

in a Liner (Type of Burial Container) Funeral date, time Fri, June 17th 05 10:30

Church, Chapel, Graveside Delivery Only Corna 295-2177 Merkley Mitchell Mortuary.

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 129 Grave 9

* 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-58952	$1,833.20
Balance due	0

PAID JUN 13 2005 MOUNT HOPE CEMETERY

PA: John Edwards 858 694-3987 fax 858-694-3987

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 # _____

Work Order # E 19173

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

08/09/2003 THU 10:51 FAX 858 495 5127 S D PAPG
06/09/2005 09:36 ST. HOPE CEMENTERY → 918586943987

All Funeral cars must a[illegible] before 3:00 p.m. on regular work day or [illegible]

will be applied and billed to undersigned

E-19173

Division 12 Section 2 Blk/Row ____ Lot 129 Grave 9

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	

PA: John Edwards
858 694-3500
Fax 858-694-3987

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

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

Signature

X John Edwards - Deputy PA
Print Name
X5201-A Reflection Park
Address
San Diego 92123
City Zip Code
X 858 694 3519
Telephone

Invoice # ____

Work Order # E 19173

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E19173

GRAVE BLIND CHECK FORM

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

	#7 Ruthie McPhatter		#9 X		#11 Betty Walton	

Blind Check Initiated By: Sandra Date: 6-14-05

Interment space for: Diane Ramirez

Interment Date: Fri June 17th, 05 Time: 10:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 129 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

7 baggee

E-19173

age 75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DIANNE	D.	RAMIREZ	01/11/1930	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	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	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERRILEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103	FD119	▶ [illegible]	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	B.A. ELLANO 04/22/2005	2506928 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6-17-05	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 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 6-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Exzale Byas 228580

in a Liner (Type of Burial Container) Funeral, date, time Weds June 15, 05 1:00p

Church, Chapel, Graveside Rossdale 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 90 Grave 4

Grave space & Care Fund E-18977 (3-2-05)	0
Overtime/Late Arrival Fees	
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	
Balance due	0

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

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

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

See attach for signature

Invoice #

Work Order # E 19174

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

George Byas
291-2512

pre need lot & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-19174

Date 3-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Ezgale Byas 223580

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 0 2 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.

Signature G Byas

pauletta

Print Name George BYAS

Address 4642 oregon st. #9

City SAN DIEGO, CA Zip Code 92116

Telephone 619-291-2512

Invoice #

Acct. #

Work Order # E 18977

REA-104 (3-04)

This information is available in alternative formats upon request.

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AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Exzale Byas 228580

in a Liner (Type of Burial Container) Funeral, date, time WED., 6/15 @ 1:00PM

Church, Chapel, Graveside CHAPEL ; Ragsdale Mortuary

A. Funeral care 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 90 Grave 4

Grave space & Care Fund E-18577 (3-2-05) 0

Overtime/Late Arrival Fees ____

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 ____

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.

228579

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

X George Byas
Signature

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 19174

Acct. # ____

REA-134 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 19174

GRAVE BLIND CHECK FORM

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

		Margaret Waddell	X		Floyd Trammel	
				Lee Otis Whitefield		

Blind Check Initiated By: Sandra Date: 6-10-05

Interment space for: Exzale Byas

Interment Date: June 15, 05 (Wed) Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 90 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKKOI Date: 6-13-05

~~Sandra~~ Flagged

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 81 E-19174

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Exzale	Laday	Byas	10/22/1923	06/08/2005	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	George M. Byas: Son 4642 Oregon Street, #9 San Diego, CA 92116

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
▶ Sunnike Pryor	06/10/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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	S.Pryor 06/13/2005	2509903 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 6-15-05	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 6/9/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tareke, Amanuel H. CHILD 229019

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Saturday June 11 (23

Church Chapel, Graveside ; Ragsdale Mortuary.

ARRIVAL 1:45

All Funeral cars 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 T Blk/Row ____ Lot 8 Grave 3

Grave space & Care Fund	1755.00
Overtime/Late Arrival Fees SAT. FEE CHILD	429.00
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	3,147.31
Paid receipt number R-58933	2000.00
Balance due	1147.31
	1147.31

PAID
JUN 10 2005
MOUNT HOPE CEMETERY

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

229020

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

Signature

Print Name Zewdalem Kebede

Address 5609 Vale Way 92115

City SD CA Zip Code

Telephone (619) 265-1587

Poulette Res. free

Invoice # ____

Work Order # E 19175

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19175

GRAVE BLIND CHECK FORM

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

		Harden	ALGEO	ALGEO		
	Stoll	Siner	X			

Blind Check Initiated By: Paulette Date: 6/8

Interment space for: Tarke, Emanuel H.

Interment Date: 6/11/05 Time: ARRIVAL 1:45 12:00

Div: MAS Sect: T Blk/Row: ____ Lot: 8 Gr: 3

Grave Laid out by: DARKEYL

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: Kim F. Date: ____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19175

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AMANUEL		TAREKE	12/29/1990	06/08/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TEKLAI TAREKE HAILE: FATHER 5609 VALE WAY SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person signing permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	▶ Shennika Pryor	06/10/2005

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	B.PRYOR 06/10/2005	2509848 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 6-11-05	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.

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-9-05 time w/ varified Jill 6-6-05

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

of Ottilia Pratt 222783

in a Liner (Type of Burial Container) Funeral, date, time Fri June 10, ~~1:00~~ 10:30

Church, Chapel, Graveside Delivery ; Humphey's c/u 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. $165.00

Division 11 Section 1 Blk/Row Lot 5 Grave 7

Grave space & Care Fund D 2401 (1972) Ø

Overtime/Late Arrival Fees

Opening/Closing & Setup Ø

Burial Container Liner Ø

Handling Fees Ø

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees Ø

Sales taxes Ø

Total Due Ø

Paid receipt number Ø

Balance due Ø

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 Marilyn Chammas (Signature)

X Marilyn Chammas (Print Name)
X 2911 Granada Ave (Address)
X San Diego 92104 (City, Zip Code)
X (619) - 283 - 1603 (Telephone)

Invoice #

Work Order # E 19176

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19176

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-30 1972

CHARGE Gordon H. Pratt

ADDRESS 1725 - 32nd St. S.D. 92102

NAME OF DECEASED Pre-need

OWNER Gordon H. + Ottilia Pratt 233-0495

ADDRESS above

MORTUARY Goodbodys

A

LOT 5 GR 7 8 ROW SEC 1 BLK DIV 11 — 330 00

OPENING TIME DAY DATE 2 openings — 220 00

VAULT BOX SIZE 2 liners — 147 00

REMOVAL OR FOUNDATION VET.

TOTAL $ 697 00

PAID RECEIPT NUMBER 19765

BALANCE Ø

CWO USMC 019294

12"X24" single or 12"X36" double

flush marker

PAID

NOV 30 1972

MT. HOPE CEMETERY

CITY of SAN DIEGO, CALIF.

#1493

THE CITY CHARTER MAKES NO PROVISION FOR EXTENSION OF CREDIT.

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

AUTHORIZED IN PERSON

PHONE BY Gordon Pratt

ORDER TAKEN BY N. Mellis

W.O. NO. D 2401

INVOICE NO. Cash

FORM PR-974 REV.

MT HOPE CEMETERY E19176

GRAVE BLIND CHECK FORM

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

	Willie Johnson		Hill	Williams		
		Hines	X	Pratt	Holloway	Holloway
			Thomas	Thomas		

Blind Check Initiated By: Paulette Date: 6-8

Interment space for: Otillia Pratt

Interment Date: 6/9/05 Time: 1:00 Delivery

Div: 11 Sect: 1 Blk/Row: - Lot: 5 Gr: 7

Grave Laid out by: [illegible]

Agrees with Legal Card: ☒ Yes ☐ No Flag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kim F Date: 6-8-05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19176

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
OTTILIA	-	PRATT	09/20/1905	06/04/2005	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	GORDON PRATT JR. (SON) 3768 MEADE 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
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY CHULA VISTA, CA 91910	FD-964	▶	06/10/2005

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	06/10/2005 SANDRA PENA	2509782 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MOUNT HOPE CEMETERY: 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-10-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kara F. Jamy
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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 lots/trust

Date 6-10-05

228124

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Norman E Chambers / Izetta V. Chambers 228125

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 MAS Section A Blk/Row _____ Lot 47 Grave 829

Grave space & Care Fund	20 1755.—	3510—
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	20 413—	826.—
Burial Container	20 275—	550.—
Handling Fees	20 204—	408.—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	20 50—	100—
Sales taxes	20 21.31	42.62
	Total Due	5436.62
	VISA CARD	-424.16
		-2200—
	Balance due	2812.46
		-2812.46

PAID

JUN 10 2005 Paid receipt number R-58796

MOUNT HOPE CEMETERY

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

228124

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

Signature

Norman E. Chambers
Print Name

6243 Caminito Plata
Address

S.D. CA 92120
City Zip Code

619 265-8040
Telephone

Paulette

Invoice # _____

Work Order # E 19177

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

Re-interment

Date 6-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Izetta V. Chambers 228125

in a T. S VAULT (Type of Burial Container) Funeral, date, time Thurs. June 16 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 MAS Section A Blk/Row _____ Lot 47 Grave 9

Grave space & Care Fund	Visa/R-58796 E-19177	1755.00
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	2718.31
part of	Paid receipt number R-58796	2718.31
	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.

228124

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

Signature

Norman E. Chambers
Print Name
6243 Camino Plata
Address
CA 92120
City Zip Code
619 265-8040
Telephone
* Cell 619 807-3547

Paulette

Work Order # E 19178

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E19178

GRAVE BLIND CHECK FORM

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

				Rose		
			X			
						Gilbert

Blind Check Initiated By: Paulette Date: 6-14-05

Interment space for: Izetta Chambers

Interment Date: Thur 6/16 Time: 10:00

Div: MA 3 Sect: A Blk/Row: ____ Lot: 47 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: David Nering Date: 6-14-05

(Now Res)
At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/10/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jasper Bonner 229028

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Tues, June 14 2005 1:00

Church/Chapel/Graveside 1:00 p.m. Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 219.00 will be applied and billed to undersigned. VAR

Division 12 Section 2 Blk/Row Lot 204 Grave 12

Grave space & Care Fund	1,310.00
* Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
* Burial Container D.D. Crypt	556.00
Handling Fees	468.00
Flower vases - Marker setting fee (Triton)	68.86
Recording/Filing/Transfer Fees	66.00
Sales taxes	43.09
Total Due	$ 3,060.95
Paid receipt number R-58944	3,060.95
Balance due	0

PAID
JUN 13 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.

229029

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

x Valerie A. Robinson
Signature

x Valerie Robinson
Print Name

x 801 Esperanza Pl
Address

x Chula Vista, CA 91914
City Zip Code

x Valerie A. Robinson
Telephone

Paulette

Invoice # 951 926-2648

Work Order # E 19179

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Trion
vase wo# 4377 6-15-05 Nexus

MT HOPE CEMETERY E 19179

GRAVE BLIND CHECK FORM

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

			Cebu			
Pettus		Krell	X			

Blind Check Initiated By: PCrawford Date: 6/13/05

Interment space for: Jasper Bonner

Interment Date: 6/14/05 Tues Time: 1.00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 204 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flags

Blind Check & Verified By: Kenneth Collins Date: 6/13/05

E 191 79

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JASPER	-	BONNER	11/02/1937	06/08/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	ELSIE BONNER-WIFE 39835 CREATIVE DR. TEMECULA, CA. 92591

7A. TYPED NAME AND ADDRESS OF 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	▶ [illegible]	06/13/2005

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	06/13/2005 K JONES	2509861 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6-14-05	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.

Pre-Need
LOT only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robertine Douglas 227501

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 110 Grave 7

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 58945 246.00

Balance due 739.00

PAID JUN 25 2007 MOUNT HOPE CEMETERY

3/7/07 per Mr. Ruffin. 941-3100 Account paid in full as of 8-25-07

INV. 433423 to

Sent to family collections 1-4-06 433423 Inv acct # 128590 acct # 128590

Pre-need payments to start July 27th 2005 of $31.00 monthly for 23 months. Final payment to be $26.00 on 24th month June 27, 2007

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 Robertine Douglas
Signature

X Robertine Douglas
Print Name

X 7070 Madrone Ave
Address

X San Diego, CA. 92114
City Zip Code

X 619 264-2403
Telephone

Invoice # 433423

Acct. # 128590

Work Order # E 19180

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Office of the City Treasurer | City of San Diego 1-4-06

Refer Family TO Collections Due Date 1-14-06

Business hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. Need TO pay IN Full TO Collections

E19180

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

DUE: $215.00

7005 1820 0000 0810 3977

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

E19180

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

7005 1420 0000 0811 1552

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

E-19180

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

E-19180

UNITED STATES POSTAL SERVICE

SAN DIEGO CA 921

17 FEB 2006 PM 11 1

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MT. Hope Cemetery
3751 Market Street
San Diego, CA. 92102-4527

C015

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:

Robertine Douglas
7070 Madrone Ave
San Diego, CA. 92114

E-19180

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robertine Douglas ☐ Agent ☐ Addressee

B. Received by (Printed Name) Robertine Douglas
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

FEB 17
USPS

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

UNITED STATES POSTAL SERVICE

SAN DIEGO CA 921

30 DEC 2005 PM 7 T

E-19180

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, CA1 92102-4527

4527 C015

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write *"Return Receipt Requested"* on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Robertine Douglas
7070 Madrone Ave
San Diego, CA. 92114

4a. Article Number

4b. Service Type

☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
12-30-05

5. Received By: *(Print Name)*
Robert Douglas

6. Signature *(Addressee or Agent)*
Robert Douglas

8. Addressee's Address *(Only if requested and fee is paid)*

SAN DIEGO CA 92114

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

Thank you for using Return Receipt Service.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59058

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8/11 , 20 05

From: R. Douglas Address: on Record

Sixty - Two Dollars ($ 62.00)

in part Payment of Pre-need lot only!

Div 12 Sec 2 Blk/Row Lot 110 Grave 7

Invoice No. E-19180

Acct. No.

W.O.

BALANCE DUE $ 677.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

1792

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

PAID

AUG 09 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

Pin# 227501 CONTRACT EXPIRES JUNE 2007 $31.00 monthly E-19180
$26.00 final

DOUGLAS, ROBERTINE 7070 Madrone Ave SD CA. 92114 (619) 264-2403

DIV 12 SEC 2 LOT 110 GR 7

		DEBIT	CREDIT	BALANCE
06-10-05	Opened Pre-Need Lot Only with 25% dwn. R-58945	985.00	246.00	739.00
8-09-05	R-59058 Coupons 1&2 July, Aug 2005		62.00	677.00
12-13-05	mailed delinquent coupons + letter cut needs to pay $124.00 to avoid collections on delinquent payments			
1-4-06	sent to collections need to pay full balance of $677.00 to collections family Default on contract			

1-4-06

Sent To Collections
Invoice # 433423
Account # 128590

Pin# 227501 E-19180

DOUGLAS, ROBERTINE 7070 Madrone Ave SD CA. 92114 (619) 264-2403

DIV 12 SEC 2 LOT 110 GR 7

	DEBIT	CREDIT	BALANCE
06-10-05 Opened Pre-Need Lot Only with 25% dwn. R-58945	985.00	246.00	739.00
8-09-05 R-54058 Coupons 1429 July, aug 2005		62.00	677.00
10-13-05 mailed delinquent coupons + letter Cut		30.00	

1-4-06

Sent To Collections

Invoice # 433423

Account # 128590

E19180

ACR04I CUSTOMER INQUIRY

ACTION: L ACCOUNT: 128590

NAME: ROBERTINE DOUGLAS SHORT NAME: ROBERTINE

ADDRESS: 7070 MADRONE AVE
SAN DIEGO, CA. 92114

CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY: 6192642403

CUSTOMER CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400

LAST UPDATE: 01/04/06 ORIG DEPT: 072 UPD BY: SSB

**** ACCOUNT HISTORY ****

OUTSTANDING INVOICES: 000

LAST BILLED : 01/04/06

LAST PAYMENT-DATE : 05/17/07

INV NO : 433423

AMOUNT : 215.00

YTD BILLINGS : 677.00

RECEIVED : 677.00

WRITTEN OFF :

LT CHGS BILLED :

LT CHGS PAID :

RENT CR GRANTED :

RENT CR APPLIED :

**** OUTSTANDING BALANCE ****

TOTAL DUE:

PAST DUE:

CR MEMO BAL:

**** AGING ****

CURRENT: %

PAST DUE

1-30 : %

31-60 : %

61-90 : %

91-120: %

OVER 120: %

DFS249 15:57:08 NO INPUT MESSAGE CREATED.

ACR05I CUSTOMER ACCOUNT-OPEN & PAID INVOICES E-19180 PG 1

ACTION: L ACCOUNT: 128590

NAME: ROBERTINE DOUGLAS SHORT NAME: ROBERTINE

BILL DEPT	INV TYP	INV NO	INV DATE	DUE DATE	AMOUNT	STAT CODE	PART PAYMT AMOUNT	*LAST PAYMENT* APPL DATE	RECD DATE
072	GE	433423	010406	011406	677.00		462.00	083106	083006

REQUEST COMPLETED

COPYRIGHT 1949—NO. A-110266
R. L. TAYLOR

LEGAL DESCRIPTION

LOT 110 SECTION 2 DIVISION 12

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	RE
1 ✓	TUAZON, CHATHY SORTIJAS	ROBERTO TUAZON/FATHER	11-24-2000	895.00	12-01-2000	E-16053	Top Sea
2		DOUGLAS, ROBERTINE	06-29-2004	985.00		E-18566	
3 ✓	ELLIS, TERRENCE LENON	RHONDA ELLIS	07-22-2003	985.00	07-24-2003	E-17933	liner
4 ✓	WHITMAN, PAMELA LYNN	DELORES HAYES/MOTHER	01-08-2001	$895.00	01-10-2001	E-16125	BELL LINE
5 ✓	LAVALAIS, MARRIETTA LA JOI	ROBERTINE DOUGLAS	06-08-2004	985.00	06-10-2004	E-18512	DD Crypt
6 ✓	LYONS, AUDREY LEE	MILDRED LYONS	12-17-2003	985 00	12-19-2003	E-18188	TS Vault
7	E-19180 opened Pre-Need	Referred TO collections	1-4-06 invoice 433423				
8 ✓	INDA, SOCORRO MARIA	Inda, Juan	04-16-99	$895.	04-19-99	E-15003	Double De
9 ✓	LOVE, Phillip J.	LOVE, Louise	12/18/1979	230.00	12/21/1979	E-947	
10 ✓	ESTERS, PANDORA ANN	Esters, Almeta	12-22-99	$1295	12-28-99	E-15413	#7 Liner
11	HENRY, LOIS D.	RANESHA CHAMBERS/Daughter	11/19/2002		12-03-2002	E-17440	Ash Vault
12	Sue (address) per Ewin						

TAYLOR SYSTEM OF CEMETERY RECORDING
(INFRINGEMENT WILL BE VIGOROUSLY PROSECUTED)

E19180

E-19180

INVOICE: 433423 INV TOTAL: 677.00

ACCOUNT: 128590 NAME: ROBERTINE DOUGLAS

PAYMENT DATA

APPLIED	RECEIVED	AMOUNT	METH	REF NO
02/22/06	02/17/06	62.00		TC99941
05/01/06	04/26/06	100.00		TC99941
06/23/06	06/22/06	100.00		TC99941
07/24/06	07/21/06	100.00		TC99941
08/31/06	08/30/06	100.00		TC99941

DEPRESS PA1 KEY FOR NEXT SCREEN

Trans to Legal
ID: 3216722

ACR04I CUSTOMER INQUIRY

E-19180

ACTION: L ACCOUNT: 128590

NAME: ROBERTINE DOUGLAS SHORT NAME: ROBERTINE

ADDRESS: 7070 MADRONE AVE
SAN DIEGO, CA. 92114

CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY: 6192642403

CUSTOMER CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400

LAST UPDATE: 01/04/06 ORIG DEPT: 072 UPD BY: SSB

**** ACCOUNT HISTORY ****

OUTSTANDING INVOICES: 001
LAST BILLED : 01/04/06
LAST PAYMENT-DATE : 08/31/06
INV NO : 433423
AMOUNT : 100.00
YTD BILLINGS : 677.00
RECEIVED : 462.00
WRITTEN OFF :
LT CHGS BILLED :
LT CHGS PAID :
RENT CR GRANTED :
RENT CR APPLIED :
REQUEST COMPLETED

**** OUTSTANDING BALANCE ****

TOTAL DUE: 215.00
PAST DUE: 215.00
CR MEMO BAL:

**** AGING ****

CURRENT: %
PAST DUE
1-30 : %
31-60 : %
61-90 : %
91-120: %
OVER 120: 215.00 100.0 %

1/4/07 - No change

E 1980

INVOICE: 433423 INV TOTAL: 677.00

ACCOUNT: 128590 NAME: ROBERTINE DOUGLAS

INVOICE STATUS

DISPOSITION	DATE	AMOUNT
REFERRED TO TREAS COLLECTION		

COLLECTION ACTIONS

LATE NOTICE - 1ST:
- 2ND:
- 3RD:

REFERRED TO - TREAS COLLECTION: 01/24/06
- CITY ATTORNEY :
- COLLECTION AGENCY:

LATE CHGS BILLED

	DATE	INVOICE	AMOUNT
LATE CHG-1:			
-2:			

DEPRESS PA1 KEY FOR NEXT SCREEN

E-19180

THE CITY OF SAN DIEGO

1/30/2006

Certified Mail
Receipt No. 7005 1820 0004 8543 6278

Reference: E-19180

Dear Ms Douglas,

The current status of your Pre-Need account is delinquent. Our records indicate that your account has been sent to our collections department; therefore the balance must be paid in full directly to City Treasurer.

Thank you

Kurt F. Kampe OCA/CM

David Lugo
Cemetery Manager
MT. Hope Cemetery

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-19180

THE CITY OF SAN DIEGO

12/14/2005

CERTIFIED MAIL
RECEIPT NO. 7005 1820 0000 0811 1552

Robertine Douglas
7070 Mardrone Ave
San Diego, Ca. 92114

Reference: Delinquent Pre-Need account

Dear Ms Douglas,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since August 2005. Your contract specified that your first payment of $31.00 was due July 2005, and every month thereafter. To bring your account to a current status, you need to pay **$124.00, and monthly payments of $31.00 to stay current.** Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by January 3, 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-19180, issued June 2005. Cemetery location: Division 12, Section 2, Lot 110, Grave 7.

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

E-19180

THE CITY OF SAN DIEGO

12/13/2005

CERTIFIED MAIL
RECEIPT NO. 7005 1820 0000 0810 3977

Robertine Douglas
7070 Madrone Ave
San Diego, Ca. 92114

Reference: Delinquent Pre-Need account

Dear Ms Douglas,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since August 2005. Your contract specified that your first payment of $31.00 was due July 2005, and every month thereafter. To bring your account to a current status, you need to pay **$124.00. Monthly payments of $31.00 must be kept to date.** Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by December 30th, 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-19180, *issued June 2005. Cemetery location:* Division 12, Section 2, Lot 110, Grave 7.

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

E-19180

I am preparing a small claims action against Robertine Douglas. Can you please send me a copy of the contract/agreement she signed?
Thank you.

Rod Edelheit, Collections Investigator II
Office of the City Treasurer
1010 2nd Ave. 6th Floor W. Tower
San Diego, CA 92101
619-744-3177 or 619-744-3103
Fax 619-533-3340
Hours: M-TH 8:00-6:30
MS 606-C

The City of San Diego
202 C Street
San Diego, CA 92101

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: June 20, 2006

The following 2 total pages (including this cover page) are intended for:

To:	**MTHOPE**	**From:**	**Rodney Edelheit**
Company:		**FAX#**	
FAX #	**619-527-3403**	**Phone #**	
Phone #			

Subject:

INVOICE 433423

If there are any problems with receiving this FAX transmission (such as missing pages), please contact the Sender at the "From" phone number given above.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. RECEIPT BY AN UNINTENDED RECIPIENT DOES NOT CONSTITUTE A WAIVER OF ANY APPLICABLE PRIVILEGE.

If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service.

ACTION	OPTION	ACCOUNT	EDI CODE
A	1	128590	

CUSTOMER NAME	SHORT NAME
ROBERTINE DOUGLAS	ROBERTINE

ADDRESS: 7070 MADRONE AVE
SAN DIEGO, CA. 92114

CITY	STATE	ZIP	COUNTRY
SAN DIEGO	CA	92114	6192642403

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.

ACTION	BY	ACCOUNT	INVOICE	INVOICE TOTAL
A	SSB	128590	433423	677.00

ACT	FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT
	63033			77186					677.00

ADD COMPLETE. HIT PA1 FOR A NEW REQUEST.

E-19180

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: SSB ACCOUNT: 128590 INVOICE: 433423 INV DATE: 01 04 06

NAME: ROBERTINE DOUGLAS

1) 7070 MADRONE AVE 2) SAN DIEGO, CA. 92114

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY: 6192642403

DEPT: 072 CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400

REFER NO: E-19180 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: 677.00

DESCRIPTION OF CHARGE	AMOUNT
PRE-NEED LOT	677.00
DIVISION 12 SECTION 2	
LOT 110 GRAVE 7	

TOTAL DUE 677.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 ___ _____ __

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

AT-Need (DIP) Already There
In grave with Ermine Cabirci

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-13-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ecsa Agopian 229043

in a Liner (Type of Burial Container) Funeral, date, time June 14th 05 10:00

Church, Chapel, Graveside: ST. John Garabed; Ed Dougiello 619-281-7055 Mayer Mort Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 45 X will be applied and billed to undersigned. $165.00

- Division 10 Section ____ Blk/Row ____ Lot 665 Grave ____

Grave space & Care Fund X-Deep (E-000654) 0

- Overtime/Late Arrival Fees ____

Opening/Closing & Setup $ 413.00

Burial Container Liner 209.00

Handling Fees 160.00

Flower vases – Marker setting fee 0

Recording/Filing/Transfer Fees 50.00

Sales taxes 16.20

Total Due $ 848.20

Paid receipt number R 58947 $ 848.20

Balance due 0

PAID
JUN 13 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.

229044

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

X Mary Matatian Bacila
Signature

X MARY MATATIAN BACILA
Print Name

X 1326 SUTTER STR.
Address

X SAN DIEGO CA 92103
City Zip Code

(619) 280-5621 / (619) 692-1231
Telephone

Work Order # E 19181

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

mayer mort.
Ed. Dougiello
619 281-7055
Fax 281-7587

E19181

ORDER

MT. HOPE CEMETERY

CITY OF SAN ~~DIEGO,~~ CALIFORNIA

DATE 9-10 1979

CHARGE Nick Chaderjian

ADDRESS 4279-B Schoolridge 1164-7305

NAME OF DECEASED Ermino Cabrera

OWNER Nick Chaderjian

ADDRESS 4279-B Schoolridge Dr.

MORTUARY Rogers Fairway

A X-DEEP

	D.F.P.	
	345	00
	150	00
	106	00
TOTAL	601	00
BALANCE		

LOT 665 GR ROW SEC DIV 10

OPENING TIME 1:00 DAY DATE Thur 9-13-79

BOX Bell SIZE

REMOVAL OR FOUNDATION VET.

PAID RECEIPT NUMBER 27587

Final Mr. [illegible] [illegible]

[illegible]

Chg. before Ser.

[illegible]

PAID

SEP 12 1979

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.

#10034

AUTHORIZED IN PERSON / PHONE BY Nick N. Chaderjian ORDER TAKEN BY R. [illegible]

W.O. NO. E [illegible] INVOICE NO. Cash

PR-974 (REV. 9-78)

MT HOPE CEMETERY E19181

GRAVE BLIND CHECK FORM

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

			Donelly			
		Evelyn palmer	665 X			

Blind Check Initiated By: Sandra Date: 6-13-05 7 flagged

Interment space for: Ecsa Agopian

Interment Date: June 14th, 05 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 665 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREL Date: 6-13-05

E19181

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ECSA	-	AGOPIAN	05/07/1912	06/10/2005	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	MARY MATATIAN RACILA - DAUGHTER 1326 SUTTER ST. 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 being permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE, SAN DIEGO, CA 92116	FD-1424	▶	06/10/2005

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	06/13/2005 R.MARTINEZ	2509856 ▶

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

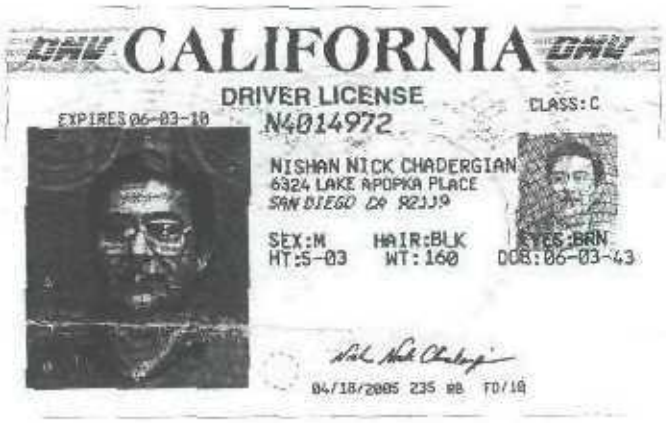
- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

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 ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA 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.

E19181



DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS:C

EXPIRES 06-03-10

N4014972

NISHAN NICK CHADERGIAN
6324 LAKE APOPKA PLACE
SAN DIEGO CA 92119

SEX:M HAIR:BLK EYES:BRN
HT:5-03 WT:160 DOB:06-03-43

04/18/2005 235 RB FD/10

Name: Cousin to Nylan
Mary Bacila - (619) 692-1231
from: Ecan Agopian

AT-Need
(ReS)
IN Grave with
Sadae Kohara ⊗
motoichi, Kohara ⊗

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-13-05

229113

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

in a Ash Vault (Type of Burial Container) Funeral, date, time Sat. June 25th 05 10:00Am

Church, Chapel (Graveside) Family Delivery, Luyben Family 562-425-6401 Mortuary.

All Funeral 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 12 Section 2 Blk/Row ____ Lot 28 Grave 9

Grave space & Care Fund	0
Overtime/Late Arrival Fees — Sat Fee Ash	231.00
Opening/Closing & Setup	116.00
Burial Container — Ash Vault	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer fees	50.00
Sales taxes	4.73
Total Due	$528.73
Paid receipt number R-58969	528.73
Balance due	0

PAID
JUN 15 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.

229114

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

X [signature] Signature

X MICHAEL YAMAMOTO Print Name

X 3880 Ecochee Ave Address

X SAN DIEGO CA 92117 City Zip Code

X 858-272-2425 Telephone

Invoice # ____

Work Order # E 19182

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E 19182

GRAVE BLIND CHECK FORM

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

Ash Vault In Grave wk Koharo

		Fox Ross				
		Vernice Penn	X		Anderson Deline	

Blind Check Initiated By: Sandra Date: 6-20-05

Interment space for: Mine Yamamoto (+)

Interment Date: Sat June 25th, 05 Time: 10:00 (G5)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 28 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Marinos Date: ____

7 lagpol

E19182

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mine	-	Yamamoto	11/28/1924	06/12/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Bellflower	Los Angeles	Michael Yamamoto - Son 3880 Ecochee, 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
Luyben Family Dilday-Mottell 5161 Arbor Rd., Long Beach CA 90808	FD-1171	▶ [signature]	06/15/2005

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	06/15/2005	061-2483 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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, Los Angeles CA 90012	Box 85222, San Diego CA

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 6-25-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Live Oak Crematory 200 E. Duarte, Monrovia CA	12B. DATE CREMATED 6-20-05	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 19182

NOTICE

To whom it may concern;

June 15, 2005

This letter is to notify that deceased Mine Yamamoto is a daughter of deceased Sadae and Motoichi Kohara, who are buried in the Mt. Hope cemetery plot.

Mine Yamamoto deceased on June 12, 2005 and will be cremated for burial in the same plot of her parents Sadae and Motoichi Kohara.

I, Michael Yamamoto, son of Mine Yamamoto, grandson of Sadae and Motoichi Kohara, testify above statement to be true and will provide testimonial documentations upon request by a City official related to this matter.

Michael Yamamoto — 6/15/2005
Michael Yamamoto — date
reside at
3880 Ecochee Ave, San Diego, Ca 92117

M S Deif — 6-15-05
Witness: (Notary Public) — date

1464875
Notary number

M. S. DEF
Commission # 1464875
Notary Public - California
San Diego County
My Comm. Expires Jan 24, 2008

AT-Need
IN Grave
with verdie
Day

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Day Pin# 286

in a DD Crypt "B" (Type of Burial Container) Funeral, date, time Thursday June 16th, 05

Church (Chapel) Graveside 10:00 A.m. ; Rosedale 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. B/165.00

Division 12 Section 2 Blk/Row Lot 103 Grave 11

Grave space & Care Fund E-17196 (2002)	Ø
Overtime/Late Arrival Fees	Ø
Opening/Closing & Setup	Ø
Burial Container DD crypt "B"	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	Ø
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

X
Print Name
X
Address
X
City Zip Code
X
Telephone

See attach signature

Invoice #

Work Order # E 19183

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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08:44 SD MT. HOPE CEMENTERY → RAGSDALE

AT-Mized

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Day in a DD Crypt "B" (Type of Vault or Cemetery) Funeral, date, time Thursday June 16th, 05 Church / Chapel / Graveside 10:00 A.M. ; Ragsdale 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 $165.00

Division 12 Section 2 Blk/Row ____ Lot 103 Grave 11

Grave Space & Care Fund E-17196 (2002)	Ø
Overtime/Late Arrival Fees	Ø
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number	Ø
Balance due	Ø

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

I hereby authorize the interment in lot I hold under deed

Signature Richard J. Day

X Richard Day
Print Name

X 2136 Oceanview Blvd
Address

X San Diego, CA 92113
City Zip Code

X (619) 234-2472
Telephone

Invoice # ____

Acct. # ____

Work Order # E 19183

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

E 19183

City of San Diego

Date 7-8-02

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

in a DOUBLE DEPTH (Type of Burial Container) Funeral, date, time THUR 7-11 1:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

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

Lot 103 Grave 11 Row _____ Section 2 Division/Block 17

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing Graves 2 at 375	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee 2 at 45	90.00
Sales taxes	29.45
Total Due	2464.45
Paid receipt number R-55187	2464.45
Balance due	0

PAID
JUL 08 2002
MT. HOPE CEMETERY
CITY OF SAN DIEGO

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.

Signature of recorded holder of deed

X Willie J. Day
Signature
X 2136 Ocean View Blvd
Address
X San Diego, Ca.
City
Ca 92113
Zip Code
Telephone 234-2472

Invoice # _____

Work Order # E 17196

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-19183

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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) 2nd Burial

Guillermo Garia	Audrey Stanley		DAY X	Victor poole		

Blind Check Initiated By: Sandra Date: 6-14-05

Interment space for: Willie Day

Interment Date: Thursday June 16th, 05 Time: 10:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 103 Gr: 11

Grave Laid out by: [illegible]

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DANEA Date: ____

7 Leggese

E-19183

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 87

1A. NAME OF 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	JAMES	DAY	11/03/1917	06/09/2005	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	RICHARD DAY: SON 2136 OCEANVIEW BLVD., SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	▶ Jennifer Pryor	06/15/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge to applicant that the proposed disposition stated herein is one of the 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	S. PRYOR 06/16/2005	2510078 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6-16-05	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 2 IS RETAINED BY 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

Re-interment

Date 6/14/05

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

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

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 MAS Section A Blk/Row ____ Lot 47 Grave 9

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

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

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

Signature

Print Name

Address

City Zip Code

Telephone

Paulette

Invoice #

Work Order # E 19184

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 6/14/05

Pin# 229055

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

in a Double-Crypt "A" (Type of Burial Container) Funeral, date, time Saturday June 18 8:00 A.M.

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 12 Section 2 Blk/Row _____ Lot 82 Grave 4

Grave space & Care Fund	1310.00
Overtime/Late Arrival Fees SAT. FEE R-59037	878.00
Opening/Closing & Setup 2 O/C @ 549.00	1098.00
Burial Container	556.00
Handling Fees	468.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 R/F @ 66.00	132.00
Sales taxes	43.09
Total Due	3607.09
Paid receipt number R-58961	3,607.09
Balance due	0

PAID

N.R. JUN 14 2005

SON

MOUNT HOPE CEMETERY

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

229056

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

Signature

MARTIN Meza III
Print Name

1434 Hilltop DR. #27
Address

Chula Vista, CA 91911
City Zip Code

619 5789796
Telephone

Paulette

Work Order # E 19185

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19185

GRAVE BLIND CHECK FORM

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

		Terry	Sullivan	Lynch		
			X	Adams		
			Pennett		Lopez	

Blind Check Initiated By: Paulette Date: 6-15

Interment space for: Martin C. Meza

Interment Date: SAT. 6-18-05 Time: 10:00 G.S.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 82 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: DARREYI Date: 6-15-05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E 19185

1A. NAME OF 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	C.	MEZA	12/16/1943	06/13/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	OFELIA MEZA (SPOUSE) 171 PALOMAR ST. #125 CHULA VISTA, CA 91911

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
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY CHULA VISTA, CA 91910	FD-964	▶	06/17/2005

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	06/17/2005 SANDRA PENA	2510219 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MOUNT HOPE CEMETERY: 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-18-05	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.

AT-Need
NON-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olen K. Burks 229119

in a TS Vault (Type of Burial Container) Funeral, date, time Mon June 27 1:30

Church, Chapel, Graveside ; Featheringill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ SB X will be applied and billed to undersigned. $165.00

Division 11 Section 1 Blk/Row Lot 45 Grave 7

Grave space & Care Fund	$4,310.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container TS Vault	366.00
Handling Fees	271.00
Flower vases, Marker setting fee $35.16 + $184.00	219.16
Recording/Filing/Transfer Fees	66.00
Sales taxes	28.37
Total Due	$2,809.53
Paid receipt number R-59001	2,809.53
Balance due	0

PAID
JUN 27 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 for signature

Invoice #

Work Order # E 19186

Acct. #

PEA 104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Bank
Sheryl Martinez
Fax 210 476-4413
phone 210 476-4619

Susan Banks
(714) 615-0218
(210) 822-4929

Hm #
714 849 9422

WO# 4429 Gal Vase 7-7-05
mailed vet application
to family to fill out 7-13-05

MT HOPE CEMETERY E19186

GRAVE BLIND CHECK FORM

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

		McInerney Harvey	X	Arnston Martin		

Blind Check Initiated By: Sandra Date: 6-27-05

Interment space for: Olen K. Burks

Interment Date: June 27, 05 Time: 1:30 (G5)

Div: 11 Sect: 1 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: J Flaggose Date: 6-27-05

AT-Need
NON-RES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olen K. Burks 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. $165.00

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

Grave space & Care Fund	$4,310.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container TS Vau	366.00
Handling Fees	271.00
Flower vases $35.16 Marker setting fee $184.00	219.16
Recording/Filing/Transfer Fees	66.00
Sales taxes	28.37
Total Due	$2,809.53
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

229120

X Suezan Burks (Print name)
X P.O. Box 243 (Address)
X Sunset Beach Ca 90742 (City, State, Zip Code)
X 714-849-9422 (Telephone)

Invoice # _____

Work Order # E 19186

Acct. # _____

RFA-101 (3-04)

This information is available in alternative formats upon request.

E-19186

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Olen	Kay	Burks	04/30/1926	06/07/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Bryan	Texas	Suezan Burks (Daughter) P.O. Box 243 Sunset Beach, CA 90742

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M Dom	06/15/2005

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	06/15/2005 N. Dominguez	2510016 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 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.

E19186

National Personnel Records Center

Facsimile
TRANSMITTAL

To: Featheringill Mortuary

Fax #: (619) 583-7038

Re: Request Number: 1-633306541 BURKS, OLEN

Date: 06/24/2005

Pages: 4 Pages (including cover sheet)].

537 3403

From the desk of

Technician	Green Vivian
Core/Team	Core 5/Team D
Customer Service	314-801-0800
Customer Service (fax)	314-801-0764

National Archives and Records Administration
http://www.archives.gov/facilities/mo/st_louis/military_personnel_records.html

National Personnel Records Center

Military Personnel Records, *9700 Page Avenue St. Louis, Missouri 63132-5100*

June 24, 2005

FEATHERINGILL MORTUARY
6322 EL CAJON BLVD
SAN DIEGO, CA 92115

RE: **Veteran's Name: BURKS OLEN**
SSN/SN: 560284977
Request Number: 1-633306541

Dear Sir or Madam:

Thank you for contacting the National Personnel Records Center. The document requested, DD Form 214, ***Report of Separation***, was not used until January 1, 1950. However, a similar form was used when the veteran was separated. A copy of this form is enclosed. A seal has been affixed to the separation document to attest to its authenticity.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at http://vetrecs.archives.gov.

Sincerely,

V. Green

VIVIAN GREEN
Archives Technician (5D)

Enclosure(s)

We Value Our Veterans' Privacy
Let us know if we have failed to protect it.

F19186

NOTICE OF SEPARATION FROM U. S. NAVAL SERVICE

NAVPERS-553 (REV. 5-45)

21 July 1947

1. SERIAL OR FILE NO. 2. NAME (LAST) (FIRST) (MIDDLE) 3. RATE AND CLASS OR RANK AND CLASSIFICATION 4. PERMANENT ADDRESS FOR MAILING PURPOSES

[illegible], Olsen Ray, 381 76 48, [illegible], [illegible]
SCA [illegible]
Puget Sound Nav I Shipyard
Bremerton, Washington.

5. PLACE OF SEPARATION
Separation Center
Boston, Mass.

6. CONDITION OF SEPARATION
Non Rate

7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT
Continuing on Active Duty

8. RACE: W 9. SEX: M 10. MARITAL STATUS: Single 11. U.S. CITIZEN (YES OR NO): Yes 12. DATE AND PLACE OF BIRTH: 6/30/25 – Merryville, La.

RECORD OF NAVAL SERVICE

13. MUSTERED: YES / NO 14. SELECTIVE SERVICE BOARD OF REGISTRATION: – – – 15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE: – – – –

16. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX): [X] ENLISTED [ ] INDUCTED [ ] COMMISSION
DATE 12/22/42 DATE DATE

17. DATE OF ENTRY INTO ACTIVE SERVICE: 22 December 1942 18. NET SERVICE (FOR PAY PURPOSES): 3 Years 7 Mos. 10 Days.

19. PLACE OF ENTRY INTO ACTIVE SERVICE: – – – – –

20. QUALIFICATIONS, CERTIFICATES HELD, ETC.: – – – –

21. RATINGS HELD: M1, S2, S1, S3, S2.

22. FOREIGN AND/OR SEA SERVICE WORLD WAR II: [X] YES [ ] NO

23. SERVICE SCHOOLS COMPLETED: – – – – WHERE: –

24. SERVICE (INCLUDE SHIPS AND STATIONS SERVED ON):
U.S.S. Holland
U.S.N. Bremerton,
U.S.S. San Juan
Pearl Harbor, T.H.

PAY & INSURANCE DATA

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

25. KIND OF INSURANCE: – – 26. EFFECTIVE MONTH OF ALLOTMENT OF INSURANCE: 27. AMT. NEXT PREMIUM DUE: – 28. AMOUNT OF PREMIUM DUE EACH MONTH: – 29. ATTITUDE OF VETERAN TO CONTINUE INS.: – – – –

30. TOTAL PAYMENT UPON DISCHARGE: – – – $ 31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: $ 32. INITIAL MUSTERING OUT PAY: – 33. NAME OF DISBURSING OFFICER: – – – –

34. REMARKS
Eligible under the point system at a date subsequent to discharge. Served on continuous active duty from 22 December 1942 until he was discharged, 2 Nov 1946. Reenlisted in regular Navy.

35. SIGNATURE (OF MANAGER OF COMMANDING OFFICER)
C W Cobber
[illegible], U.S.N.
Naval Personnel [illegible]
Puget Sound Navy I Shipyard
Bremerton, Washington.

EMPLOYMENT AND EDUCATIONAL DATA

36. NAME AND ADDRESS OF LAST EMPLOYER: – – – – 37. DATES OF LAST EMPLOYMENT: FROM – – TO – 38. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.: – – – – – –

39. JOB PREFERENCE (KIND, TYPE, LOCALITY, AND GEOGRAPHICAL AREA): – – – – 40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING): – – –

41. HIGH SCHOOL EDUC. (YRS. ATTENDED FULLY COMPLETED): GRAD. 8 H. S. 2 COLLEGE – 42. DEGREES: – – 43. MAJOR COURSE OR FIELD: – – – 44. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE): – – – –

45. RIGHT INDEX FINGERPRINT:

46. OFF DUTY EDUCATIONAL COURSES COMPLETED: – – – – – – – – – –

47. DATE OF SEPARATION: 2 Nov 1946 48. SIGNATURE OF PERSON RECEIVING RATING: Allen Ray Dubbea

TO: VETERANS ADMINISTRATION

NOTICE OF SEPARATION FROM U. S. NAVAL SERVICE

NAVPERS-553 (REV. 6-46)

3/8/48 (12 mo) E 19186

1. SERIAL OR FILE NO. 2. NAME (LAST) (FIRST) (MIDDLE) 3. RATE AND CLASS OR RANK AND CLASSIFICATION 4. PERMANENT ADDRESS FOR MAILING PURPOSES

381 76 40
B U R K E S William Kay
GUNNER'S MATE ONE USN

2311 N. Fredric St.
Burbank L.A. Calif.

RECEIVING STATION
US NAVAL STATION
SAN DIEGO CALIF.

5. CHARACTER OF SEPARATION

HONORABLE DIS.

6. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT

NONE

7. RACE: WHITE 8. SEX: M 9. MARITAL STATUS: SINGLE 10. U.S. CITIZEN (YES OR NO): YES 11. DATE AND PLACE OF BIRTH: 4/30/26 LA. CALIF.

12. REGISTERED: YES [ ] NO [X] 13. SELECTIVE SERVICE BOARD OF REGISTRATION: NONE 14. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE: FALL RIVER MASS.

RECORD OF NAVAL SERVICE

15. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX): [X] ENLISTED [ ] DRAFTED [ ] COMMISSIONED DATE 5/3/46 DATE DATE

16. DATE OF ENTRY INTO ACTIVE SERVICE: 5/3/46 17. NET SERVICE (FOR PAY PURPOSES) (YRS., MOS., DAYS): 05 02 16

18. PLACE OF ENTRY INTO ALNAV SERVICE: BOSTON MASS.

19. QUALIFICATIONS, CERTIFICATES HELD, ETC.: SEE RATING DISCRIPTIVE BOOKLET FOR GUNNER'S MATE ONE

20. RATINGS HELD: AS S2 S1 GM3 GM2 GM1

21. FOREIGN AND/OR SEA SERVICE WORLD WAR II: [X] YES [ ] NO

22. SERVICE SCHOOLS COMPLETED: NONE WEEKS

23. SERVICE (VESSELS AND STATIONS SERVED ON):
USS HOLLAND
USS BREMERTON
USS ANDERSON
USS TUCSON

PAY & INSURANCE DATA

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

24. KIND OF INSURANCE: N 25. EFFECTIVE MONTH OF ALLOTMENT DEDUCTIONS: Mar 48 26. NEXT SCHEDULED DUE: April 48 27. AMOUNT OF PREMIUM DUE EACH MONTH: $6.40 28. INTENTION OF VETERAN TO CONTINUE INS.: NO

29. TOTAL PAYMENT UPON DISCHARGE: $453.38 30. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: $ 159.85 31. INITIAL MOSTHLY NET PAY: NONE 32. NAME OF DISBURSING OFFICER: CDR C. F. BAY (SC) USN

33. REMARKS
WORLD WAR II
AMERICAN AREA CAMPAIGN MEDAL
ASIATIC PACIFIC CAMPAIGN
GOOD CONDUCT MEDAL

34. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)
L. B. GORDON SHIPS CLERK USN
SEPARATION OFFICER

EMPLOYMENT AND EDUCATIONAL DATA

35. NAME AND ADDRESS OF LAST EMPLOYER: NONE 36. DATES OF LAST EMPLOYMENT: FROM TO 37. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.: STUDENT

38. JOB PREFERENCE (NAME LOCALITY, AND GENERAL AREA): NONE 39. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING): NONE

40. HIGH SCHOOL COURSE (YRS. SUCCESS. FULLY COMPLETED): GRAD. 1 COMP. 0 41. ACADEMY 0 42. MAJOR COURSE OR FIELD: 0

43. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE): NONE

44. RIGHT HAND FINGERPRINT 45. DEF DATE EDUCATIONAL COURSES COMPLETED: NONE

46. DATE OF SEPARATION: 3/8/48 SIGNATURE OF PERSON BEING SEPARATED: William Kay Burkes

TO: BUREAU OF NAVAL PERSONNEL

E-19186

FILE NO 14-653-778 PN 00 BR NAME BURKS,OLEN,K
SSN INS NO SVC NO STUB NAME

FILE NO 14-653-778 PAYEE NO 00 NAME BURKS,OLEN,K
ASSIGN FILE NO AS CLAIM OR SSN CLAIM FOLDER LOCATION 376 RMC
SOCIAL SECURITY NO DATE OF DEATH
INSURANCE FILE NO CAUSE OF DEATH
INSURANCE POLICY NO DEATH IN SVC
DATE OF BIRTH POSITIVE INDICATION
SEX POWER OF ATTORNEY
SERVICE NO(S) 03817640 GW IN-THEATER
EOD START
RAD END
BRANCH OF SVC UNK DAYS
CHARACTER OF SVC
SEP REASON CODE CONTESTED DATA
PAY GRADE DELETE RECORD
NON-PAY DAYS
VADS
VERIFIED U

NEXT SCREEN

AT-Need
To be in grave
with Rebecca
Brown + Winifred
Dougherty

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Melverda La Coste (X) 229151

in a Ash Vault (Type of Burial Container) Funeral, date, time weds June 29th, 1:30

Church, Chapel (Graveside) Family Delivery Pair Frederick 442-4411 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. $165.00

Division 10 Section Blk/Row Lot 1018 Grave

Grave space & Care Fund E-3512 + E-18792	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 Reset Fee	73.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	$ 370.73
Paid receipt number pd by Visa	$ 370.73
Balance due	Ø

PAID
JUN 14 2005
MOUNT HOPE

Family would like to keep old marker

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

229152

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

X Wendy Ann Tarrant
Signature

X Wendy Tarrant
Print Name

X 10813 Dakota Ranch Road
Address

X Santee, CA. 92071
City Zip Code

X 619-449-2515
Telephone

Invoice #

Work Order # E 19187

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Family would like To keep old marker

Wendy Durant
619 239-7307 WK#
449-2515 Hm#

MT HOPE CEMETERY E19187

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Ash vault / In grave with Two other Love ones R. Brown & wife

		Nellie Jones	X	Ronald Jordan		

Blind Check Initiated By: Sandra Date: 6-27-03

Interment space for: Mary M. LaCoste

Interment Date: Weds June 29th Time: 1:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1018 Gr: ____

Grave Laid out by: Norman Perry

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: JR Date: 6-27-03

Flagged

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

cof 86 E-19187

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

1A. NAME OF 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	Melverda	La Coste	01/23/1919	06/11/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Wendy A. Tarrant-Granddaughter-PO 10813 Dakota Ranch Road Santee, CA 92071

7. 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
Paris-Frederick Mortuary 374 Magnolia Ave. El Cajon, CA 92020	FD-795	▶ Pamela J. Bickford	06/16/2005

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 not 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	06/17/2005 P.J. Bickford ▶	2510160

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 STREET/SAN DIEGO, CA 92102	11B. DATE BURIED 6-29-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY, VISTA, CA 92083	12B. DATE CREMATED 6/22/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Donald F. Clay
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 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
Total of
20 CHAIRS

Date 6/15/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Muriel Shurtz Pin# 229067

in a Liner (Type of Burial Container) Funeral, date, time 6/20/05 Mon 10:00

Church, Chapel, (Graveside) Featheringill Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2827 Grave 1

Grave space & Care Fund D-9198	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	278.00
Handling Fees	213.00
GALV. VASE Flower vases – Marker setting fee	~~35~~ 16
Recording/Filing/Transfer fees	66.00
Sales taxes	21 54
Total Due	1162.70 ~~1127.54~~ RU

PAID
JUN 15 2005
MOUNT HOPE CEMETERY

Non-REF

Paid receipt number R-58967 1162.70

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.

229071

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

Cynthia McNichols
Signature

Cynthia McNichols
Print Name

1564 Ferdinand Rd.
Address

El Cajon 92020
City Zip Code

(619) 463-2320
Telephone

Paulette

Invoice # _____

Work Order # E 19188

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

6-21-05 4390
6-28-05 WO# ~~[illegible]~~ to install
gal Vase

MT HOPE CEMETERY E-19188

GRAVE BLIND CHECK FORM

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

			Burgess	William		
			X	William Shurtz	Robert Shurtz	
			Pape			

Blind Check Initiated By: Paulette Date: 6-16

Interment space for: Muriel Shurtz

Interment Date: 6-20-05 Time: 10:00 A.S.

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2827 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: ____ Date: ____

E-19188
age 78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Muriel	Loomis	Shurtz	07/17/1926	06/14/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]tee	San Diego	Cynthia McNichols (Daughter) 2564 Ferdinand Rd. El Cajon, CA 92020

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 109355 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ M. Domingo	06/15/2005

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	06/16/2005 M. Dominguez	2510074 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6-20-05	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 ▶	
[redacted]TTERING/BURIAL [redacted]T SEA OR [redacted]POSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA 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
only (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ester Felias Branch 228720

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 4 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 pd by visa	$246.00
Balance due	739.00

PAID
JUN - 8 2007
MOUNT HOPE CEMETERY

pd in full
P-00853

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 Ester F. Branch
Signature

X Ester F. Branch
Print Name
X712 S-28th St.
Address
Xsan Diego Ca. 92113
City Zip Code
X(619)234-3949
Telephone

Invoice # _____

Work Order # E 19189

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

R- 59391

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Copy

Date: 11/9, 20 05

From: Ester Branch Address: On record

Thirty-One and 00 Dollars ($ 31 —)

in part Payment of Pre-need Lot.

Lot 4 Grave 2 Row — Section 1 Division 11 ~~Block~~

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 615.—

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

NOV 0 9 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	31 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	31 —

AC-212 (Rev. 10-02) 513

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

59074

Date: 8/12, 20 05

From: Ester F. Branch Address: on record

Thirty-One and 00 Dollars ($ 31.00)

in part Payment of Pre-need lot account.

Div 11 Sec 1 Blk/Row ____ Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 708.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 502

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

PAID

AUG 12 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

59165

MOUNT HOPE CEMETERY
(619) 527-3480

Date: September 12, 2005

From: Ester Brunch Address: on record

Thirty-One Dollars ($ 31.—)

in part Payment of Pre-need lot.

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 677.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

506

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

PAID

SEP 12 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

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

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59303

Date: 10/12 , 20 05

From: E. Branch Address: on record

Thirty-One Dollars ($ 31-)

in part Payment of Pre-need lot

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $1246.-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

510

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

PAID

OCT 12 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

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

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P 00007

Date: 12/19 , 20 05

From: Esther J. Brock Address: on reco

Thirty one — Dollars ($ 31. —)

in Payment of Pre-need Lot

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $584. —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 514

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

PAID

DEC 19 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

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

AC-212 (11-06)
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 00056

Date: January 12, 20 06

From: Est er F. Branch Address: on Record

thirty- one Dollars ($ 31.00)

in part Payment of Pre- need

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 553.00

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 516

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

PAID

JAN 12 2006

MOUNT HOPE CEM.

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	31	00
Trust	77186		
TOTAL PAID		$ 31.	00

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 00119

Date: 2-10, 20 06

From: Ester F. Branch Address: on record

thirty-One Dollars ($ 31—)

in part Payment of Pre-need lot.

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 522.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 518

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 10 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	31 —
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
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 00168

Date: 3/13, 20 06

From: Willi + Ester Brandt Address: on record

Thirty One Dollars ($ 31.—)

in part Payment of pre-need lot.

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 491.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 519

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

PAID

MAR - 9 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 00218

Date: 4/7, 2006

From: Ester F. Branch Address:

Thirty One Dollars ($ 31.—)

in part Payment of Pre-need lot

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 460.-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 523

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

PAID

APR 07 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 00279

Date: 5-10 , 20 06

From: Ester F. Branch Address: on record

Thirty One and 00 Dollars ($ 31.—)

in part Payment of Pre-need lot.

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 429 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 525

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

PAID

MAY 09 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 00336

Date: 6-12, 20 06

From: ESTER BRANCH Address: On record

Thirty One Dollars ($ 31 —)

in Part Payment of Pre-need lot only.

Div. 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-14189

Acct. No.

W.O.

BALANCE DUE $ 398 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 528

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	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 00373

Date: 7-7, 2006

From: Ester F. Branch Address: on record

Thirty-One Dollars ($ 31.—)

in part Payment of Pre-need lot.

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 367—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 531

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

PAID

JUL - 7 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 00437

Date: 8-11, 20 06

From: Ester F. Branch Address: On record

Thirty-One Dollars ($ 31 —)

in part Payment of Pre-need lot.

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 336 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 534

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

PAID

AUG 11 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007
20% Sales Care	77184
Pre-Need	63033
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 00484
E-19189

Date: 9-8, 20 06

From: ESTER F. BRANCH Address: on record

Thirty and one dollar Dollars ($ 31.—)

in Part Payment of Pre-need lot.

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E 19189

Acct. No.

W.O.

BALANCE DUE $ 306.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 536

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

PAID

SEP 08 2006

MOUNT HO

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

duplicate #

OFFICIAL RECEIPT

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

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

P 00524 B

Date: 10/11, 20 06

From: Ester Branch Address: on record

Thirty-One Dollars ($ 31.00)

in part Payment of Pre-need

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E19189

Acct. No.

W.O.

BALANCE DUE $ 274.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 537

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

PAID

OCT 11 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 00571

Date: Nov. 9, 2006

From: Ester F. Branch Address: on record

Thirty-One and 00 Dollars ($ 31-)

in part Payment of Pre-need lot only!

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E019189

Acct. No.

W.O.

BALANCE DUE $243.—

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

PAID

NOV - 8 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	31.—
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 54 ISSUED BY Paulette C.

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 00622

Date: 12/13, 2006

From: E. Branch Address: on record
Shirley-One
Dollars ($ 31 —)
in part Payment of Pre-need lot only #17 coupon
Div 11 Sec 1 Blk/Row Lot 4 Grave 2
Invoice No. E D 19189
Acct. No.
W.O.
BALANCE DUE $212. —

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

PAID
DEC 13 2006
MOUNT HOPE CEMETERY

ISSUED BY Pauline 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 543

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 00650

Date: 1-8 , 20 07

From: E. Branch Address: on record

Dollars ($ 31 —)

in part Payment of Pre-need

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 81. —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 545

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

JAN 08 2007

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.

E19189

OFFICIAL RECEIPT

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

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

P 00689

Date: 2-9, 20 07

From: Ester F. Branch Address: on Record

Thirty-One and 00 Dollars ($31.00)

in part Payment of Pre-need coupon #19

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 150.—

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

PAID

FEB - 9 2007

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 547

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

E19189
P00737

Date: March 8, 20 07

From: Address: on record

Thirty-One and 00 Dollars ($ 31.-)

in part Payment of Pre-need Lot, Coupon 20

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $119.-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 549

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

PAID

MAR - 7 2007

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

P00784

Date: 4/~~27~~ 24, 2007

From: Ester Branch Address: 7626 West Lone Mnt. Rd, Las Vegas NV 89129

Thirty-One and 00 Dollars ($ 31.—)

In Part Payment of Pn payment on Lot only coupon # 21

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E- 19189

Acct. No.

W.O.

BALANCE DUE $88

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 551

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

PAID

APR 11 2007

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

P00815

Date: 5-8, 20 07

From: Ester Branch Address: on record

Thirty - One Dollars ($ 31 —)

in part Payment of PN coupon #22

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE $ 57. —

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

PAID

MAY - 8 2007

MOUNT HOPE CEMETERY

ISSUED BY Paul Cotta

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 534

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

P00853

Date: June 7, 20 07

From: Ester F. Branch Address: on record

Fifty-Seven and 00 Dollars ($ 57.—)

in full Payment of 2 payments #23924 (Paid in full)

Div 11 Sec 1 Blk/Row Lot 4 Grave 2

Invoice No. E-19189

Acct. No.

W.O.

BALANCE DUE Ø

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 555

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

PAID

JUN - 7 2007

MOUNT HOPE CEMETERY

ISSUED BY Pauletta

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	57.—
Trust	77186	
TOTAL PAID		$ 57.—

AC-212 (11-06)

This information is available in alternative formats upon request.

Contract Expires June 2007 - payments 10th each month monthly $31.00

Pin# 228720 2542 Nashira St. Henderson NV 89052 E-19189

BRANCH, ESTER FELIAS ~~712 S. 28th St. SD CA 92113~~ (619) ~~234-5949~~ Disc #

DIV 11 SEC 1 LOT 4 GR 2

				DEBIT	CREDIT	BALANCE
06-16-05	Opened Pre-Need Lot only with 25% down			985.00	246.00	739.00
8-12-05	R-59074	Coupon #1	aug 2005		31.00	708.00
9-12-05	R-59165	#2	Sept 2005		31 —	677 —
10/12/05	R-59303	#3	Oct 2005		31 —	646 —
11/8/05	R-59391	#4	Nov 2005		31 —	615 —
12/19/05	P-00007	#5	Dec 2005		31 —	584 —
1-12-06	P-00056	#6	Jan 2006		31 —	553 —
2-10-06	P-00119	#7	Feb 2006		31 —	522 —
3-13-06	P-00168	#8	mar 2006		31 —	491 —
4-6-06	P-00218	#9	April 06		31.00	460 —
5-10-06	P-00279	#10	May 06		31.00	429 —
6-12-06	P-00336	#11	June 06		31 —	398 —
7-7-06	P-00373	#12	July 06		31 —	367 —
8-11-06	P-00437	#13	Aug 06		31	336 —
9-8-06	P-00484	#14	Sept 06		31 —	305 —
10-11-06	P-00524(B)	#15	Oct 06		31 —	274 —
11-9-06	P-00571	#16	Nov 06		31 —	243 —
12-13-06	P-00622	#17	Dec 06		31 —	21[illegible] —
1-8-07	P-00652	#18	Jan 07		31 —	18[illegible] —
2-9-07	P-00689	#19	Feb 07		31 —	15[illegible] —

over

Branch, Ester E-19189 Pre-need lot. $31.00 amount

DIV II SEC I LOT 4 GR 2		Debit	Credit	Balance
2/9/07	Balance Forwarded			150-
3-8-07	P-00737 Coupon # 20		31-	119-
4-11-07	P-00784 Coupon # 21		31-	88-
5-08-07	P-00815 " 22		31-	57-
6-7-07	P-00853 " 23		31-	26-
6-7-07	" #24		26-	Ø

PAID
JUN - 7 2007
DUN. HOPE CEMETERY

Deed mailed out 06/08/07

AT-Need
NON-Res
In Grave
with Edgar
Carlton

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irene Trinidad Carlton (X) 279070

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. June 20th, 05 11:00 Am

Church, Chapel, Graveside, Family Delivery : Telephone Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ R.V. x will be applied and billed to undersigned. $165.00

• Division 7	Section 11	Blk/Row	Lot 267	Grave 1	
Grave space & Care Fund	C-2807 (1966)				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					0
Recording/Filing/Transfer Fees					66.00
Sales taxes					6.28
			Total Due		$395.28
			Paid receipt number R-58971		$395.28
			Balance due		0

PAID
JUN 16 2005
MOUNT HOPE CEME

I hereby certify I am the x Ruth Vaiasuso of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Ruth Vaiasuso
Signature

x Ruth Vaiasuso 279068
First Name
x 10068 DUNBAR LN
Address
x EL CAJON CA. 92021
City Zip Code
x 619-443-9277
Telephone

Invoice #

Work Order # E 19190

Acct. #

REA 104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19190

GRAVE BLIND CHECK FORM

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

			Charles Robinson			
			X	Harry Cross		

Blind Check Initiated By: Sanchez Date: 6-16-05

Interment space for: Irene Carlton (X)

Interment Date: mon June 20th, 05 Time: 11:00 (GS)

Div: 7 Sect: 11 Blk/Row: ____ Lot: 267 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREVI 7 logged Date: 6-17-05

E-19190

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
IRENE*	TRINIDAD	CARLTON	09/19/1921	05/28/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	RUTH VAIASUSO-DAUGHTER 10068 DUNBAR LN EL CAJON CA 92021

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
ELOPHASE CREMATION SOCIETY 7851 MISSION CENTER CT #104 SAN DIEGO CA 92108	FD-1272	▶	06/02/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	06/03/2005 SDEITCHMAN	2509321 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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
- [ ] 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 SAN DIEGO CA 92102	11B. DATE BURIED 6-20-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC., 26065 HWY 8 BUSINESS EL CAJON CA 92021	12B. DATE CREMATED 6/6/05	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.

Already (D.I.P.) In grave with Gray, Betty (NON RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James W. Gray 208198

in a Liner (Type of Burial Container) Funeral, date, time Weds June 22nd 12:30

Church Chapel Graveside ; Conrad 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. x Cynthia Gray

Division 11 Section 1 Blk/Row Lot 56 Grave 2

Grave space & Care Fund D-5770 (D.I.P.)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container Liner	278.00
Handling Fees	213.00
Flower vases - Bronze Marker setting fee $198.00	198.00
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	$1,325.54
Paid receipt number Visa	1,325.54
Balance due	0

PAID JUN 20 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. 229126

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

x Cynthia Gray (Signature)

x Cynthia GRAY (Print Name)

x 728 El Monte RD (Address)

x ELCAJON, CA. 92020 (City, Zip Code)

x (619) 447-0957 (Telephone)

Invoice #

Work Order # E 19191

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19191

ORDER

. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-27 1975

CHARGE James W. Gray

ADDRESS 728 El Monte Rd. El Cajon 92020

NAME OF DECEASED Betty A. Gray

OWNER James W. Gray

ADDRESS Same

MORTUARY Conrad 447-0957

X-DEEP

	D. F. P.	
LOT 56 GR 2 ROW SEC 1 DIV 11	250	00
OPENING TIME 10 A DAY Wednesday DATE 4-30-75	120	00
VAULT BOX Bell SIZE 3	84	80
REMOVAL OR FOUNDATION VET. Cap.		
TOTAL	$454	80
PAID RECEIPT NUMBER 22337	200	00
BALANCE	254	80

E-7 755-7220 U.S.N.

Flush marker Only

30 Days Note

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 #7935

IN PERSON / PHONE BY James W. Gray

ORDER TAKEN BY Lillehno

W.O. NO. D 5770

INVOICE NO. 23739

FORM PR-974 REV.

MT HOPE CEMETERY E19191

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Already (DIP) 2nd Burial / Full bod
Ashes ~~All~~ Also under marker

	Jack Graham		X	Charlie Manus		

Blind Check Initiated By: Sandra Date: 6-20-05

Interment space for: James W Gray

Interment Date: 6-22-05 Time: 12:30

Div: 11 Sect: 1 Blk/Row: ____ Lot: 56 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/20/0
7 laggers

E 19191

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

page 79

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

1A. NAME OF 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	WILLARD	GRAY	09/11/1925	06/16/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted] Mesa	San Diego	Cynthia L. Gray - Daughter 728 El Monte Road El Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945-1533	FD941	▶ [signature]	06/21/2005

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 06/21/2005	2510350 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6-22-05	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-19191

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: GRAY, JAMES WILLARD
2. SERVICE NUMBER: NA
3. SOCIAL SECURITY NUMBER: 561 | 54 | 5956
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: NAVY USN
5a. GRADE, RATE OR RANK: GMGC
5b. PAY GRADE: E-7
6. DATE OF RANK: DAY 16 MONTH NOV YEAR 65
7. U. S. CITIZEN: [X] YES [ ] NO
8. PLACE OF BIRTH (City and State or Country): PARSONS, WEST VIRGINIA
9. DATE OF BIRTH: DAY 11 MONTH SEP YEAR 25

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER: NOT
b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE: APPLICABLE NOT APPLICABLE
c. DATE INDUCTED: DAY MONTH YEAR

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: RETIRED
b. STATION OR INSTALLATION AT WHICH EFFECTED: NAVAL STATION, SAN DIEGO, CALIFORNIA 92136
c. REASON AND AUTHORITY: BUPERS MANUAL 3860260 -231- RETIREMENT AFTER 30 YEARS ACTIVE FEDERAL SERVICE.
d. EFFECTIVE DATE: DAY 31 MONTH OCT YEAR 72
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: MOBILE TECHNICAL UNIT FIVE
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: DD363N
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED: NAVAL RESERVE MANPOWER CENTER, BAINBRIDGE, MARYLAND 21905
15. REENLISTMENT CODE: RE-2

SERVICE DATA

16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION: DAY MONTH YEAR NOT APPLICABLE
17. 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): 04*
c. DATE OF ENTRY: DAY 18 MONTH NOV YEAR 67
18. PRIOR REGULAR ENLISTMENTS: SIX
19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: GMGC
20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): VUNG TAU, VIETNAM
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code): 26287 PARSONS, TUCKER, WEST VIRGINIA
22a. SPECIALTY NUMBER & TITLE: 0000/9502 ORDNANCE MECHANICS
b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: -632-

22. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	04	11	13
	(2) OTHER SERVICE	24	10	25
	(3) TOTAL (Line (1) plus Line (2))	29	10	08
b. TOTAL ACTIVE SERVICE		29	10	08
c. FOREIGN AND/OR SEA SERVICE		02	01	24

23. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
NATIONAL DEFENSE SERVICE MEDAL
VIETNAM SERVICE MEDAL WITH BRONZE STAR
SILVER STAR FOR GOOD CONDUCT MEDAL, 8TH AWARD FOR PERIOD ENDING 22DEC68

25. EDUCATION AND TRAINING COMPLETED
GMES MK25NOV-7102 19OCT-25NOV70
X
X
X
X
X
X

VA AND EMP. SERVICE DATA

26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years)
TL: NONE
ELXV: NONE
b. DAYS ACCRUED LEAVE PAID: -29-
c. VA CLAIM NUMBER: NA
27a. INSURANCE IN FORCE (NSLI or USGLI): [X] YES [ ] NO
b. AMOUNT OF ALLOTMENT: $ NA
c. MONTH ALLOTMENT DISCONTINUED: NA
29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [ ] $10,000 [ ] $5,000 [ ] NONE [X] $15,000

REMARKS

30. REMARKS
HIGH SCHOOL 04
* EXTENDED ONE YEAR ON 17NOV71. EXTENSION WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT.
X EFFECTIVE DATE OF RETIREMENT: 01NOV72.
X
X

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)
728 EL MONTE ROAD
EL CAJON, CA. (SAN DIEGO) 92020
32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER
JESSE FAUSTINO, PNC, USN
DIRECTION OF THE COMMANDING OFFICER
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

DD FORM 1 JUL 66 214N PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. S/N-0101-800-4301

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

in grave of William J. Graham
4 CHAIRS

Date: 6-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDITH GRAHAM 229178

in a ASH VAULT (Type of Burial Container) Funeral, date, time June 27th 9:00 MON

Church, Chapel, Graveside Witness : Pacific Beach Mortuary DOUG

All Funeral cars 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 3982 Grave 1

Grave space & Care Fund C-8801	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number R-58975	297.73
Balance due	0

PAID
JUN 17 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.

Alex Graham
Signature

Paulette

229130
ALEX Graham
Print Name

2736 Nipoma ST.
Address

San Diego, Calif. 92106
City Zip Code

(619) 222-4263
Telephone

Invoice # _____

Work Order # E 19192

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Marker on grave
not Edith's
name only written

MT HOPE CEMETERY E-19192

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 William J Graham

			Peace			
		Sum	X	Christian		
			Gregor			

Blind Check Initiated By: Paulette Date: 6/22

Interment space for: Edith Graham X

Interment Date: 6-27-05 Time: 200 G.S.

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3982 Gr: 1

Grave Laid out by: Norman Fergus

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Joe Date: 6-23-05

87130

E 19192 1871 244 age 93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDITH	MAY	GRAHAM	09/16/1911	06/16/2005	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	ALEX G. GRAHAM-SON 2736 NIPOMA ST. SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ECH-PACIFIC BEACH CHAPEL 4710 CASS ST. SAN DIEGO, CA 92109	FD-815	▶	06/18/2005

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	06/21/2005 C GRIER	2510276 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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
- [ ] 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 6-27-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	12B. DATE CREMATED 6/22/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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
Family would like
to witness Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Jewel Lee 229099

in a TS vault (Type of Burial Container) Funeral, date, time Fri June 24th, 05 11:00

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 $ 165.00 will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row Lot 118 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 $25.85 $138.00	163.85
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	$2,112.16
Paid receipt number R-58977	$2,112.16
Balance due	0

PAID
JUN 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.

229098

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

X Signature

X SHARLENE LEE
Print Name
X 1296 ELDER AVE
Address
X IMPERIAL BCH, CA. 91932
City Zip Code
X (619) 227-3919
Telephone

Invoice #

Work Order # E 19193

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

628-05 WO # 4407
to install gal vave

20 Chairs, IF possible *

Family would like to witness Burial

MT HOPE CEMETERY E19193

GRAVE BLIND CHECK FORM

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

		Mary Bryant	X	Barnett Blackwell		

Blind Check Initiated By: Sandra Date: 6-20-0

Interment space for: Annie Jewel Lee

Interment Date: Fri June 24 05 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 118 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: 6/21/05

→ Jaggard

E-19193
age 75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNIE	JEWEL	LEE	03/21/1930	06/17/2005	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	OCHINA HARRIS--DAUGHTER 1679 JEREMY POINT CT. CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ECM-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶	06/21/2005

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	06/21/2005 C GRIER	2510294 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 6	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

Transfer Fee

Date 6/17/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of to Virginia L Jenson

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 6 Section 8 Blk/Row 1 Lot 24 Grave 1

PAID

JUN 17 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	66.00
Sales taxes	—
Total Due	66.00
Paid receipt number Visa card	66.00
Balance due	0

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

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

Signature Virginia L. Jenson

Paulette

229050

Virginia L. JENSON
Print Name

5919 San Miguel Rd
Address

Bonita, CA 91902
City Zip Code

619-470-3159
Telephone

Invoice # _____

Work Order # E 19194

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19194

BORGERDING, PETERSON, BURNELL, GLAUSER & ALLRED

C. ALBERT BORGERDING
RICHARD M. PETERSON
WILLIAM L. BURNELL
GARY S. GLAUSER, CLS-F*
CHRIS J. ALLRED
---
*Certified Family Law Specialist
The State Bar of California Board of Legal Specialization

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
222 WEST MADISON AVENUE
EL CAJON, CALIFORNIA 92020-3408

TELEPHONE
AREA CODE 619
440-5242
FACSIMILE
(619) 442-0198

June 15, 2005

The City of San Diego
Attn: Paulette Crawford
3751 Market Street, MS 72
San Diego, CA 92102

Re: Mount Hope Cemetery
Lot 24, Row 1, Sec. 8, Div. 6
Plot Owner (Deceased): Amelia M. (Orellano) Carrizosa (Orellano was Mrs. Carrizosa's maiden name from her stepfather)
Our Client: Virginia L. Jenson, Trustee of the Ralph A. and Amelia M. Carrizosa Trust, dated September 6, 1996

Dear Ms. Crawford:

Please be informed that the undersigned has been retained by Mrs. Virginia L. Jenson regarding the above-referenced cemetery plot at Mount Hope Cemetery. Mrs. Jenson is the daughter of Amelia M. (Orellano) Carrizosa who passed away on June 5, 2004 (a copy of her death certificate is attached). Mrs. Carrizosa was not buried in the plot at Mount Hope Cemetery. Prior to Mrs. Carrizosa's death she executed a Will whereby she gave her entire estate to the living Trust she and her husband Ralph had concurrently established entitled THE RALPH A. AND AMELIA M. CARIZOSA TRUST, dated September 6, 1996. Mrs. Carrizosa and her husband (deceased 2/26/2001) were named as acting co-trustees of the Trust with their son, Ralph A. Carrizosa, and their daughter, Virginia L. Jenson. A copy of Mrs. Carrizosa's Will and Certification of Trust are attached for your information.

Accordingly, It is respectfully requested that the plot's ownership be transferred to the Carrizosa's Trust as follows: Ralph A. Carrizosa and Virginia L. Jenson, as Co-Trustees of the Ralph A. and Amelia M. Carrizosa Trust, dated September 6, 1996."

E19194

Please contact this office should you need any further information to proceed with the transfer of ownership.

Very truly yours,

Chris J. Allred, Esq.

CJA/lw
cc: Virginia L. Jenson, Trustee
Ralph A. Jenson, Trustee

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

E19194

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER: 3 200437 009264

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): AMELIA
2. MIDDLE: M
3. LAST (Family): CARRIZOSA
4. DATE OF BIRTH (mm/dd/yyyy): 06/12/1914
5. AGE (Yrs.): 89
6. IF UNDER ONE YEAR: Months / Days / Hours / Minutes
7. SEX: F
8. BIRTH STATE/FOREIGN COUNTRY: MX
9. SOCIAL SECURITY NUMBER: 567-07-6867
10. EVER IN U.S. ARMED FORCES? YES [X] NO UNK
11. MARITAL STATUS (at time of death): WID
12. DATE OF DEATH (mm/dd/yyyy): 06/05/2004
13. HOUR (24 Hours): 0330
14. EDUCATION (Highest Level/Degree): HS GRADUATE
15. WAS DECEDENT OF HISPANIC/SPANOLA ORIGIN? [X] YES MEXICAN NO
16. DECEDENT'S RACE: WHITE/HISPANIC
17. USUAL OCCUPATION: HOMEMAKER
18. KIND OF BUSINESS OR INDUSTRY: OWN HOME
19. YEARS IN OCCUPATION: 71

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 3060 GREYLING DR.
21. CITY: SAN DIEGO
22. COUNTY/PROVINCE: SAN DIEGO
23. ZIP CODE: 92123
24. YEARS IN COUNTY: 88
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: VIRGINIA JENSON-DAUGHTER
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 5919 SAN MIGUEL RD., BONITA, CA. 91902

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: –
29. MIDDLE: –
30. LAST (Maiden Name): –
31. NAME OF FATHER — FIRST: JOSE
32. MIDDLE: –
33. LAST: MARTINEZ
34. BIRTH STATE: MX
35. NAME OF MOTHER — FIRST: RAMONA
36. MIDDLE: –
37. LAST (Maiden): CAZARES
38. BIRTH STATE: MX

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/yyyy): 06/10/2004
40. PLACE OF FINAL DISPOSITION: GREENWOOD MEM. PARK, I-805 & IMPERIAL AVE SAN DIEGO CA 92102
41. TYPE OF DISPOSITION(S): BURIAL
42. SIGNATURE OF EMBALMER: Arthur Calder
43. LICENSE NUMBER: 8803
44. NAME OF FUNERAL ESTABLISHMENT: GREENWOOD MORTUARY
45. LICENSE NUMBER: FD 843
46. SIGNATURE OF LOCAL REGISTRAR: Nancy L Bowen MD
47. DATE (mm/dd/yyyy): 06/09/2004

PLACE OF DEATH

101. PLACE OF DEATH: PLEASANT CARE NURSING & REHAB
102. IF HOSPITAL, SPECIFY ONE: IP / ER/OP / DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Hospice / [X] Nursing Home/ILTC / Decedent's Home / Other
104. COUNTY: SAN DIEGO
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 2828 MEADOWLARK DRIVE
106. CITY: SAN DIEGO

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) → RIGHT LOWER LOBE PNEUMONIA, BACTERIAL

(b) ADVANCED DEMENTIA, ALZHEIMER'S TYPE

Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

(c)

(d)

Time Interval Between Onset and Death: (a) DAYS (b) YEARS (c) (d)

108. DEATH REPORTED TO CORONER? YES / NO [X]

109. BIOPSY PERFORMED? YES / NO [X]

110. AUTOPSY PERFORMED? YES / NO [X]

111. USED IN DETERMINING CAUSE? YES / NO [X]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: HYPERTENSION , OSTEOARTHRITIS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? YES / NO [X] / UNK

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: (a) mm/dd/yyyy 05/06/2004

Decedent Last Seen Alive: (b) mm/dd/yyyy 06/03/2004

115. SIGNATURE AND TITLE OF CERTIFIER: Anders Nyberg MD

116. LICENSE NUMBER: A54149

117. DATE (mm/dd/yyyy): 06/08/2004

118. TYPE, ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: PATRICK GIESEMANN, M.D. 10992 SAN DIEGO MISSION ROAD, SAN DIEGO, CA 92108

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

MANNER OF DEATH: Natural / Accident / Homicide / Suicide / Pending Investigation / Could not be determined

120. INJURED AT WORK? YES / NO / UNK

121. INJURY DATE (mm/dd/yyyy)

122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)

126. SIGNATURE OF CORONER / DEPUTY CORONER

127. DATE (mm/dd/yyyy)

128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR: A | B | C | D | E

FAX AUTH. #: 2410360

CENSUS TRACT

A01251992

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: JUNE 14, 2004

Nancy L Bowen MD

NANCY L. BOWEN, 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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

E19194

Client Copy

CERTIFICATE OF TRUST
Pursuant to California Probate Code Section 18100.5

We, RALPH A. CARRIZOSA and AMELIA M. CARRIZOSA, Co-Trustees, confirm the following facts:

1. The CARRIZOSA TRUST is currently in existence and was created September 6, 1996.

2. The Trustors of the Trust are: RALPH A. CARRIZOSA and AMELIA M. CARRIZOSA.

3. The currently acting Co-Trustees of the CARRIZOSA TRUST are: RALPH A. CARRIZOSA, AMELIA M. CARRIZOSA, RALPH A. CARRIZOSA (son), and VIRGINIA L. JENSON (daughter).

4. The Social Security Number for RALPH A. CARRIZOSA is: 567-07-6866; and AMELIA M. CARRIZOSA is: 567-07-6867.

5. The Trustee powers are attached hereto, and include the power to invest and reinvest principal, sell, convey, exchange, borrow money, and encumber the Trust property with a deed of trust or mortgage.

6. The CARRIZOSA TRUST may be revoked by either or both RALPH A. CARRIZOSA and AMELIA M. CARRIZOSA, Trustors, while both are living. It is therefore revocable.

7. Title to Trust assets for the Trust may be held in the following fashion:

RALPH A. CARRIZOSA, AMELIA M. CARRIZOSA, RALPH A. CARRIZOSA (son), and VIRGINIA L. JENSON (daughter), Co-Trustees of the CARRIZOSA TRUST dated September 6, 1996.

The undersigned Trustees hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and the Trust has not been revoked, modified, or amended in any manner which would cause the representations contained herein to be incorrect. This certification is being signed by the currently acting Co-Trustees.

DATED: September 6, 1996.

Ralph A Carrizosa
RALPH A. CARRIZOSA
Co-Trustee

Amelia M Carrizosa
AMELIA M. CARRIZOSA
Co-Trustee

E 19194

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN DIEGO)

On September 6, 1996, before me, RAYMOND F. SCHROEDER, JR., a Notary Public, personally appeared RALPH A. CARRIZOSA and AMELIA M. CARRIZOSA, personally known to me, or proved to me on the basis of satisfactory evidence, to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument, the persons, or the entities upon behalf of which the persons acted, executed the instrument. I declare under penalty of perjury that the persons whose names are subscribed to this instrument appear to be of sound mind and under no duress, fraud, or undue influence.

(seal)

RAYMOND F. SCHROEDER, JR.
NOTARY PUBLIC

RAYMOND F. SCHROEDER JR.
COMM. #994843
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires
JULY 9, 1997

E19194

Last Will and Testament

AMELIA M. CARRIZOSA

I, AMELIA M. CARRIZOSA, also known as AMELIA MARY CARRIZOSA, a resident of San Diego County, California, declare that this is my Will.

FIRST: I revoke all Wills and Codicils that I have previously made.

SECOND: I am married to RALPH A. CARRIZOSA, also known as RALPH ALVIN CARRIZOSA, and all references in this Will to "my husband" are to him. We have TWO (2) adult children born the issue of our marriage, who are:

RALPH ALEXANDER CARRIZOSA
VIRGINIA LOUISE JENSON

THIRD: I confirm to my husband his interest in our community property.

FOURTH: I give my entire estate, in Trust, to the Trustees of the RALPH A. AND AMELIA M. CARRIZOSA TRUST dated September 6, 1996, wherein my husband and I are the Trustors and we are the original Co-Trustees, along with my son RALPH and my daughter VIRIGINIA, to be added to and become a part of the corpus of said Trust and to be held, administered, and distributed according to its terms and provisions, together with any amendments thereto in effect at the time of my demise.

E19194

It is my intent, if it be permissible, not to create a separate Trust by this Will, nor to subject the Declaration of Trust mentioned herein, nor the property added to it by this Article FOURTH, to the jurisdiction of the Probate Court.

FIFTH: If any beneficiary under this Will, or any subsequent codicil to it, in any manner, directly or indirectly, contests or attacks this Will, or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this Will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me without issue.

SIXTH: Except as otherwise provided in this Will, I have intentionally omitted to provide herein for any of my heirs living at the date of my death.

SEVENTH: I direct that all inheritance, estate, or other death taxes that may by reason of my death be attributable to my probate estate, or any portion of it, including any property received by any person as a family allowance or homestead, shall be paid by my Executor out of the residue of my estate disposed of by this Will, without adjustment among the residuary beneficiaries, and shall not be charged against or collected from any beneficiary of my probate estate.

EIGHTH: I nominate the Acting Trustee(s) of the said RALPH A. AND AMELIA M. CARRIZOSA TRUST as Executor(s) of this Will. I ask that no bond be required of such Executor(s).

The term "my Executor" as used in this Will shall include any personal representative of my estate.

E-19194

I authorize my Executor to sell, with or without notice, at either public or private sale, and to lease any property belonging to my estate, subject only to such confirmation of court as may be required by law.

NINTH: At the time of my death, I direct that I be buried in the private cemetery on the ELLIS RANCH in Japatul, California, at the site known to my family.

I subscribe my name to this Will this 6th day of September, 1996, at San Diego, California.

Amelia M. Carrizosa
AMELIA M. CARRIZOSA

The Testator, AMELIA M. CARRIZOSA, on the date last above written, declared to us that the above instrument, consisting of THREE (3) pages, including this page, is her last Will, and requested us to act as witnesses to it.

Each of us, at her request, now signs as a witness in the presence of each other. Each of us observed the signing by the Testator and the signing by each other. Each of us knows that each signature appearing hereon is a true signature of the person who signed. Each of us is over the age of EIGHTEEN (18) years. It is our belief that the Testator is of sound mind and memory and is under no constraint or undue influence whatsoever.

We declare under penalty of perjury that the foregoing is true and correct.

EXECUTED on September 6, 1996, at San Diego, California.

Raymond F. Schroeder
RAYMOND F. SCHROEDER, JR.
P. O. Box 19759
San Diego, CA 92159-0759

Barbara J. Schroeder
BARBARA J. SCHROEDER
P. O. Box 19759
San Diego, CA 92159-0759

NON RES
AT
Need
cremation

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna B. Coffinbarger (X) 207285

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. July 18, 05 10:00

Church, Chapel, Graveside witness ONLY : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 219.00 will be applied and billed to undersigned.

Division 10 Section Blk/Row Lot 2914 Grave

* Grave space & Care Fund E-2036 1981	Ø
Overtime/Late Arrival Fees	Ø
* Opening/Closing & Setup	154.00
Burial Container Ash Vault	81.00
Handling Fees	88.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	66.00
Sales taxes	6.28
Total Due	$ 395.28
Paid receipt number R-58981	395.28
Balance due	Ø

PAID
JUN 21 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 for signature

Invoice #

Work Order # E 19195

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

NON RES
AT
Need
cremation

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna B. Coffinbarger (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. July 18, 05 10:00

Church, Chapel, Graveside witness only : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 219.00 will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2914 Grave _____

Grave space & Care Fund E-2036 1981	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-58981	395.28
Balance due	0

PAID
JUN 21 2005
MOUNT HOPE

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.

229231

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

X Anna D. Herrera
Signature

X ANNA D. HerrerA
Print Name
X 829 Leigh Ave. #2
Address
X San Jose CA 95128
City Zip Code
X (408) 278.1966
Telephone

Invoice # _____

Work Order # E 19195

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E19195

GRAVE BLIND CHECK FORM

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

Ash vault

		2913 Abraham Coffinbarger	2914 X	Sauceda Leonard		

Blind Check Initiated By: Sandra Date: 7-15

Interment space for: Anna B Coffinbarger

Interment Date: mon July 18, 05 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2914 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Norris Date: 7-15-05

E logged

E-19195

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-12 19 81

CHARGE ANNA B. COFFINBARGER

ADDRESS 5207 52nd Pl. #111 S.D. 92105 286-824

NAME OF DECEASED Pre-Need

OWNER SAME

ADDRESS

MORTUARY

LOT 2914 GR ROW SEC DIV 10	275	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	275	00
PAID RECEIPT NUMBER		
BALANCE		

PAID
JAN 12 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 letter Auth

ORDER TAKEN BY Sutton

W.O. NO. E Nº 2036

INVOICE NO.

PR-974 (REV. 9-78) #10574

E-19195

OFFICIAL RECEIPT

WHITE - TO CUSTOMER
BLUE - CEMETERY
PINK - AUDITOR
YELLOW - RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

DATE 1-12 19 81

FROM [illegible] ADDRESS [illegible] S.D. 92105

Two hundred Seventy Five [illegible] DOLLARS $ 275.00

IN [illegible] PAYMENT OF [illegible]

LOT 2314 GRAVE [illegible] SECTION

INVOICE NO. [illegible]

[illegible] E-20361

CITY AUDITOR
JAN 14 1981

UNPAID BALANCE AFTER THIS PAYMENT —0—

ISSUED BY [illegible]

TOTAL PAID $ 275.00

AC-212 (REV. 7-79)

E-19195

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNA	B.	COFFINBARGER	01/16/1915	05/21/2005	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 JOSE	SANTA CLARA	ANNA HERREA - DAUGHTER 829 LEIGH AVE #2 SAN JOSE, CA 95128

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
OAK HILL FUNERAL HOME 300 CURTNER AVE SAN JOSE CA 95125	FD 991

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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
		Hernandez	05/31/2005

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	RH 05/31/2005	▶ AUTH# 21091

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 ST SAN DIEGO, CA 92110

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 SAN DIEGO, CA	11B. DATE BURIED 7-18-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OAK HILL MEMORIAL PARK 300 CURTNER AVE SAN JOSE, CA 95125	12B. DATE CREMATED 6/6/05	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

at need Disinterment

Date 6/20/05

Pin # 169862

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alvin Milton Scott (Burial RS6)

in a _____ (Type of Burial Container) Funeral, date, time Weds 6/22 9:00

Church, Chapel, Graveside _____ Neptune Mortuary. Vince

fax 619 390 8024

All Funeral cars 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 108 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	$1463.00
Sales taxes	—
Total Due	$1463.00
Paid receipt number R-58984	1,463.00
Balance due	0

PAID

JUN 21 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 _____

OK per David Lopez Paulette

Invoice # _____

Work Order # E 19196

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19196

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 (Roots in grav

					Perkins	
Lind	Havens	Calhoun	X	DeJong		

Blind Check Initiated By: Paulette Date: 6/21

Interment space for: Alvin Milton Scott

Interment Date: 6/22/05 Time: 9:00

Div: 8 Sect: 1 Blk/Row: ____ Lot: 108 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: 6/21/05

E19196

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 23

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ALVIN	MILTON	SCOTT	09/08/1932	04/27/1956	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	WILLIS M SCOTT-BROTHER 713 OAK KNOLL DR MTN HOME, AR 72653

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021	FD-1352

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: ▶ V. [signature]

8B. DATE SIGNED: 06/14/2005

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	06/14/2005 VINCE ALARI	2509963 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [ ] 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 EL CAJON CEMETERY 2080 DEHESA RD EL CAJON, CA 92019	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-19896

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Alvin Milton Scott

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

The burial site for Alvin Scott is identified as:

Lot 108 Grave Section 1 Division 8

We acknowledge that we have been advised that the remains of Alvin M. Scott may not be present and/or intact.

	SIGNATURE(S)	RELATION TO DECEASED
JEAN	Harriet Jean Cradock	Wife
BECKY	Rebecca Kennedy	Daughter
LLOYD	Lloyd Scott	Son
BLANK		

BLANK _____
WITNESSED BY

BLANK _____
DATE

DIVERSITY BRINGS US ALL TOGETHER

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

AT-need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zewditu LAMMA 229145

in a TS vault (Type of Burial Container) Funeral, date, time Weds June 22, 05 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 $ 165.00 will be applied and billed to undersigned. x BB

Division MASON Section T Blk/Row ____ Lot 6 Grave 1

Grave space & Care Fund	1,755.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container TS vault	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	2,718.31
Paid receipt number K-58987	2,718.31
Balance due	0

PAID
JUN 21 2005
MOUNT HOPE CEMETERY

mort. To pay

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

229146

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

X Belen Sheferaw (Print Name)
X 3983 Iowa St Ap# 4 (Address)
X San Diego CA 92104 (City, Zip Code)
X (619) 808-8156 (Telephone)

X Belen (Signature)

Invoice # ____

Work Order # E 19197

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19197

GRAVE BLIND CHECK FORM

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

		Harriet E Alexander	X	Lummis John		

Blind Check Initiated By: Sandra Date: 6-21-05

Interment space for: Zenditu Lamma

Interment Date: Weds June 22, 05 Time: 12:00 Chapel

Div: MAS Sect: T Blk/Row: ____ Lot: 6 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 6-21-05

Flagged

E 19197
page 48

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Bewditu	Sheferaw	Lamma	12/29/1956	06/16/2005	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	Belen Sheferaw, Daughter 3983 Iowa Street #4 San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [illegible]	06/20/2005

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	06/20/2005	2510309 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 6-22-05	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.

AT-Need
NON-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eleanor Sokolowski 229101

in a Liner (Type of Burial Container) Funeral, date, time Thurs June 23rd 2:00 p.m.

Church, Chapel (Graveside) ; Conrad Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 219.00 will be applied and billed to undersigned.

Division 7 Section ___ Blk/Row ___ Lot 26 Grave 1

PAID
JUN 21 2005
MOUNT HOPE CEMETERY

Grave space & Care Fund	2,042.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container	278.00
Handling Fees	213.00
Flower vases (Marker setting fee) #232.00	232.00
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	$3,401.54
Paid receipt number Visa	$3,401.54
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.

229100

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

x Antonette Payne
Signature

x Antonette Payne
Print Name
x 9844 Ivanho St.
Address
x S.V. 91977
City Zip Code
x 619-987-8632
Telephone

Invoice # ___

Work Order # E 19198

Acct. # ___

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19198

GRAVE BLIND CHECK FORM

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

			X	Joseph Dickens		
			James Gray			

Blind Check Initiated By: Sandra Date: 6-21-05

Interment space for: Eleanor Sokolowski

Interment Date: Thurs. June 23rd, 05 Time: 2:00 p.m. (65)

Div: 7 Sect: 1 Blk/Row: ____ Lot: 26 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/24/0

7 baggese

E 19198

age 71

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELEANOR	LUCY	SOKOLOWSKI	02/25/1934	06/20/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Antonette Payne - Daughter 9844 Ivanho Street Spring Valley, CA 91977

7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945-1533	FD941

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
		▶ [illegible]	06/21/2005

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	Kim Beaulieu 06/21/2005	2510354 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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	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)
arrival 3:30 per Kevin/Norman

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GREGORY B. ALBERT 229141

in a DD crypt "A" (Type of Burial Container) Funeral, date, time monday June 27th, 1:00p.m

(Church) Chapel, Graveside Phillips Temple : 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. x Jackie Albert

Division 12 Section 2 Blk/Row ____ Lot 39 Grave 3

* Grave space & Care Fund E-2089 (1981)	0
Overtime/Late Arrival Fees	
• Opening/Closing & Setup	413.00
Burial Container ..... DD crypt A	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.40
Total Due	$ 1,265.40
Paid receipt number R-58995	1,265.40
Balance due	0

PAID
JUN 23 2005
MOUNT HOPE CEMETERY

mort. 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.

229142

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

x Bessie R. Albert
Signature

Billed family 6-28-05
late arrival fee
Rd 6-30-05 Visa

Work Order # E 19199

x BESSIE R. ALBERT
Print Name

x 5020 LISE AVE
Address

SAN DIEGO, CA. 92102
City Zip Code

x 619-263-0877
Telephone

Invoice # ____

Acct. # ____

RCA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19199

GRAVE BLIND CHECK FORM

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

	Odessa Knaff		#3 X	Rosie ward		

Blind Check Initiated By: Sandra Date: 6-24-05

Interment space for: Gregory B Albert

Interment Date: monday June 27th, 05 Time: 1:00 p.m Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 39 Gr: 3

Grave Laid out by: C Warren

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Norris Date: ____

E19199

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 49

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GREGORY	BREYON	ALBERT	12/25/1955	06/19/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]TIONAL CITY	SAN DIEGO	BESSIE R. ALBERT: MOTHER 5030 [redacted]LISE AVENUE 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	▶ Sunniva Pryor	06/22/2005

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S.PRYOR 06/22/2005	2510391 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6-27-05	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 ▶	
[redacted]TTERING/BURIAL [redacted] AT SEA OR [redacted]SPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA 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 Deed over-size Liner #7

Date 06/21/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leawanda Wilborn 229111

in a Liner #7 (Type of Burial Container) Funeral, date, time Sat. June 25, 2005 11:00 Claudette

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 250 Grave 1

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees SAT. FEE	1660.00
Opening/Closing & Setup	413.00
Burial Container over-size Liner #7	$242.00 ~~209.00~~
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	$18.76 ~~16.20~~
Total Due	$2,528.76 ~~2493.20~~
Paid receipt number R-58992 pd by visa	$2,493.20
Balance due	$35.56 ~~0~~

PAID JUN 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.

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Invoice # _____

Acct. # _____

Res fee Paulette

Work Order # E 19200

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 06/21/05

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

in a Liner (Type of Burial Container) Funeral, date, time Sat. June 25, 2005 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 2 Blk/Row _____ Lot 250 Grave 1

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees SAT FEE	1060.00
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	2493.20

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.

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

Barbara K Flowers
Signature

Barbara K Flowers 229114
Print Name
330 Coralwood Dr
Address
San Diego 92114
City Zip Code
(619) 994-5184
Telephone

Res. fee Paulette

Invoice # _____

Work Order # E 19200

Acct. # _____

RSA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19200

GRAVE BLIND CHECK FORM

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

oversize Liner #7

		Byel Chamberlain				
			X			
			Catlin		Rosas	Wallace

Blind Check Initiated By: Paulette C. Date: 6/22

Interment space for: Leawanda Wilborn

Interment Date: SATURDAY 6/25/05 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 250 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 5-23-05

E-19200

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 41

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEAWANDA	YVETTE	WILBORN	10/23/1963	06/20/2005	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	ALLAN WILBORN JR.-SON 4325 42ND 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
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CTTY CA 91950	SD-1689

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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]	06/23/2005

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$11.00	06/23/2005 V MITCHELL	▶ 2510494

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 6-25-05	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 2 IS RETAINED BY 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 6-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aisha King 229115

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Tues. June 28. 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 2 Blk/Row _____ Lot 170 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	1,948.31
Paid receipt number Visa	1,948.31
Balance due	0

PAID

JUN 22 2005

MOUNT HOPE CEMETERY

Res. Fee 5410 Churchward ST.

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

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

Signature

Danny King 229116
Print Name

6560 SCIMITAR DR.
Address

SAN DIEGO CA 92114
City Zip Code

619-263-1297
Telephone

Invoice # _____

Acct. # _____

Danielle
Work Order # E 19201

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19201

GRAVE BLIND CHECK FORM

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

			Rios		Fields	
		Williams	X			
		Smith	Langley	Fletcher		

Blind Check Initiated By: Pauletta Date: 6/27

Interment space for: Cicero King

Interment Date: 6/28/05 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 170 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 6-27-05

E 19201

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 28

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AISHA	NATRE	KING	11/14/1976	06/20/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	VIVIAN E. JOHNSON-MOTHER 5410 CHURCHWOOD 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 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	▶ [signature]	06/21/2005

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	06/27/2005 V MITCHELL	▶ 2510623

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 6-28-05	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.

pre-Need
For one
Full Body
+ one cremation

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-23-05

Pin # 229079

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catalina P. Nunez-VanWey & Jerome C. VanWey

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 230 Grave 5

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup $413.00 TS + $116.00 Ash	529.00
Burial Container $275.00 TS Vault + Ash Vault $61.00	336.00
Handling Fees $204.00 TS + $66.00 Ash	270.00
Flower vases (TC) Marker setting fee $51.63 TS + $138.00 Ash	189.63
Recording/Filing/Transfer Fees $50.00 TS + $50.00 Ash	100.00
Sales taxes $21.31 + $4.73 - Ash	26.04
Total Due	2,435.67
Paid receipt number Visa	2,435.67
Balance due	0

PAID

JUN 23 2005

MOUNT HOPE

I hereby certify that I am the x Self and 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.

Pin # 229080

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

x Catalina P. Nunez-VanWey
Signature

x Catalina P. Nunez-VanWey
Print Name

x Jerome C. Van Wey
Address

x 1306 Eagle Glen
City

x Escondido, CA 92029
Zip Code

Telephone 760 747 7960

Invoice # _____

Work Order # E 19202

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

AT- Deed
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul F. Fabian 229143

In a Liner (Type of Burial Container) Funeral, date, time Thur June 30th 05 11:00 Paul

Church, Chapel, Graveside : Featheringill Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 140 Grave 6

Grave space & Care Fund E-4692 (1986)	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee (W/O 4909 Bair vase / Brone MARKER)	~~149.83~~ pc.
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1049.05
Paid receipt number VisaCard	1049.05
Balance due	0

PAID
JUN 27 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 228757

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

X _____ Signature

Paulette

X JOHN B. RISKOSKY Print Name

X 827 BUTLER ROAD Address

X KITTANNING PA 16201 City Zip Code

X 724-545-6210 Telephone

Invoice # _____

Work Order # E 19203

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19203

GRAVE BLIND CHECK FORM

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

		W.E Bowens	X	Alyce Fabian		

Blind Check Initiated By: Sandra Date: 6-27-05

Interment space for: Paul F. Fabian

Interment Date: Thurs June 30,05 Time: 11:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 140 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 6-28-05

E-19203

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 89

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

1A. NAME OF 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	Francis	Fabian	04/01/1916	06/23/2005	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	Patricia McClure (Niece) 6761 Greenbrier Ct. San Diego, CA 92120 (619) 265-8089

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill MOrtuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M Dominguez	06/27/2005

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	06/27/2005	2510655 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 SanDiego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] 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 FACILIT ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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.

Cremation
Per
AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willard Harpster (X) 225652

in a Ash Vault (Type of Burial Container) Funeral, date, time Weds. June 29 2pm

Church, Chapel, Graveside ; CA Cremation Mortuary. 286-2674 Fax

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

will be applied and billed to undersigned. _____

Division 7 Section 4 Blk/Row _____ Lot 63 Grave 3

Grave space & Care Fund E-3861 (1983) Ø

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 116.00

Burial Container Ash vault 61.00

Handling Fees 66.00

Flower vases, Marker Setting fees $138.00 + $25.85 163.85

Recording/Filing/Transfer Fees 50.00

Sales taxes 4.73

PAID

JUN 24 2005

Total Due $461.58

Paid receipt number R-58998 $461.58

MOUNT HOPE CEMETERY

Balance due Ø

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.

208387

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

X Dorothy W. Harpster
Signature

X Dorothy Harpster
Print Name

X 5343 Wilshire Dr.
Address

X San Diego, CA. 92116
City Zip Code

X 916-284-3679
Telephone

Invoice # _____

Work Order # E 19204

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

7-7-05 WO# 4430 gal vase

MT HOPE CEMETERY E-19204

please let office know where cremains are being place for legal description card

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Ash vault / Family allowed to have up to (3) cremains in lot This is the first cremain

		Frank Johnson		Crosby Benjamin	Viola Crosby	Claude Relyea
			Lot 63 Gr X 3			

Blind Check Initiated By: Sandra Date: 6-27-05

Interment space for: Willard Harpster (A)

Interment Date: 6/29 weds Time: 2pm G.S.

Div: 7 Sect: 4 Blk/Row: ____ Lot: 63 Gr: 3

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

* flagged

E-14204

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

4282-02

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLARD	W.	HARPSTER	11/26/1915	06/23/2005	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	DOROTHY HARPSTER-WIFE 5343 WILSHIRE DR. SAN DIEGO CA 9211

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
CALIFORNIA CREMATION & BURIAL 5880 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]	06/24/2005

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	06/27/2005 V MITCHELL	▶ 2510629

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 ST. SAN DIEGO CA 92102	11B. DATE BURIED 6-29-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601-D CRANE ST. LAKE ELSINORE CA 92530	12B. DATE CREMATED 06/27/05	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.

At-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sonya Lavonne Dixon (D) 229317

in a No Ash Vault Reg (Type of Burial Container) Funeral, date, time Shut July 28 11:00

Church, Chapel, Graveside Delivery Only ; 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. Lorenzo Ballard

Division 8 Section 4 Blk/Row Lot 57 Grave 1

Grave space & Care Fund	330.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.00
Burial Container No Ash Vau	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	
Total Due	$ 496.00
Paid receipt number R-59391	496.00
Balance due	Ø

PAID
JUL 26 2005
MOUNT HOPE CEMETERY

Mort To pay

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

229318

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

X Lorenzo Ballard
Signature

X LORENZO WALTER BALLARD
Print Name

X4445 42nd St
Address

X San Diego CA 92116
City Zip Code

X619 624 9070
Telephone

Invoice #

Work Order # E 19205

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 19205

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Ash vault Reg

			57 X	58 Huddleston		
				Jewell		

Blind Check Initiated By: Sandra Date: 7-27-05

Interment space for: Sonya Lavonne Dixon (X)

Interment Date: Thurs July 28th Time: 11:00

Div: 8 Sect: 4 Blk/Row: ____ Lot: 57 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: 7-26-05

E-19205

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 50

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SONYA	LAVONNE	DIXON	08/01/1954	06/23/2005	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	LORENZO WALTER BALLARD: BROTHER 4445 42ND STREET SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person filing permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	▶ Sennula Pryor	06/29/2005

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	S.PRYOR 06/29/2005	2510753 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael Allen
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI CREMATION SERVICES, INC. 2570 FORTUNE WAY, VISTA, CA 92083	12B. DATE CREMATED 7/1/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Paul R Clay
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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.

Pre-Need
NON-Res
NO Ash vault
Reg 1st + 2nd
Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-24-05

Pin # 229117 Pin # 229118 CO purchaser

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dora Dean Collins + George Allen Alexander in a No Ash vault Reg (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 306 Grave _____

Grave space & Care Fund	$439.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ $154.00	308.00
Burial Container No Ash vault Reg	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ $66.00	132.00
Sales taxes	
Total Due	$879.00
Paid receipt number R-59025	220.00
Balance due	$659.00

paid in full 3/14/06
P-00176
Jan pre-need

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 attest for signature

Invoice # _____

Work Order # E 19206

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Denise Culverson - Friend
(619) 285-9093

Dora Dean Collins / co purchaser George Allen Alexander
11502 Canyon Trail Drive
Houston, Texas 77066
(281) 397-0525

Pre-Need
NON-Res
NO Ash Vault
Reg 1 st & F
Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dora Dean Collins + George Allen Alexander

in a No Ash vault Reg (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 306 Grave _____

Grave space & Care Fund	$439.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ $154.00	308.00
Burial Container No Ash vault Reg	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ $66.00	132.00
Sales taxes	
Total Due	$ 879.00
Paid receipt number R-59025	220.00
Balance due	$659.00

I hereby certify I am the + DORA Collins of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Dora Collins
Signature

x DORA Collins
Print Name
x 11502 CANYON Trail Dr
Address
x HOUSTON TX 77066
City Zip Code
x 281-397-0525
Telephone

Invoice # _____

Work Order # E 19206

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

59280

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10-6, 20 05

From: Dora D. Collins Address: On record

Forty Dollars ($ 40 -)

in part 8 Payment of Pre-need trust

Div Sec 4 Blk/Row Lot 306 Grave 1

Invoice No. E - 19206

Acct. No.

W.O.

BALANCE DUE $ 549. —

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 4-04) 458719026

This information is available in alternative formats upon request.

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

PAID

OCT 0 6 2005

MOUNT HOPE CEMETERY

ISSUED BY Rawford

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	40	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	40	—

R-59377

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11/4, 2005

From Dora Collins Address: on record

Forty and 00 Dollars ($ 40.-)

in part Payment of Pre-need trust.

Lot 306 Grave 1 Row Section 4 Division Block 8

Invoice No. E-14206

Acct. No.

W.O.

BALANCE DUE $ 509.00

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

Pre-need Trust (X) Cash ( ) Check (X)

AC-212 (Rev. 10-02) M.D. 5800006464

This information is available in alternative formats upon request.

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

PAID

NOV 03 2005

MOUNT

ISSUED BY DCrawford

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

R-59467

E 19206

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Dec 7, 2005

From: Dora Collins Address: on record

Thirty — Dollars ($ 30 —)

in part Payment of Pre-need trust.

Lot 306 Grave 1 Row Section 4 Division Block 8

Invoice No. E-19206

Acct. No.

W.O.

BALANCE DUE $ 479. —

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

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

559406998

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

PAID

DEC 06 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	30 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	30 —

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 00176

Date: 3/15, 2006

From: Dora Collins Address: on record

Four hundred twenty-two Dollars ($ 422.—)

in full Payment of Pre-need turned to at-need

Div 8 Sec 4 Blk/Row Lot 306 Grave

Invoice No. LE-19206

Acct. No.

W.O.

BALANCE DUE ~~[illegible]~~ zero Ø

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check

AC-212 (11-05) 4550 25020

This information is available in alternative formats upon request.

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

PAID

MAR 14 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	422.—
Trust	77186	

TOTAL PAID $ 422.—

OFFICIAL RECEIPT

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

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

P 00102

Date: 2-6, 20 06

From: Dera Collins Address: 11502 Canyon Trail Dr Houston TX 77066

Twenty-Seven and 00 Dollars ($ 27 —)

in part Payment of pre-need trust account.

Div 8 Sec 4 Blk/Row Lot 306 Grave 1

Invoice No. E-19206

Acct. No.

W.O.

BALANCE DUE $ 422.—

☐ Pre-Need Lot ☒ Money Order

☒ Pre-Need Trust ☐ Charge

#643049417 ☐ 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 06 2006

ISSUED BY

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	27 —
Trust	77186	
TOTAL PAID		$ 27 —

OFFICIAL RECEIPT

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

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

P 00035

Date: January 5, 20 06

From: Dora D. Collins Address: on record

Thirty and 00/00 Dollars ($ 30 —)

in part Payment of Pre-need trust

Div 8 Sec 4 Blk/Row Lot 306 Grave 1

Invoice No. E 19206

Acct. No.

W.O.

BALANCE DUE $ 449. —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check

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

PAID

JAN - 4 2006

ISSUED BY Paulette MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	30.00
TOTAL PAID	$	30.00

AC-212 (11-05)

This information is available in alternative formats upon request.

643049158

439.00 lot 154.00 66.00 contract expires June 2007 monthly $27.00
Pin# 229117 +220- payments due 24th of each month

E-19206

COLLINS, DORA 11502 Canyon Trail Dr. Houston, TX 77066 Ph (281) 397-0525

DIV 8 SEC 4 LOT 306

				DEBIT	CREDIT	BALANCE
06-24-05	Opened Pre-Need & Trust with 25% down					
	Trust to include (Two) O/C & (Two) R/F, No Ash Vault					
	Req.	$264.00 20%	$66.00 20%	879.00	$200.00	$659.00
8-4-05	R-59441	Coupon #1	aug 2005		35.-	624.00
9-6-05	R-59143	coupon #2	Sept 2005		35 —	589.00
10-6-05	R-59280	" 3	oct 2005		40	549. —
11-4-05	R-59377	" 4	Nov 2005		40 —	509. —
12-7-05	R-59467	" 5	Dec 2005		30 —	479. —
1-5-06	P-00035	# 6	Jan 2006		30 —	449. —
2-6-06	P-00102	#7	Feb 2006		27. —	422. —
3-14-06	P-00176	paid in full			422 —	0

PAID

MAR 1 2006

MONTGOMERY COUNTY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 6-27-05

Pin # 229327

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time Aug. 3rd Weds 10:30

Church, Chapel, Graveside : Eversole of Ukiah Mortuary.

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

will be applied and billed to undersigned. _____

Division 3 Section 9 Blk/Row _____ Lot 21 Grave 2

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	154.00
Burial Container	89.00
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-59000	395.28
Balance due	Ø

PAID

JUN 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.

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # See attached Notarized papers

Acct. # _____

Paulette

Work Order # E 19207

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19207

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 for Maude/Robert MacDougall

		Hartley				
		Hartley	x		Keen	
		Hartley				Whitley

Blind Check Initiated By: Paulette Date: 8-2-05

Interment space for: Kathleen MacDougall

Interment Date: August 3 Time: 10:30 Weds.

Div: 3 Sect: 9 Blk/Row: — Lot: 21 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David N. Date: 8-2-05

Float

E 19207

June 22, 2005

Paulette Crawford
Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

RE: MacDougall (your Lot code 3-9-21 Graves 1 or 2)

This is a supplementary note to the Notarized letter which you requested:

The 'Permit for Disposal' is to be enclosed with the Ashes (remains) being shipped to you by the Eversole Mortuary of Ukiah.

Your requirement of 'eldest' next of kin is interesting. Our estate executor is actually our youngest child. But so be it. However, your requested notarized letter is accomplished.

I am asking for you to schedule the internment during the mid to late morning of August 3, 2005. Together with my four children along with cousins from San Diego, we are designing our event for that time. We expect to have an informal gathering without clergy - just a moment of family togetherness.

As to the selection of sites within the Hartley Plot in Division, Section 9, Lot 21: in a projection of the future the Cemetery can expect a request for the placing of my Ashes. I intend to have markers on each site similar to those of my parents. Somehow it seems to me that there should be a fairly close setting to honor us as a married couple following my parents and my heritage family. The Plot was initiated by my Mother's parents. At this moment I don't have an opinion of that matter. I seek the advice and opinion of whoever might be the person to help. If the solution requires more fees, please advise.

Thanking you,

Robert T. MacDougall, Jr., pin # 229328
105 Barbara Street
Ukiah CA 95482
<rtmkvm@pacific.net>

E-19207

Robert T. MacDougall, Jr.
105 Barbara Street
Ukiah, CA 95482
707-462-5958

June 20, 2005

Paulette Crawford
Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

Re: Kathleen V. MacDougall, deceased

Dear Ms. Crawford:

I hereby declare that am the surviving spouse of Kathleen V. MacDougall, deceased, and her eldest next of kin.

Enclosed is my check for the sum of $395.28 to cover your fees. If you have any questions, give me a call or e-mail me at rtmkvm@pacific.net.

Sincerely yours,

Robert T. MacDougall, Jr.

ACKNOWLEDGMENT

State of California)

County of Mendocino) ss.

On June 20, 2005, before me, Julia Miller, Notary Public in and for the State of California, personally appeared ROBERT T. MAC DOUGALL, JR. personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he executed the same in his

E-19207

authorized capacities, and that by his 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.

Julia Miller
Signature of Notary Public

OFFICIAL SEAL
JULIA MILLER
NOTARY PUBLIC - CALIFORNIA
COMMISSION # 1388469
MENDOCINO COUNTY
My Commission Exp. December 30, 2006

E-19207

From: "Bob MacDougall" <rtmkvm@pacific.net>
To: "'Paulette Crawford'" <PYCrawford@sandiego.gov>
Date: 6/27/2005 9:16:05 AM
Subject: RE: Kathleen V. MacDougall, deceased

Dear Ms Crawford,

Re: MacDougall

Incidentally, the Ashes are supposed to be shipped today to Mt. Hope from Ukiah by our local Mortuary.

If it be possible for such a schedule, say 10:30 or thereabouts in the morning of August 3rd, to place the Ashes into the ground while the family in present, that would be our desire and even expectation of events. At a proper future time for your people to decide when the soil stabilizes; we would employ your field workers to place the small marker (similar to those of my parents) that we intend to have prepared.

Please respond as to your capacity to meet our desires. Your messages are so nice and kind, we very much appreciate your efforts.

Bob MacDougall (and family)

-----Original Message-----

From: Paulette Crawford [mailto:PYCrawford@sandiego.gov]
Sent: Monday, June 27, 2005 8:11 AM
To: rtmkvm@pacific.net
Cc: Paulette Crawford
Subject: Kathleen V. MacDougall, deceased

Mr. Robert T. MacDougall, Jr. we have recieved the paperwork and the check in the mail for the sum of $395.28 to cover fees for her burial. A reciept and a copy of the interment will be in the mail to you. In your letter you stated August 3, 2005 you and the family would be here for a gathering. Now, will the ashes be buried in August or is this a direct burial?

Paulette

Paulette Crawford
Mt. Hope Cemetery
(619) 527-3401
Fax (619) 527-3403

_____ NOD32 1.1155 (20050626) Information _____

This message was checked by NOD32 antivirus system.

E-19207

http://www.nod32.com

E-19207 6245-5639

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KATHLEEN	VERONICA	MacDOUGALL	04/30/1920	02/25/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
UKIAH	MENDOCINO	ROBERT T. MacDOUGALL JR. - SPOUSE 105 BARBARA STREET UKIAH, CA 95482

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
THE EVERSOLE MORTUARY 141 LOW GAP ROAD UKIAH, CA 95482	FD-24

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 2/27/05

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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	6/22/05	▶ M Tatter 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
MENDOCINO CO 1120 SOUTH DORA STREET UKIAH, CA 95482	SAN DIEGO, CA 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
- [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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-3-05	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.

NON Res
AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daisy Fowler-Brewer 206886

in a TS Vault (Type of Burial Container) Funeral, date, time Wed July 6, 05 7:00 Am Dallas

Church, Chapel, Graveside Delivery only : El Cajon Mortuary.

All Funeral cars 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 640 Grave _____

Grave space & Care Fund D-4791 (1974)	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 ..... Galv. vase	35.16
Recording/Filing/Transfer Fees	66.00
Sales taxes	28.37
Total	1315.53
Paid receipt number R- 59003	1315.53
Balance due	0

PAID
JUN 27 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.

229125

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

X [signature]
Signature

X KEN FOWLER
Print Name

X 5172 AVENIDA PLAYA CANCUN
Address

X SAN DIEGO 92124
City Zip Code

X 858 277 8860
Telephone

Invoice # _____

Work Order # E 19208

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Ken Fowler

7-7-05 WO# 4433
Gal Vase

MT HOPE CEMETERY E-19208

GRAVE BLIND CHECK FORM

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

	Willie Pugh	Marvin Fowler X				Jane Wicle

Blind Check Initiated By: Sandra Date: _____

Interment space for: Daisy Fowler

Interment Date: Weds July 6, 05 Time: 9:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 640 Gr: _____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-30-05

E-19208

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Daisy	Kate	Fowler	12/28/1914	06/28/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Kenneth Fowler - Son 5172 Avenida Playa Cancun San Diego, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
El Cajon Mortuary 684 S. Mollison Ave. El Cajon, CA 92020	FD-1022	▶	07/01/2005

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	07/01/2005 P.J. Bickford	2510902 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 7-6-05	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
Res. Verified

Date 6-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angela Hinton 229121

in a Liner (Type of Burial Container) Funeral, date, time Friday July 1 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 15 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 (26.85 Galv. vase)	25.85
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1,859.05
Paid receipt number VisaCard	1,859.05
Balance due	0

PAID
JUN 27 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.

229122

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

Gloria L. Allen
Signature

Gloria L. Allen
Print Name
2033 W. 42nd St.
Address
Los Angeles, CA 90062
City Zip Code
323-299-1896
Telephone

Paulette

Work Order # E 19209

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

7-7-05 WO# 4431 Gal Vase

MT HOPE CEMETERY E-19209

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Paulette Date: 6-27

Interment space for: Angela Hunter

Interment Date: 7-1-05 Time: Friday July 1 11:00 chapel

Div: 12 Sect: 1 Blk/Row: ____ Lot: 15 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flags

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-28-05

E 19209

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

page 52

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANGELA	MICHELLE	HINTON	11/25/1952	06/26/2005	F

5A. CITY OF DEATH: LA JOLLA

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: GLORIA ALLEN-SISTER
2033 WEST 8ND ST
LOS ANGELES, CA 90062

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: 06/27/2005

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: $11.00

9B. DATE PERMIT ISSUED: 06/30/2005 V MITCHELL

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ 2510818

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 7-1-05	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 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 to At Need

Date 6/27/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Moseley 229147

in a Double-Crypt "A" (Type of Burial Container) Funeral, date, time Friday July 1 1:00

Church, Chapel, (Graveside) : Merkely Mitchell Mortuary. Lorna

All Funeral cars 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 7 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund	A-6012 (1953)	~~0~~
Overtime/Late Arrival Fees		~~0~~
Opening/Closing & Setup	E-19117 Paid for	413.00
Burial Container	"	418.00
Handling Fees	"	852.00
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	50.00
Sales taxes	"	32.40
Total Due		~~0~~
Paid receipt number	R-58838	~~0~~
Balance due		~~0~~

fax (619) 295-6039

E-19117

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 19210

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need (RES) 1st & 2nd Burial pd IN Full

MT. HOPE CEMETERY

INTERMENT ORDER E-19210

City of San Diego

Date 5-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Lavonna Moseley

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 5 Section 7 Blk/Row Lot 7 Grave 4

Grave space & Care Fund	A-6012 (1953)	0
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		0
Recording/Filing/Transfer Fees	2 @ $50.00	100.00
Sales taxes		32.40

PAID MAY 11 2005 MOUNT HOPE CEMETERY

Total Due $1,728.40

Paid receipt number R-58838 $1,728.40

Balance due 0

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

229148

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

X Signature

X Print Name

X Address 4602 Kamo #1

X City San Diego, 92116 Zip Code

X Telephone (619) 516-1608

Invoice #

Work Order # E 19117

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

6192956039 MITCHELL MORTUARIES P

SD MT. HOPE CEMENTERY → 92956039 NO.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6/27/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Moseley in a Double-Crypt A (Type of Burial Container) Funeral, date, time Friday July 1 1:00 Church, Chapel, Graveside _____ Merkely & Mitchell Mortuary, Lma

All Funeral cars 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 7 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund	A-6012 (1958)	~~0~~
Overtime/Late Arrival Fees		~~0~~
Opening/Closing & Setup	E-19117	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		~~0~~
Paid receipt number	R-58838	~~0~~
Balance due		~~0~~

fax (619) 295-6039

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.

Ina L Newton
Signature

Ina L. Newton
Print Name

4602 Kansas St #101
Address

San Diego Ca 92116
City Zip Code

(619) 516-1608
Telephone

Paulette
Work Order # E 19210

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19210

GRAVE BLIND CHECK FORM

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

	Southward Paulette Newton	Oliver Newton	Southward X	Southward Henry Park		

Blind Check Initiated By: Paulette Date: 6-28

Interment space for: Doris Moseley

Interment Date: Friday 7-1-05 Time: 1:00 GS

Div: 5 Sect: 7 Blk/Row: ____ Lot: 7 Gr: 4 Double-Depth 1st

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: ____ Date: ____

E 19210

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS age 68

1A. NAME OF 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	LaVONNA	MOSELEY	01/11/1937	06/26/2005	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	INA L. NEWTON - SISTER 4602 KANSAS STREET, #101 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
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103	FD 119	▶ [signature]	06/28/2005

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 06/28/2005	2510679 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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	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
NON-Res
Trust
1st & 2nd
Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Barbara L. Anderson Pin # 206388

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 10 Section _____ Blk/Row _____ Lot 5167 Grave _____

Grave space & Care Fund	D-743 (1971)	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ $549.00	1,098.00
Burial Container	DD crypt	556.00
Handling Fees		468.00
Flower vases – Marker Setting Fee		
Recording/Filing/Transfer Fees	2 @ 66.00	132.00
Sales taxes		43.09
	Total Due	$ 2,297.09
	Paid receipt number R-59002	$ 575.00
	Balance due	$ 1,722.09

PAID
FEB 14 2007
MOUNT HOPE CEMETERY

Pd in full $354.09

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.

Barbara L Anderson
Signature

Barbara L. Anderson
Print Name

304 N Lewis St
Address

Lake Elsinore CA 92530
City Zip Code

(951) 674-7096
Telephone

Invoice # _____

Work Order # E 19211

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Contract Expires June 2007 $72.00 monthly E-19211
Due 27th of each month $66.09 Final

Pin# 206388

ANDERSON, BARBARA L. 304 N. Lewis St. Lake Elsinore CA. 92530 (951) 674-7096

DIV 10 LOT 5167

		DEBIT	CREDIT	BALANCE
06-27-05	Opened Pre-Need Trust w/ 25% down	2,297.09	575.00	$1,722.09
7-11-05	Trust to include (two) O/C, DD Crypt, B/C, R-59043	July 2005	72.00	1650.09
8-4-05	H/F, (two) R/F, Taxes R-59438	Aug 2005	72.00	1578.09
9/6/05	Coupon #3 Sept 05 R-59146	Sept 2005	72.00	1506.09
10/4/05	" 4 Oct 05 R-59264	Oct 2005	72.—	1434.09
11/08/05	" 5 Nov 05 R-59414	Nov 2005	72.—	1362.09
1/12/06	" P-00050 #4822	Dec 2005	72.—	1290.09
1-6-06	" 7 Jan 06 P-00040 (check 4819)	Jan 2006	72.—	1218.09
2-2-06	" 8 Feb 06 P-00096 (4852)	Feb 2006	72.—	1146.09
3-1-06	" 9 March P-00147	Mar 2006	72.—	1074.09
4-5-06	" 10 April P-00213	Apr 2006	72.—	1002.09
5-1-06	" 11 May P-00258	MAY 2006	72.—	930.09
6-2-06	" 12 June P-00317	June 2006	72.—	858.09
7-5-06	" 13 July P-00366	July 2006	72.—	786.09
8-4-06	" 14 Aug P-00432	Aug 2006	72.—	714.09
9-1-06	" 15 SEPT P-00466	Sept 2006	72.—	642.09
10/4/06	" 16 OCT P-00514	Oct 2006	72.—	570.09
10-31-06	" 17 Nov P-00558	Nov 2006	72.—	[illegible]
12-04-06	18 Dec P-00604	Dec 2006	72.—	[illegible]
01-05-07	19th Jan P-00639	Jan. 2007	72.—	[illegible]

Anderson, Barbara

E-19211

DIV 10	LOT 5167	DEBIT	CREDIT	Balance
1-5-07	Balance Forwarded			354.09
2/14/07	Paid balance in full		354.09	-0-

PAID

FEB 14 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 00639

Date: January 5, 20 07

From: Barbara Anderson Address: on record

Seventy-Two Dollars ($ 72—)

in Part Payment of Pre-need Trust. Coupon # 19

Div 10 Sec _____ Blk/Row _____ Lot 5167 Grave 1

Invoice No. E-19211

Acct. No. _____

W.O. _____

BALANCE DUE $ 354.09

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 5191

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

PAID

JAN 05 2007

MOUNT

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72—
Trust	77186	
TOTAL PAID		$ 72—

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

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

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

P 00604

Date: December 04, 20 06

From: Barbara A. Address: on record

Seventy-two Dollars ($ 72 —)

in part Payment of pre-need trust

Div 10 Sec Blk/Row Lot 5167 Grave

Invoice No. E.19211

Acct. No.

W.O.

BALANCE DUE $426.09

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5167

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

PAID

DEC - 4 2006

MOUNT HOPE

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72 —
Trust	77186	
TOTAL PAID		$ 72 —

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 00558

Date: 10-31, 20 06

From: B. Anderson Address: on record

Dollars ($ 72 -)

in part Payment of Pre-need trust coupon # 17

Div 10 Sec Blk/Row Lot 5167 Grave

Invoice No. E 19211

Acct. No.

W.O.

BALANCE DUE $ 498.09

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 5139

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

PAID

OCT 31 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72 -
Trust	77186	
TOTAL PAID	$	72 -

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 00514

Date: 10 | 4 , 2006

From: B. Anderson Address: on record

Dollars ($ 72 —)

in part Payment of Pre-need trust.

Div 10 Sec Blk/Row Lot 5167 Grave

Invoice No. ED19211

Acct. No.

W.O.

BALANCE DUE $ 570.09

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

PAID

OCT 03 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72 —
Trust	77186	
TOTAL PAID		$ 72 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 411

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 00466

Date: September 1, 20 06

From: Barbara L. Anderson Address:

Seventy-two and N Dollars ($ 72 -)

in Part Payment of Pre-need trust. Coupon # 15

Div 10 Sec — Blk/Row Lot 5167 Grave —

Invoice No. E - 19211

Acct. No.

W.O.

BALANCE DUE $642.09

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

PAID

SEP - 1 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72 -
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5075 ISSUED BY Paulette

TOTAL PAID $ 72 -

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 00432

Date: 8/4, 2006

From: Barbara L. Anderson Address: on record

Dollars ($ 72 -)

in part Payment of Pre-need-burial.

Div 10 Sec Blk/Row Lot 5167 Grave 1

Invoice No. E- 19211

Acct. No.

W.O.

BALANCE DUE $ 714-09

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 5045

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

PAID

AUG 04 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	72	-
Trust	77186		
TOTAL PAID		$ 72	-

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 00317

Date: 6-2, 20 06

From: B. L. Anderson Address: on record

Seventy-two Dollars ($ 72 —)

in Part Payment of Pre-need Trust.

Div 10 Sec Blk/Row Lot 5167 Grave

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $858.09

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 4971

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

PAID

JUN - 2 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72 —
Trust	77186	
TOTAL PAID		$ 72 —

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 00258

Date: 5/1 , 20 06

From: Barbara A. Address: On record

Seventy - Two and 00 Dollars ($ 72.-)

in Part Payment of Pre-need trust.

Div 10 Sec — Blk/Row — Lot 5167 Grave —

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $930.09

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

PAID

MAY 01 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72 —
Trust	77186	
TOTAL PAID		$ 72 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4741

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 00213

Date: 4-5, 20 06

From: B. Anderson Address:

Dollars ($ 72 —)

in part Payment of Pre-need trust

Div 10 Sec Blk/Row Lot 5167 Grave

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $1,002.09

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

APR 04 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72 —
Trust	77186	
TOTAL PAID	$	72 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4907

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 00147

Date: 3/1, 20 06

From: Barbara L. Anderson Address:

Seventy-two and 00 Dollars ($ 72.-)

in part Payment of Pre-need trust.

Div Sec Blk/Row Lot Grave ✓

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $ 1074.09

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

PAID

MAR - 1 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72.—
Trust	77186	
TOTAL PAID		$ 72.—

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4879

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 00096

Date: 2/2, 20 06

From: Barbara L. Anderson Address: on record

Seventy - Two Dollars ($ 72.-)

in part Payment of Pre-need

Div 10 Sec Blk/Row Lot 5167 Grave

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $ 1146.09

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 4852

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

PAID

FEB 02 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette c.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	69033	72 —
Trust	77186	
TOTAL PAID		$ 72 —

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 00052

Date: 1/12, 20 06

From: Barbara Anderson Address: on record

Seventy-two and 00 Dollars ($ 72.—)

in part Payment of Pre-need trust.

Div 10 Sec — Blk/Row — Lot 5167 Grave —

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $1,218.09

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4822

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

PAID

JAN 11 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72.—
Trust	77186	

TOTAL PAID $ 72.—

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 00040

Date: January 6, 20 06

From: B. L. Anderson Address: On record

Seventy-two and 00 Dollars ($ 72.-)

in part Payment of Re-need trust January 06 payment

Div 10 Sec Blk/Row Lot 5167 Grave 1

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $1290.09

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4819

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

PAID

JAN - 6 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72.-
Trust	77186	
TOTAL PAID		$ 72.-

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

(Need to make Dec 05 payment)

R- 59414

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Nov. 18, 20 05

From: Barbara L. Anderson Address: on record

Seventy-Two and 00 Dollars ($ 72.00)

in part Payment of Pre-need trust.

Lot 5167 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $1362.09

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

Pre-need Trust X Cash | | Check | X

4761

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

PAID

NOV 1 - 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	72.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	72.—

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

59264

MOUNT HOPE CEMETERY
(619) 527-3400

Date: October 4, 20 05

From: Barbara Anderson Address: on record

Security - Inv C Dollars ($ 72.00)

in part Payment of pre-need trust

Div 10 Sec Blk/Row Lot 5167 Grave 1

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $1,434.09

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

4735

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

PAID

OCT / 3 2005

MOUNT HOPE CEM...

ISSUED BY Drawford

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	72 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	72. —

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

59146

Date: Sept. 6, 20 05

From: Barbara Anderson Address: on record

Seventy-two Dollars ($ 72 —)

in part Payment of Pre-need Trust Component 3

Div 10 Sec — Blk/Row — Lot 5167 Grave 1

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $ 1526.09

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 4764

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

PAID

SEP 06 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	72 —
Sales Tax	60101	
	78390	
TOTAL PAID	$	72 —

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

59438

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-4, 2005

From: Barbara L. Anderson Address: on record

Seventy two and 00 Dollars ($ 72.-)

in part Payment of Pre-need Trust acct.

Div 10 Sec — Blk/Row — Lot 5167 Grave 1

Invoice No. E 19211

Acct. No.

W.O.

BALANCE DUE $

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

4671

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

PAID

AUG 04 2005

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

CREDIT	67007	
20% Sales Care	77184	
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	72 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	72 —

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

59043

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7/11, 20 05

From: Barbara L. Anderson Address: on record

Seventy-two Dollars ($ 72.—)

in part Payment of pre-need Trust.

Div 10 Sec — Blk/Row — Lot 5167 Grave 1

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $ 1650.09

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

4658

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

PAID

JUL 11 2005

MOUNT HOPE CEMETERY

ISSUED BY Pbmxford

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	72 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	72 —

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 00366

Date: 7-5, 20 06

From: B. L. Anderson Address:

Seventy-Two Dollars ($ 72 -)

in part Payment of Pre-need Trust

Div 10 Sec Bk/Row Lot 5167 Grave 1

Invoice No. E-19211

Acct. No.

W.O.

BALANCE DUE $ 786.09

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5020

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

PAID

JUL - 5 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	72	—
Trust	77186		
TOTAL PAID		$ 72	—

AC-212 (11-05)

This information is available in alternative formats upon request.

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Pronovost 227907

in a Liner (Type of Burial Container) Funeral, date, time Thurs. June 30th 10:00

Church, Chapel, Graveside Delivery Only : mayer 281-7055 Monica Mortuary.

All Funeral cars 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 391 Grave _____

Grave space & Care Fund D-4342 (1974)	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	0
Burial Container Liner	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	
Balance due	0

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

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 19212

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19212

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 C there is a side by side marker

		Pearl Henderson	X	Everett Pronovost		

Blind Check Initiated By: Sandra Date: 6-28-05

Interment space for: MARY Pronovost

Interment Date: Thurs June 30th, 05 Time: 10:00 / Delivery only

Div: 10 Sect: ____ Blk/Row: ____ Lot: 391 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: 6/28/05

2 laggers

Beloved wife
mary M.
1915-

Beloved Husband
Everett J.
1908-1975

E-19212

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 90

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

1A. NAME OF 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	M.	PROBOVOST	01/14/1915	06/19/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	KIM WHITE - 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	▶ M. Allike	6/24/2005

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	06/27/2005	2510640 M. MOLINA ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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	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 6-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregg A. Battle 229155

In a D.D Crypt "B" (Type of Burial Container) Funeral, date, time Thurs. July 7 1:00

Church, Chapel, Graveside _____ : Raysdale Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 2820 Grave 1

Grave space & Care Fund E-15145	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee Reset	37.00
Recording/Filing/Transfer Fees	66.00
Sales taxes	—
Total Due	652.00
Paid receipt number Visa Credit Card	652.00
Balance due	0

PAID
JUN 28 2005
MOUNT HOPE CEMETERY

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

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

X [signature]
Signature

Paulette non-res.

X JAMES W. BATTLE JR 228895
Print Name

X 13137 - TAWNY WAY
Address

X POWAY CA 92064
City Zip Code

X (858) 451-0634
Telephone

Invoice # _____

Work Order # E 19213

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19213

GRAVE BLIND CHECK FORM

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

	Mingo	Battle	X	~~Battle~~	Battle	Battle
			Coffinberger		Saucedo	Lorenzo

Blind Check Initiated By: Paulette Date: 7-5

Interment space for: Gregg Battle

Interment Date: 7-7-05 Time: 1:00 CHURCH

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2820 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No Flag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-5-05

E-19213

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 41

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GREGG	ALAN	BATTLE	07/27/1963	06/25/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	JAMES W. BATTLE, JR. FATHER 13137 TAWNY WAY POWAY, CA 92064

7A. TYPED NAME AND ADDRESS OF 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]	06/01/2005

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	S PRYOR 07/05/2005	2510946 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 7-7-05	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-Need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Inez Hart 229149

in a Liner (Type of Burial Container) Funeral, date, time Fri July 1st, 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 $ 165.00 will be applied and billed to undersigned. Lon

Division 12 Section 2 Blk/Row Lot 235 Grave 5

Grave space & Care Fund	$ 985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	417.00
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-59009	1,833.20
Balance due	0

PAID
JUN 28 2005
MOUNT HOPE CEMETERY

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 229150

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

Louise Nailon (Signature)

X Louise Nailon (Print Name)
X 1465 So 85th (Address)
X San Diego CA. 92114 (City, Zip Code)
X (619) 475-3836 (Telephone)

Invoice #

Work Order # E 19214

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-1924

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 70

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Inez	B.	Hart	02/03/1935	06/21/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Vacaville	Solano	Roderick G. Bell - Son 355 Douglas St. West Sacramento, CA 95605

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Fouche's Hudson Funeral Home 3665 Telegraph Avenue Oakland, CA 94509	FD443

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Lisa Brodford	6/27/2005

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	06/27/2005	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
355 Tuolumne St. Vallejo, CA 94590	3851 Rosecrans Street 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 St San Diego, CA 92102	11B. DATE BURIED 7,01,05	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.

pre-need Trust (Non-Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-05

Pin # 229109 Pin # 206457

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Veronica Pegg / Donna Abernathy

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 1 Blk/Row _____ Lot 113 Grave 7

*Grave space & Care Fund E-4347 (1991)	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	549.00
Burial Container ..... TS Vault	366.00
Handling Fees	271.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	66.00
Sales taxes	28.37
Total Due	$1,280.37
Paid receipt number R-59010	$1,280.37
Balance due	0

PAID JUN 28 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 V Pegg. (Signature)

x Veronica Pegg (Print Name)
x 532 Broadway #8 (Address)
x El Cajon CA 92021 (City, Zip Code)
x 619-469-8544 (Telephone)

Invoice # _____

Work Order # E 19215

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-4347
E-19215

6/28/05

E-19215

To: Mt. Hope Cemetary

From: Donna Pegg Abernathy CDLA0617094

Subj: Div. 12, Sect 1, Lot 113, Graves 6 + 7

I, Donna Abernathy, wish to add my mother, Veronica Pegg, as a co-purchaser/owner of above listed lots (graves).

Donna Pegg Abernathy

7700 Homewood Pl.
La Mesa, CA 91941
619-469-8544

P.O. Box 1634
La Mesa, CA 91944
619-469-9440

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

Cemetery Manager
6/28/05

59010

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

(#8) Date: 6-28-05, 20 05

From: x Veronica Pegg Address: x 532 Broadway, El Cajon, CA

one Thousand Two hundred & Eighty ~~37/100~~ Dollars ($ 1,280.37)

in Full Payment of Pre-Need Trust

Div 12 Sec 1 Blk/Row Lot 113 Grave 7

Invoice No. E-19215

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #2839

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 28 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	—	—
20% Sales Care	77184		
80% Sales	100	—	—
of Lots	77184		
Opening/	100	549	00
Closing	77181		
Burial	100	366	00
Containers	77182		
	100	271	00
Handling Fee	77185		
Recording &	100	66	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	28	37
	78390		
TOTAL PAID	$	1,280	37

VERONICA PEGG
532 BROADWAY, APT. 8 619-588-9519
EL CAJON, CA 92021-5426

90-7182/3222
8613900592

2839

DATE 6/28/05

PAY TO THE ORDER OF Mt. Hope Cemetary $ 1,280.37

Twelve Hundred Eighty 37 DOLLARS

Washington Mutual

Washington Mutual Bank, FA
Rancho San Diego Financial Center 1378
2644 Jamacha Road
El Cajon, CA 92019
1-800-788-7000
24 hour Customer Service

Veronica Pegg

NOTES grave #7, Lot 113, Div. 12

DONNA L. ABERNATHY

OFFICIAL RECEIPT

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

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

59498

Date: 3-30-06, 20 06

From: Veronica Pegg Address: 532 Broadway

Two hundred + Thirty-seven dollars 00/100 Dollars ($ 237.00)

in Full Payment of marker setting fee

Div 12 Sec 1 Blk/Row Lot 113 Grave 7

Invoice No. E-19215

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check

AC-212A (11-05) #2971

This information is available in alternative formats upon request.

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

MAR 3 0 2006

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	237	00
Sales Tax	60101		
	78390		
TOTAL PAID	$	237	00

VERONICA PEGG 442-3901/469-8544
532 BROADWAY, APT. 8 619-695-0519
EL CAJON, CA 92021-5426

90-7162/3222
8613900592

2971

DATE 3-28-06

PAY TO THE ORDER OF Mt. Hope Cemetary $ 237.00

Two Hundred Thirty Seven DOLLARS

Washington Mutual

Washington Mutual Bank, FA
Rancho San Diego Financial Center 1376
2644 Jamacha Road
El Cajon, CA 92019
1-800-788-7000
24 hour Customer Service

NOTES marker setting fee Div. 12, Sec. 1, Lot 113, G-7

Veronica Pegg

[redacted]

MT HOPE CEMETERY E-19214

GRAVE BLIND CHECK FORM

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

	patricia Thrower		235-5 X			
					236-7 Eugenia Young	

Blind Check Initiated By: Sandra Date: 6-28-05

Interment space for: Inez Hart

Interment Date: Fri July 1st, 05 Time: 9:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 235 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 6-29-05

7 laggard

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot + trust D.I.P

Date 6/29/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jos James & Bessie Watson (229177)

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 2 Blk/Row _____ Lot 61 Grave 6

Grave space & Care Fund		985.00
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2@ 413.00	826.00
Burial Container	2@ 275.00 D.I.P	550.00
Handling Fees	2@ 204.00	408.00
Flower vases – Marker settings (Tronvase)		51.63
Recording/Filing/Transfer Fees	50.00	100.00
Sales taxes	2@ 21.31	42.62
	Total Due	2963.25
	Paid receipt number R-59013	1000.00
	Balance due	1963.25

PAID JUN 21 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.

James W. Watson (Signature)

Paulette Resident Fees

James W. Watson (229178) (Print Name)

7071 Lisbon St (Address)

San Diego 92114 (City, Zip Code)

619-264-5674 (Telephone)

Invoice # _____

Work Order # E 19216

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

229177 pin #229178 monthly - $81.80 E-19216
Final - $81.85 Due 29th of each month

WATSON, BESSIE & JAMES W. 7071 Lisbon Street, S.D. CA 92114 (619) 264-5674

Division 11 Sec 2 Lot 61 Gr 6

			DEBIT	CREDIT	BALANCE
6/29/05 Opened Pre-need lot/trust. Trust includes: o/c			985.00		985.00
two @413=$826, two b/c @ $275= $550, two h/f @ $204=$408,			1978.25		2963.25
trion vase $51.63, two r/f $100, two taxes on top seal vaults @ $21.31= $42.62. Pd down payment by check R-59013.				1000.00	1963.25
7-28-05	R-59403	No Coupon #1 July 05		82	1,881.25
8-19-05	R-59096	Coupon 2 aug 05		81.80	1,799.45
9-26-05	R-59222	Coupon 3 Sept 05		81.80	1,717.65
10-17-05	R-59327	" 4 OCT 05		81.80	1,635.85
11-21-05	R-59421	" 5 NOV 05		81.80	1,554.05
12-22-05	P-00009	" 6 Dec 05		81.80	1,472.25
1-23-06	P-00077	" 7 Jan 06		81.80	1,390.45
2-21-06	P-00135	#8 Feb 06		81.80	1,308.65
3-16-06	P-00180	#9 Mar 06		81.80	1,226.85
4-20-06	P 00243 or 245	#10 April 06		81.80	1,145.05
5/19/06	P-00297	#11 MAY 06		81.80	1063.25
6/21/06	P-00355	#12 June 06		81.80	981.45
7-20-06	P-00403	#13 July 06		81.80	899.65
8-17-06	P-00450	#14 Aug 06		81.80	817.85
9-24-06	P-00508	#15 Sept. 06		82.00	735.85

over

E-19216

Watson, Bessie & James W.

11-2-61-6

Pin# 229177
Pin# 229178

10/20/06	Balance Forwarded					735.85
10/20/06	Coupon #16		OCT. 2006	P-00532 ✓	81.80	654.05
11/28/06	"	#17	Nov. 2006	P-00592 ✓	81.80	572.65
12/15/06	Coupon	18	Dec 06	P-00624 ✓	81.80	490.85
01/25/07	"	A	Jan 07	P-00671 ✓	81.80	409.05
2/22/07	P-00716	20	Feb 07	P-00716 ✓	81.80	327.25
3/26/07	P-00762	21	Mar 07	P-00762	82.00	245.65
4-24-07	Coupon	22	April 07	P-00802	82.00	163.65
5-31-07	"	23	May 07	P-00847	81.80	81.05
6/21/07	Coupon	24	June 07	P-00	82—	
						+.95¢

PAID

JUN 21 2007

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

[redacted]

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59013

Date: June 29, 2005

From: James + Bessie Walsm Address: 7071 Lisbon St. SD CA 92114 3004

One thousand Dollars ($ 1,000 00)

in part Payment of Pre-need Cert's Trust.

Div 11 Sec 2 Blk/Row — Lot 61 Grave ~~12~~ 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $1963.25

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

Pre-need Trust [X] Cash [ ] Check [X] 7377

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 29 2005

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77186		
Recording &	100		
Misc. Fees	77188		
Pre-Need	83033	1000.	—
Trust	77186		
Sales Tax	80101		
	78390		
TOTAL PAID	$	1000	—

PO.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59403

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7-28-05, 2005

From: James watson Address: 7071 Lisbon ST SD 92114

Eighty-two dollars 00/100 Dollars ($ 82.00)

in PART Payment of Pre-Need lot & Trust

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E 19216

Acct. No.

W.O.

BALANCE DUE ~~$1881.25~~ $1,881.25

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #7424

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

PAID

JUL 28 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandy

CREDIT	67007	82	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	$	82	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

59096

MOUNT HOPE CEMETERY
(619) 527-3400

Date: August 19, 20 05

From: James & Bessie Watson Address: 7071 Lisbon St. SD CA 92114-3004

EIGHTY ONE and 80/00 Dollars ($ 81.80)

in part Payment of Pre-need lot / trust.

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE 1,799.65

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

7435

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

PAID

AUG 19 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	81.80
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	81.80

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

59222

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9/26, 20 05

From: Bessie W. Watson Address: on record

Eighty One and 80 Dollars ($ 81.80)

in part Payment of Pre need lot / trust.

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E 19216

Acct. No.

W.O.

BALANCE DUE $1,717.65

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☑

7449

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

SEP 2 6 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	81.	80
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	81.	80

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59327

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/19, 2005

From: Bessie L. Watson Address: on record

Eighty-One and 80 Dollars ($ 81.80)

in Part Payment of pre-need lot/trust.

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $1635.85

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 7403

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

PAID

OCT 18 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	81.80
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	81.80

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

R- 59421

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Nov. 22, 2005

From: James + Bessie Watson Address: on record

Eighty-One 80/00 Dollars ($ 81.80)

in part Payment of Pre-need 10% trust.

Lot 61 Grave 6 Row Section 2 Division Block 11

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $ 1554.05

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

Pre-need Trust ✓ | Cash | | Check ✓

7414

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

PAID

NOV 2 2 2005

MOUNT HOPE

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	51 80
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	51 80

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 00009

Date: Dec. 22, 20 05

From: Watson, Bessie & Jones Address: on record

Eighty One and 80/00 Dollars ($ 81.80)

in Part Payment of Pre-need trust

Div _____ Sec _____ Blk/Row _____ Lot _____ Grave _____

Invoice No. E-19216

Acct. No. _____

W.O. _____

BALANCE DUE $1472.25

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 7048

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

PAID

DEC 22 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
TOTAL PAID		$ 81.80

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 00077

Date: 1/23, 20 06

From: Bessie & James Whitson Address: on record

Eighty-One 80/00 Dollars ($ 81.80)

in part Payment of Re-need lot / trust

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $1,390.65

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 7067

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

PAID

JAN 23 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
TOTAL PAID	$	81.80

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 00135

Date: 2/21, 20 06

From: Bessie + James Watson Address: on record

Eighty One 80/00 Dollars ($ 81.80)

in Full Payment of Pre-need Lot & trust

Div ____ Sec 2 Blk/Row ____ Lot 61 Grave 6

Invoice No. E-19216

Acct. No. ____

W.O. ____

BALANCE DUE $1,308.85

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 1079

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

PAID

FEB 21 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
TOTAL PAID		$ 81.80

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 00180

Date: 3/16, 20 06

From: James & Bessie Watson Address: on record.

Eighty-One and 80/00 Dollars ($ 81.80)

in part Payment of pre-need lot & trust.

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E 19216

Acct. No.

W.O.

BALANCE DUE $ 1227.05

☑ 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

MAR 15 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	81.	80
Trust	77186		
TOTAL PAID		$ 81.	80

OFFICIAL RECEIPT

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

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

P 00245

Date: 4-20, 2006

From: Watson, James Bally Address: on record

Eighty-One 80/00 Dollars ($ 81.80)

in part Payment of Pre-need Lot & trust

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $ 114505

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check

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

PAID

APR 20 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
TOTAL PAID		$ 81.80

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 00297

Date: 5/19 , 20 06

From: James & Bessie Watson Address: on record

EIGHTY ONE AND 00/00 Dollars ($ 81.80)

in part Payment of Pre-need 1st trust.

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $1,063.45

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

PAID

MAY 19 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
TOTAL PAID	$	81.80

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 7119 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 00355

Date: 6/21, 20 06

From: Bessie Watson Address: on record

EIGHTY ONE 80 Dollars ($ 81.80)

in Part Payment of Pre-need Lot, Trust.

Div 11 Sec 2 Blk/Row ____ Lot 61 Grave 6

Invoice No. E-19216

Acct. No. ____

W.O. ____

BALANCE DUE $ 981.45

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 7137

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

PAID

JUN 21 2006

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
TOTAL PAID	$	81.80

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 00403

Date: 7-20, 20 06

From James + Bessie Watson Address: on record

Eighty-One 80/00 Dollars ($ 81.80)

in Part 4 Payment of Pre-need lot and trust

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $899.85

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

PAID

JUL 20 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81 80
Trust	77186	
TOTAL PAID	$	81 80

- [x] Pre-Need Lot
- [x] Pre-Need Trust
- [ ] Money Order
- [ ] Charge
- [x] Check 7753

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 00450

Date: 8-17, 20 06

From: Bessie & James Watson Address: on recor

Eighty-One 80 Dollars ($ 81.80)

in part Payment of Pre-need lot trust

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $ 818.05

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 7761

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

PAID

AUG 17 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	81	80
Trust	77186		
TOTAL PAID		$ 81	80

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 00508

Date: 9/29, 2006

From: James/Bessie Watson Address: on record

EIGHTY - TWO Dollars ($ 82.—)

in part Payment of Pre-need

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $ 735.85

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

PAID

SEP 29 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	82—
Trust	77186	

TOTAL PAID $ 82 —

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 7781

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 00532

Date: October 20, 20 06

From: James Watson Address: on record

Eighty-One 80/00 Dollars ($ 81.80)

in part Payment of Pre-need lot, trust.

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $6 54 4.5

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

PAID

OCT 20 2006

ISSUED BY Paulette O.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
TOTAL PAID		$ 81.80

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 7747

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 005920

Date: November 28, 20 06

From: Bessie & James Watson Address: on record

Eighty One 80/00 Dollars ($ 81.80)

in part Payment of Pre-need lot, trust

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $572.65

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

PAID

NOV 27 2006

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
TOTAL PAID		$ 81.80

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 7812

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 00624

Date: 12/15, 20 06

From James & Bessie Watson Address: on record

Eighty One 80/00 Dollars ($ 81.80)

in Part Payment of Pre-need lot & trust. Coupon 18

Div 11 Sec 2 Blk/Row ____ Lot 61 Grave 6

Invoice No. E 19216

Acct. No. ____

W.O. ____

BALANCE DUE $ 490.85

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 7829

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

PAID

DEC 15 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
TOTAL PAID		$ 81.80

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 00671

Date: 01/25, 2007

From: Bessie Watson Address: On record

Eighty-One and 80/00 Dollars ($ 81.80)

in Part Payment of Pre-need lot trust #119

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $ 409.05

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 7879

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

PAID

JAN 25 2007

MOUNT HOPE CEMETERY

ISSUED BY Drawford

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
* TOTAL PAID		$ 81 80

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 00716

Date: 2/22, 2007

From: Watson

Address:

Eighty-One 80 Dollars ($ 81.80)

in part Payment of prenced lot, trust.

Div 11 Sec 2 Blk/Row 2 Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $ 327-25

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

PAID

FEB 22 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81 80
Trust	77186	
TOTAL PAID		$ 81 80

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 8672

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

P00762

Date: 3-27, 20 07

From: James / Bessie Watson Address: on record

Dollars ($ 82 —)

in part Payment of PN lot, Trust # 21

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E-19216

Acct. No.

W.O.

BALANCE DUE $ 244.65

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

PAID

MAR 23 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	82 —
Trust	77186	
TOTAL PAID		$ 82 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 7844 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

P00802

Date: 4-24, 2007

From: James Watson Address: on record

Dollars ($ 82 —)

in part Payment of PN Lot, Trust coupon #22

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No. E 19216

Acct. No.

W.O.

BALANCE DUE ~~[illegible]~~ 16265

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

PAID

APR 23 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	82 —
Trust	77186	

TOTAL PAID $ 82 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 7661

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

P00847

Date: 5-31, 20 07

From: Bessie Watson Address: on file

Dollars ($ 81.80)

in part Payment of PN lot/Trust, Coupon # 23

Div 11 Sec 2 Blk/Row ____ Lot 61 Grave 6

Invoice No. E-19216

Acct. No. ____

W.O. ____

BALANCE DUE $ 81.85

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 7903

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

PAID

MAY 31 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81.80
Trust	77186	
TOTAL PAID		$ 81.80

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

P00874
E 19216

Date: June 21, 2007

From: Bessie Watson Address: On file

Dollars ($ 81.05)

in 1 Payment of Pre-need lot & trust

Div 11 Sec 2 Blk/Row Lot 61 Grave 6

Invoice No.

Acct. No.

W.O.

BALANCE DUE 0

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

PAID

JUN 21 2007

MOUNT HOPE CEMETERY

ISSUED BY Maria D.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	81 05
Trust	77186	
TOTAL PAID	$	81 05

☒ Pre-Need Lot
☒ Pre-Need Trust

☐ Money Order
☐ Charge
☐ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

Res
PreNeed
Trust For
2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PATRICIA ROSE PARKER 228951

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 63 Grave 5

Grave space & Care Fund E-19138	0
Overtime/Late Arrival Fees	0
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-59014	116.00
Balance due	347.00

PAID
APR 07 2006
MOUNT HOPE CEMETERY

I hereby certify I am the X Jeff of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Patricia Parker
Signature

X PATRICIA PARKER
Print Name
X 3996 BROADWAY ST
Address
X SAN DIEGO CA 92102-3462
City Zip Code
X 619 264-7870
Telephone

Invoice # _____

Work Order # E 19217

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19218

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 67

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JIM	-	DUNCAN	01/26/1943	06/29/2005	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	JIM DUNCAN-SON 18837 WEST LAWN ST. [redacted] CA 92345

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
CALIFORNIA CREMATION & BURIAL 5880 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
		▶ Michael Allen	07/05/2005

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	07/07/2005 V MITCHELL	▶ 2511108

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 7-7-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael 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.

OFFICIAL RECEIPT

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

DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

R-59330

Date: 10-21-05, 20 05

From: Parker Address: 3996 Broadway S.D.

Fifty-six dollars 00/100 Dollars ($ 56.00)

in PART Payment of Pre-Need Services Coupons 5,6,7,8 / 2nd Burial

Div 11 Sec 1 Blk/Row Lot 63 Grave 5

Invoice No. E-19217

Acct. No.

W.O.

BALANCE DUE $241.00

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 21 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77164		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	56	00
Trust	77186		
Sales Tax	60101		
	78390	56.	00
TOTAL PAID	$	000.	00

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

PATRICIA R. PARKER
3996 BROADWAY 264-7870
SAN DIEGO, CA 92102-3462

16-49/1220 8035

Date 10-21-05

Pay to the order of Mt Hope Cemetery $ 56.00

Fifty Six Dollars 00/100 Dollars

Security Features Included. Details on Back.

UNION BANK
SAN DIEGO CA 92101

For E19217 Patricia R Parker

[redacted]

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OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59193

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9-16-05, 20 05

From: Patricia Parke Address: 3996 Broadway S.D. 92102

Fifty-dollars 00/100 Dollars ($ 50.00)

in PART Payment of Pre-need Services 2nd Burial

Div 11 Sec 1 Blk/Row — Lot 63 Grave 5

Invoice No. E-19217

Acct. No.

W.O.

BALANCE DUE $297.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #8005

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

SEP 16 2005

MOUNT HOPE

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186	50	00
Sales Tax	60101		
	78390		
TOTAL PAID	$	50	00

PATRICIA R. PARKER
3996 BROADWAY 264-7870
SAN DIEGO, CA 92102-3462

16-49/1220 8005

Date 9-16-05

Pay to the order of Mt Hope Cemetery $50 00

Fifty Dollars 00/100 Dollars

UNION BANK
SAN DIEGO CA 92101

For E-19217

Patricia R Parker

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59014

MOUNT HOPE CEMETERY
(619) 527-3400

Patricia Rose

Date: 6-29-05, 20 05

From: Parker Address: 3996 Broadway S.D. CA. 92102

one hundred & sixty-seven 63/100 Dollars ($ 167.63)

in PART Payment of PRE-Need Trust For 2 Burial & Trion Vase

Div 11 Sec 1 Blk/Row Lot 63 Grave 5

Invoice No. E-19217

Acct. No.

W.O.

BALANCE DUE $ 347.00

Pre-Need Lot | At Need | On Acct

Pre-need Trust | Cash | Check #7955

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 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	116	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100	27.	50
Containers	77182		
	100	22	00
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	2	13
	78390		
TOTAL PAID	$	167	63

PATRICIA R. PARKER
3996 BROADWAY 264-7870
SAN DIEGO, CA 92102-3462

18-49/1220

7955

Date 6-29-05

Pay to the order of Mount Hope Cemetery $ 167 63

One Hundred Sixty-Seven Dollars 63/100 — Dollars

Security Features Included. Details on Back.

UNION BANK
SAN DIEGO CA 92101

For Grave Site

Patricia R Parker

[redacted]

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Contract monthly $14.00 (619) 264-7870
Pin# 228951 Expires June 2007 Final $25.00 E-19217

PARKER, Patricia R. 3996 Broadway St. San Diego, CA. 92102

DIV 11 SEC 1 LOT 63 GRAVE 5

		DEBIT	CREDIT	BALANCE
06-29-05	Opened Pre-Need Trust on 2nd Burial, With 25% down, Trust to include O/C, R/F	463.00	$116.00	$347.00
9-16-05	R-59193 No Coupon 1,2,3, July 05 thru Sept 2005		50.00	297.00
10-21-05	R-59330 Coupons 4, 5, 6, 7 Oct, Nov, Dec, Jan 2006		56.00	$241.00
12/16/05	R-59504 Coupons 8, 9, 10, 11, 12, 13, 14 Feb 2006 thru Aug 2006		100.00	$141.00
4-7-06	R-00221 pd in full		141.00	⊖

PAID
APR 07 2006
MOUNT HOPE CEME

E-19217

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E020260 DATE: 6/21/2007

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Bessie Watson 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: 11 SECTION: 2 BLOCK / ROW: LOT: 61 GRAVE(s): 6
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 hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 21st day of June, 2007.

Signature / Date

Cemetery Manager

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

DIVERSITY BRINGS US ALL TOGETHER

E-19217

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 5th day of July, 2005, between James & Bessie Watson, 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 61, Grave 6, Row —, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $2963.25, payable as follows: $1000.00 cash herewith, the receipt of which is hereby acknowledged; $81.80 on the 19th day of August, 2005 and the balance in installments of $81.85 or more, payable at the office of Mt. Hope Cemetery, on the 19th 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-19217

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-19217

WITNESS our hands this day and year above written.

Deed to be issued to:

23 months @ 81.80
1 month @ 81.85

Name

Address

PURCHASER

+ JAMES W. WATSON
Print Name

James W. Watson
Signature

7071 Lisbon ST
Street Address (Mail)

SAN DIEGO CA 92114
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Paulette Crawford

Lot	985.00
o/c	826.00
b/c	550.00
h/f	408.00
r/f	100.00
tax	42.62
Trian Vase	51.63
	2963.25
	1,000.00
	1963.25

81.80 23 months
81.85 Last

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

(Res)
At Deed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/30/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jim Duncan 229157

in a D.D. Crypt "B" (Type of Burial Container) Funeral, date, time Thurs. July 7th, 05 1:00 p.m.

Church/Chapel, Graveside ; CA Burial Paulette Mortuary.

All Funeral cars must arrive before 3:00 p.m. or regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 55 Grave 2

Grave space & Care Fund E-15428 0

Overtime/Late Arrival Fees

Opening/Closing & Setup 413.00

Burial Container 0

Handling Fees 0

Trian WO# 4605

Flower vases – Marker setting fee 51.63

Recording/Filing/Transfer Fee 50.00

Sales taxes 0

Total Due $ 514.63

Paid receipt number pd by Visa $ 514.63

Balance due 0

PAID

JUL 05 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.

229158

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

Signature

Print Name: Jim Duncan

Address: 6643 Tiffin Ave

City: San Diego Zip Code: 92114

Telephone: 619-286-7479

Paulette

Work Order # E 19218

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 19218

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 (2nd Burial)

		Smith	NHAT DOAD		Campbell	
Yarbrough	Davis	Pieper	X			Reddick
		Wilson	Portillo			

Blind Check Initiated By: Paulette Date: 7-5-05

Interment space for: Jim Duncan

Interment Date: Thurs July 7th, 05 Time: 1:00 p.m Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 55 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 7-5-05

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need trust

Date 6-30-05

229230

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Lois and Richard Grauberger 229229

in a D.D CAPT 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 IOOF Section — Blk/Row 29 Lot 21 Grave 1

Grave space & Care Fund	C-9591	0
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 Fee	2@ 50.00	100.00
Sales taxes		32.40
	Total Due	1,728.40
	Paid receipt number Master card	1,728.40
	Balance due	0

PAID

JUN 3 0 2005

MOUNT HOPE CEMETERY

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

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

Lois Grauberger
Signature

229230 229229
Lois & Richard Grauberger
Print Name

6385-49th. STreet
Address

SAN Diego, CA. 92120
City Zip Code

(619) 582-7607
Telephone

Paulette

Work Order # E 19219

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Lot & trust

Date 7/1/05

229166

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Justina J Robles/heirs

in a dd cryet 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 2 Blk/Row _____ Lot 97 Grave 10

Grave space & Care Fund	985.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2 @ 413 -	826.-
Burial Container	418.-
Handling Fees	352.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 2 @ 50 -	100.-
Sales taxes	32.40
Total Due	2713.40
Paid receipt number Down payment -	542.68
Visa Card Balance due	2170.72

Refund $1,431.08 DP# 416728 Vendor # 00412969 8-1-06

Family changed mind, sold back to 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.

229166

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

Justina J. Robles
Signature

David Lugo
Paulette

Justina J. Robles
Print Name

4065 Pulitzer Pl. #1
Address

San Diego, CA 92122
City Zip Code

(858) 623-0674
Telephone

Invoice # _____

Work Order # E 19220

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

7/1 I went to brother in law's burial. VA service
David asst. the Robles family. I finished
the contract etc. for him. Paulette

90.44 monthly
90.60 last payment

OFFICIAL RECEIPT

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

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

P·00370

Date: 7-6, 20 06

From: Justina J. Robles Address: on record

Ninety - 45/00 Dollars ($ 90.45)

in part 1/2 Payment of Pre-need lot/trust.

Div Sec 2 Blk/Row Lot 97 Grave 10

Invoice No. E-19220

Acct. No.

W.O.

BALANCE DUE $ 1,085.32

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

PAID

JUL - 6 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	90.45
Trust	77186	
TOTAL PAID		$ 90.45

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 339

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 00304

Date: 5/29, 20 06

From: Justina Robles Address: on record

Ninety - and 45/00 Dollars ($ 90 45)

in part Payment of Pre-need lot, trust.

Div 12 Sec 2 Blk/Row Lot 97 Grave 10

Invoice No. E-19220

Acct. No.

W.O.

BALANCE DUE $1,175.77

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

PAID

MAY 25 2006

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	90. 45
Trust	77186	
TOTAL PAID	$	90 45

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 318

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 00257

Date: 5/1, 20 06

From: Justina Robles Address: on record

Ninety and 45/00 Dollars ($ 90.45)

in full Payment of Pre-need trust.

Div 12 Sec 2 Blk/Row Lot 97 Grave 10

Invoice No. E-19220

Acct. No.

W.O.

BALANCE DUE $ 1,266.22

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

PAID

MAY 01 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	90 45
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 90 45

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 303 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

59444

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-4, 2005

From: Justina J. Robles Address: on record

Ninety and 45/00 Dollars ($ 90.45)

in part Payment of Pre-need Lot / Trust

Div 12 Sec 2 Blk/Row Lot 97 Grave 10

Invoice No. E-19220

Acct. No.

W.O.

BALANCE DUE $2080.27

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

8469

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

PAID

AUG 04 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	90	.45
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	$	90	45

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

59135

MOUNT HOPE CEMETERY E-19220

(619) 527-3400

Date: September 2, 20 05

From: Gustina J. Robles Address: for record

Ninety and -45/00 Dollars ($ 90.45)

in Part Payment of Pre-need Lot + trust

Div 12 Sec 2 Blk/Row Lot 97 Grave 10

Invoice No. E-19220

Acct. No.

W.O.

BALANCE DUE 1989.82

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

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

191

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

PAID

SEP 02 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Ann Ford

CREDIT	67007	26	03
20% Sales Care	77184		
80% Sales	100	64	42
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	$	90.	45

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

59313

MOUNT HOPE CEMETERY
(619) 527-3400

E-19220

Date: 10/14, 20 05

From: Justina J. Robles Address: on record

Dollars ($ 90.45)

Ninety and 45/00

in part Payment of Pre-need Lot / Trust.

Div 12 Sec 2 Blk/Row Lot 97 Grave 10

Invoice No. E-19220

Acct. No.

W.O.

BALANCE DUE $1899.37

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

OCT 14 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	26 | 03
20% Sales Care	77184	64 | 42
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	$	90 | 45

AC-212 (Rev. 4-04) 207

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

59352

Date: 10 / 31 , 20 05

From: Justina J Robles Address: on record

Ninety and 45/00 Dollars ($ 90 45)

in Part Payment of Pre-need Dot / trust

Div 12 Sec 2 Blk/Row Lot 97 Grave 10

Invoice No. E-19220

Acct. No.

W.O.

BALANCE DUE $ 1808.92

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

210

AC-212 (Rev 4-04)

This information is available in alternative formats upon request.

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

PAID

OCT 31 2005

MOUNT HOPE CEMETERY

ISSUED BY Pcamfed

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 45
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	90 45

OFFICIAL RECEIPT

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

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

P 00028

Date: 1-3, 20 06

From: _____ Address: On Mend

Ninety and 45 Dollars ($ 90 45)

in part Payment of Pre-need Lot + Trust.

Div 12 Sec 2 Blk/Row _____ Lot 97 Grave 10

Invoice No. E-19220

Acct. No. _____

W.O. _____

BALANCE DUE $ 1628.02

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 242

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

PAID

JAN - 3 2006

MOUNT HOPE CEMETERY

ISSUED BY [illegible]

CREDIT	67007	90	45
20% Sales Care	7718A		
Pre-Need	83033		
Trust	77186		
TOTAL PAID	$	90	45

AC-212 (11-05)

This information is available in alternative formats upon request.

R-59468

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: December 6, 2005

From: Justina J Robles Address: on record

Ninety- and 45/00 Dollars ($ 90.45)

in part Payment of Pre-need lot/trust.

Lot 97 Grave 10 Row Section 2 Division Block 12

Invoice No. E-19820

Acct. No.

W.O.

BALANCE DUE $1718.47

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

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

227

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

PAID

DEC 06 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	60033	90 45
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	90 45

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 00098

Date: 2/3, 20 06

From: Justina Robles Address: on record

Ninety and 45/00 Dollars ($ 90 45)

in part Payment of Pre-need lot & trust.

Div 12 Sec 2 Blk/Row Lot 97 Grave 0

Invoice No. E-19220

Acct. No.

W.O.

BALANCE DUE $ 1,537.57

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

PAID

FEB 03 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	90	45
Trust	77186		
TOTAL PAID	$	90	45

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 265

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 00161

Date: 3/6, 20 06

From: Justina J. Robles Address: on record

ninety and 45/00 Dollars ($ 90.45)

in part Payment of Pre-need lot, trust

Div 12 Sec 2 Blk/Row Lot 97 Grave 10

Invoice No. E-19220

Acct. No.

W.O.

BALANCE DUE $1447.12

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 282

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

PAID

MAR - 6 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	90 45
Trust	77186	
TOTAL PAID		$ 90 45

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P.00210

Date: 4/5, 2006

From: Justina J. Robles Address:

Ninety and 45/00 Dollars ($ 90.45)

in part Payment of pre-need lot, trust.

Div 12 Sec 2 Blk/Row Lot 97 Grave 10

Invoice No. E-19220

Acct. No.

W.O.

BALANCE DUE $1356.67

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

PAID

APR 04 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	90	45
Trust	77186		
TOTAL PAID		90	45

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 297

AC-212 (11-05)

This information is available in alternative formats upon request.

E-19220

paid trust $1,085.40
paid down payment $542.68

$1,628.08
- 197.00 20% OF LOT NOT Refunded

$1,431.08
TOTAL OF Refund
FOR Robles, Justina

Pin # 229166 CONTRACT Expires July 2007 monthly -$90.45 Final -$90.37 due 1st each month E-19220

Robles, Justina J. 4065 Pulitzer Pl #1 San Diego, CA 92122 858-623-0674

DIV 12 SEC 2 LOT 97 GR 10

					DEBIT	CREDIT	BALANCE
7/1/05	Opened pre-need lot/trust. Trust includes: two o/c $826, b/c $418, h/f $352, two r/f fee $100, tax $32.40 pad down payment by visa card.				985.00 1728.40		985.00 2713.40
						542.68	2170.72
8-4-05	R-59444	Coupon	#1	aug 05		90.45	2080.27
9-2-05	R-59135	coupon	#2	sept 05		90.45	1989.82
10/14/05	R-59313	coupon	#3	oct 05		90.45	1899.37
10-31-05	R-59353	"	#4	nov 05		90.45	1808.92
12-6-05	R-59468	"	#5	dec 05		90.45	1718.47
1-3-06	P-00028	"	#6	jan 2006		90.45	1628.02
2-3-06	P-00098	"	#7	feb 2006		90.45	1537.57
3-6-06	P-00161	"	#8	mar 2006		90.45	1447.12
4-4-06	P-00210	"	#9	Apr 2006		90.45	1356.67
5-1-06	P-00257		#10	MAY 2006		90.45	1266.22
5-25-06	P-00304	"	#11	June 06		90.45	1175.77
7-6-06	P-00370	"	#12	July 06		90.45	1085.32

FY 07 08/11/06 08:43:48

THE CITY OF SAN DIEGO
REQUEST FOR DIRECT PAYMENT

E 19220

DP NO. 4167298

VENDOR INFORMATION	PREPARER INFORMATION	ENCUMBRANCE DOC. NO.
VENDOR NUMBER & ALPHA: 0004129169 JJR	DEPT/GROUP: 072	☐ COMPLETE
VENDOR NAME: JUSTINA J ROBLES	NAME: SANDRA BROLLINI	SORT KEY
VENDOR ADDRESS: 1616 CHICAGO ST	PHONE NO: 619 527 3400	AUTHORITY FOR PAYMENT RES/DOC NO:
NAMPA ID 83636	MAIL STATION: 072	
	PREPARED FOR DEPT. NO: 072	PURCHASING APPROVAL

DESCRIPTION OF EXPENSE/SPECIFIC CITY BENEFIT & PURPOSE:

FAMILY HAS CHANGED MIND

AGENT

I CERTIFY THIS CLAIM IS VALID UNDER THE CITY CHARTER, COUNCIL POLICIES ADMINISTRATIVE REGULATIONS, AND OTHER APPROPRIATE GOVERNING RULES, AND IS EVIDENCED BY SUPPORTING DOCUMENTATION.

Maria A. Rosales

DEPT. HEAD OR DESIGNEE

COMMENTS AND/OR SPECIAL INSTRUCTIONS:

FUND OVERRIDE ☐

PAYMENT DATE 08/23/06

RELEASED: 08/11/06 08:43

FINAL-RLSD NEW-VEN

PAYEE REMITTANCE INFORMATION

SEQ	INVOICE NUMBER OR DESCRIPTION	INVOICE DATE	PAYMENT CATEGORY	LATE CODE	AMOUNT	TAX CODE
A	REFUND	08 09 06	4		1,431.08	N
				TOTAL AMOUNT $	1,431.08	

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

SEQ	CY/PY	FUND	DEPT.	ORG.	ACCT.	JOB ORDER	OPER ACCT	BENE/ EQUIP	FAC.	AMOUNT	AUDITOR APPROVAL	DATE
001	0	63033			77186					1,431.08		
									TOTAL AMOUNT $	1,431.08		

08/11/06 08:43:48 DP4167298

DP4167298 07 0004129169JJR

For Auditors Use Only

E 19220

Date Auditors Rcvd _____

Application Date 08-09-2006

Refund No. _____

The City of San Diego

Date Rcvd By Dept _____

Processed By _____

APPLICATION FOR REFUND

Daily Cash Receipt (DCR) No. _____

Fund _____ Acct _____

Apprvd By _____ Date _____

To City Auditor & Comptroller:

The undersigned hereby requests refund of ~~$1,431.08~~ $1,431.08 Date paid 7-1-05 TO 7-6-06 on pre-need INTERMENT Order (Name of Receipt or Permit No.)

No. E-19220 for the following reason(s):

I have changed my mind.

Division 12 Section 2 Lot 97 Grave 10

Refund Requested by:

Print Name: Justina J. Robles Address: 1611 Chicago ST.

Signature: Justina J. Robles Nampa, ID. 83636

Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.

CITY USE ONLY

I hereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or fact, that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, may properly be made under provisions of Ordinance 3911 (NS).

Print Name: David Lugo Title Cemetery Manager Date 08-09-06

Signature: _____ Dept. Name Park & Recreation Phone 527-3400 M.S. 072

White Copy - Auditor's
Pink Copy - Auditor's
Green Copy - Originating Dept.

FORM AC-1006 (Revised 4/91) 593684

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need Res. Fee

Date 7-5-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Slockbower 219065

in a Liner (Type of Burial Container) Funeral, date, time Weds July 6 11:00

Church, Chapel, Graveside Delivery Only Merkley Mitchell Corna Mortuary.

All Funeral cars 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 289 Grave 2

Grave space & Care Fund A3749	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-59026	$848.20
Balance due	0

PAID JUL 06 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 _____

Invoice # _____

Acct. # _____

Seal attached for signature

Work Order # E 19221

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Address: 4041 IBIS # 509
SD CA 92103

2:38 6192955039 MITCHELL MORTUARIES

10:24 S[illegible]T. HOPE CEMENTERY → MERKLEY-MIT[illegible]

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-05

At Need Res. Fee

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

of Margaret Slockbower

in a Liner ✓ (Type of burial container) Funeral, date, time Weds July 6 11:00

Church, Chapel, Graveside Delivery Only Merkley Mitchell Lorna Mortuary.

All Funeral cars 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 289 Grave 2

Grave space & Care Fund A3749	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number	
Balance due	

Mon. 2 pm

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

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

[signature]

Paulette

229144

Dorward Slockbower

8380 Bomberos

Las Vegas NV 8911

202-616-2165

Invoice # _____

Work Order # E 19221

Acct. # _____

REA-106 (5-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-19221

GRAVE BLIND CHECK FORM

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

				Buggy		
			X		Elder	Myers

Blind Check Initiated By: Paulette Date: 7/1/25

Interment space for: Margaret Slockbower

Interment Date: 7/6 Delivery only Time 11:00

Div: 7 Sect: 11 Blk/Row: ____ Lot: 289 Gr: 2

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Norman Ferguson Date: 7-5-25

E-19221

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

page 98

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARGARET	ELSIE	SLOCKBOWER	06/20/1907	06/30/2005	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: DURWARD SLOCKBOWER - SON, 8380 BOMBEROS COURT, LAS VEGAS, NV 89113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CCA 92103

7B. CALIF LICENSE NUMBER — IF APPLICABLE: FD119

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

8B. DATE SIGNED: 07/05/2005

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: $11.00

9B. DATE PERMIT ISSUED: B.A. ELLANO 07/05/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2511001

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 STREET, SAN DIEGO, CCA 92102	11B. DATE BURIED: 7-6-05	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 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 07-01-05

You are hereby authorized and instructed, 229246 subject to your rules and regulations, to inter the remains

of for Leidalia R Khouri & Amal 229247

in a DDCRYPT 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 2 Blk/Row _____ Lot 97 Grave 5

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2@413.00	826.00
Burial Container	348.00
Handling Fees	352.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 2@50.00	100.00
Sales taxes	32.40
Total Due	2,713.40
Paid receipt number Part of R-59019	1,409.70
Balance due	$1303.70

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

229246 229247

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

Leidalia R. Khouri

Signature

Leidalia R. Khouri + AMAL

Print Name

3481 Mt Burnham Pl

Address

SD CA 92111

City Zip Code

(619) 422-3124

Telephone

David Lugo

Invoice # _____

Work Order # E 19222

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-19222

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: July 1, 20 05

From: Leidalia Rodriguez Khouri Address: 3481 Mt Burnham Pl SD, CA 92111

Two thousand eight hundred nineteen 40/100 Dollars ($ 2819.40)

In Check Payment of 2 Lots with all services paid (double depth)

Div 12 Sec 2 Blk/Row Lot Lot 97 Graves 4 & 5

Invoice No.

Acct. No.

W.O.

BALANCE DUE $ 2607.40

$ 24 (12 months) ($104.48 Fee)

Pre-Need Lot ✓ At Need On Acct

Pre-need Trust Cash Check ✓

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	985 x 2	$ 1970
of Lots	77184		
Opening/	100	413 x 2	$ 826
Closing	77181		
Burial	100	418 X 2	$ 836
Containers	77182		
	100	352 X 2	$ 704
Handling Fee	77185		
Recording &	100	50 X 2	$ 100
Misc. Fees	77183		
Pre-Need	63033	$32.40 X 2	$ 64.80
Trust	77186		
Sales Tax	60101	463 x 2	$ 926
2nd Bur	78390		
TOTAL PAID	$	2.819	40

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

2 Lots. Div 12. Sec 2 Lot 97. graves 4+5

LEIDALIA RODRIGUEZ KHOURI
3481 MT BURNHAM PL.
SAN DIEGO CA 92111

90-7162/3222
4904516741

563

DATE 07-01-05

PAY TO THE ORDER OF Mt Hope Cemetery $ 2.819.40

Two thousand eight hundred nineteen and 40/100

Washington Mutual
Washington Mutual Bank, FA
San Diego-Clairemont Financial Center 1047
5825 Balboa Avenue
San Diego, CA 92111
1-800-788-7000
24 hour Customer Service

NOTES 2 lots (double) opening closing, liner, tax, grave marker, burial, grass, & labor + tree

Leidalia R. Khouri

⑆322271627⑆ 4904516741⑈ 0563

463
463
926

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-need Lot/Trust

City of San Diego

Date 07-01-05

229248 229249

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Joseph/Stephen Khouri

in a DDCRYPT 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 2 Blk/Row Lot 97 Grave 4

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	82.40
Total Due	2713.40
Paid receipt number Part of R-59019	1409.70
Balance due	$1303.70

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

229248 229249

I hereby authorize the interment in lot held under deed

Leidalia R Khouri

Signature

229246

David Lugo

Print Name: Joseph + Stephen Khouri

Address: 3481 Mt. Burnham Pl

City: SD. CA Zip Code: 92111

Telephone: (858) 292-7015

Invoice #

Work Order # E 19223

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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0.0

000

0.00 *

197.00 *
197.00 *
788.00 *
788.00 *
50.00 *
50.00 *
32.40 *
352.00 *
352.00 *
13.00 *

010

2,819.40 *

Remaining to trust $2,607.40

E 19223

E-19223

59019

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: July 1, 2005

From: Leidalia Rodriguez Khouri Address: 3481 Mt. Burnham Pl. SD, CA 92111

Two thousand eight hundred nineteen 40/00 Dollars ($ 2819.40)

in Check Payment of 2 Lots with all services paid (double depth)

Div 12 Sec 2 Blk/Row Lot Lot 97 Graves 4 & 5

Invoice No.

Acct. No.

W.O. 1

BALANCE DUE $ 2607.40

* 24 payments ($108.48 per mo.)

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	985 x 2	$1,970.00
of Lots	77184		
Opening/	100	413 x 2	$826.00
Closing	77181		
Burial	100	418 x 2	$836.00
Containers	77182		
	100	352 x 2	$704.00
Handling Fee	77185		
Recording &	100	50 x 2	$100.00
Misc. Fees	77183		
Pre-Need	63033	$32.40 x 2	$64.80
Trust	77186		
Sales Tax	50100	463 x 2	$926.00
2nd Bur	77190		
TOTAL PAID	$	2,819	40

20% 80%
394 1576

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

2 @ 197.00 20% = 394.00 67007/77184
2 @ 788.00 80% = 1576.00 100/77184
2 @ 50.00 R/F = 100.00
Tax = 32.40
2 @ 352.00 H/F = 704.00
Remaining TRUST = 13.00
2819.40

Add to file

Res
AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Jean McPherson 229153

in a Liner (Type of Burial Container) Funeral, date, time Friday July 8th, 05 2:00P.

Church, Chapel, Graveside ; Preferred Crem MARK 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. X Vera McPherson

Division 12 Section 2 Blk/Row Lot 193 Grave 11

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-59026	1,833.20
Balance due	0

PAID

JUL 06 2005

MOUNT HOPE CEMETERY

ARRIVAL 2M 335

I hereby certify I am the X VERA DENISE McPherson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 229154

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

X Vera Denise McPherson (Print Name)

X 5412 CERVANTES AVE (Address)

X SAN DIEGO CA 92114 (City, Zip Code)

X 619640-1959 (Telephone)

X Vera D McPherson (Signature)

Billed family late arrival fee 7-11-05 SB

Pd in full for late fee $165.00 8-30-05

Invoice #

Work Order # E 19224 Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19224

GRAVE BLIND CHECK FORM

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

		Lee Massey Smith	X	Andrew James Wilson		

Blind Check Initiated By: Sandra Date: 7-6-05

Interment space for: Barbara G McPherson

Interment Date: Fri July 8th, 05 Time: 2:00p Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 193 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Joe Date: 7-8-05

7 logged

E-19224

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

pg 66

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Barbara	Jean	McPherson	08/09/1938	FD07/02/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Vera Denise McPherson - Daughter 5412 Cervantes Ave. 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 6163 University Avenue San Diego, California 92115	FD-1746	▶ M L	

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 WV05-03262 — AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT 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	07/08/2005	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 SSan 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.

(RES)
Pre-Need
LOT + Trust
1st + 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-05

Pin # 229132 Pin # 229131

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jasper Giamanco & Josephine V. Giamanco (co-purchaser)

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 122 Grave 8

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 fees		
Recording/Filing/Transfer Fees	2 @ $50.00	100.00
Sales taxes		32.40
Total Due		$2,713.40
Paid receipt number R-59023		678.00
Balance due		$2,035.40

PAID
SEP 03 2008
P-01382
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 Jasper Giamanco
Signature

X JASPER GIAMANCO
Print Name
X 5716 REDWOOD ST.
Address
X SAN DIEGO CA. 92105
City Zip Code
X 619-583-2721
Telephone

Invoice # _____

Work Order # E 19225

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Jasper Giamanco
5716 Redwood Street
San Diego, CA 92105

PAID
SEP 03 2008
MOUNT HOPE CEMETERY

Statement	
Statement Date: 08/18/2008	
Reference: 229132	
Amount Due:	**$95.00**
Amount Enclosed:	# 95.00
Contract(s): E-19225	

Thank You For Your Payment!

Please return this portion with your payment

R-59469

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: December 6, 2005

From: Jasper Bramanco Address: on record

Eighty-Five and 00 Dollars ($ 85.—)

in Part Payment of Pre-need Lot w Trust

Lot 122 Grave 8 Row Section 2 Division Block 12

Invoice No. E-19225

Acct. No.

W.O.

BALANCE DUE $1195.40

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

Pre-need Trust ✓ Cash | | Check ✓

2 payments 1 check

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

PAID

DEC 06 2005

MOUNT HOPE

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
pl Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	170	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	170	—

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 00169

Date: 3/10, 2006

From: Jasper Giamanco Address: 5716 Redwood St. SD CA 92105

Eleven hundred and forty cents) Dollars ($ 1100 40)

In full Payment of Pre-need lot & trust

Div 12 Sec 2 Blk/Row Lot 122 Grave 8

Invoice No. E-19225

Acct. No.

W.O.

BALANCE DUE ~~$~~ $95.00

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2808

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

PAID

MAR - 9 2006

MOUNT

ISSUED BY Jaulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	1100 40
Trust	77186	
TOTAL PAID		$ 1100 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

59411

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 07/29, 2005

From: Jasper Giamanco Address: On record

One Hundred Sixty and 00 Dollars ($ 160.—)

in part Payment of Pre-need Lot/Trust.

Div 12 Sec 2 Blk/Row Lot 122 Grave 8

Invoice No. E-19225

Acct. No.

W.O.

BALANCE DUE $ 1875.40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 2691

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

PAID

JUL 29 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	50.00
80% Sales	100	120.00
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	$	160.—

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

59134

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9 - 2 , 20 05

From: Jasper Gramanco Address: on record

One Hundred Seventy Dollars ($ 170 -)

in part Payment of Pre-need lot & Trust.

Div 12 Sec 2 Blk/Row Lot 122 Grave 8

Invoice No. E-19225

Acct. No.

W.O.

BALANCE DUE $ 1705.40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2712

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

SEP 02 2005

MOUNT HOPE

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	147. —
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	23 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	170. —

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59236

MOUNT HOPE CEMETERY
(619) 527-3400

Date: September 28, 20 05

From: Jasper Bonanno Address: on record

One Hundred Seventy and 00 Dollars ($ 170.-)

in part Payment of Pre-need Coupons 5 + 6

Div 12 Sec 2 Blk/Row Lot 122 Grave 8

Invoice No. E-19225

Acct. No.

W.O.

BALANCE DUE $ 153540

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

2727

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

SEP 28 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	170 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	170 —

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

R- 59353

Date: 10/27, 20 05

From: Jasper Giamanco Address: on record

One Hundred Seventy and 00 Dollars ($ 170 -)

in part Payment of Pre-need trust

Div 12 Sec 2 Blk/Row Lot 122 Grave 8

Invoice No. E-19225

Acct. No.

W.O.

BALANCE DUE $ 1345.40

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

2737

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

PAID

OCT 27 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	170.	-
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	170.	-

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

59023

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7-5-05, 20 05

From: Jasper Giamanco Address: 5716 Redwood ST. SD.

Six hundred & Seventy-Eight 00/100 Dollars ($ 678.00)

in Part Payment of Pre-Need 10T & Trust

Div 12 Sec 2 Blk/Row Lot 122 Grave 8

Invoice No. E-19225

Acct. No.

W.O.

BALANCE DUE $2,035.40

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

PAID

JUL 05 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184	197	00
80% Sales	100	481	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	$	678	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

2673

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

Pin# 229132 payment due 5th of each month monthly #85.00 E-19225

GIAMANCO, JASPER 5716 Redwood St. SD CA 92105 (619) 583-2721

DIV 12 SEC 2 lot 122 GR 8

		DEBIT	CREDIT	BALANCE
07-05-05	Opened Pre-Need Lot & Trust W/25% down	985 00		985 00
	Trust to include (Two) O/C, DD Crypt B/C,	1728 40		2713 40
	H/F, (Two) R/F, Taxes// CO Purchaser R-59023 ✓		678.00	2035 40
7-29-05	Josephine V. Giamanco Pin# 229131 #1, #2 Coupons R-59411 ✓		160.00 ✓	1875 40
9-2-05	R-59134 ✓ Coupon 3 & 4 ✓		170 — ✓	1705 40
9-28 05	R-59236 ✓ " 5 + 6 ✓		170 — ✓	1535 40
10-27-05	R-59357 ✓ " 7 & 8 pd thru march 2006		170 — ✓	1365.40
12-6 05	R-59469 ✓ " 9 & 10 " April, May 2006		170 — ✓	1195.40
3-10-06	P-00169 ✓ #11 due 23 Remaining June 06 thru June 2007		1100 40 ✓	95 —
9-3-08	P-01382 Paid-in-Full to Trust		95.00	Ø

PAID

SEP 03 2008

MOUNT HOPE CEMETERY

Ashes to existing grave (NON-Res) IN grave with Rush Clara Elinore Louis,

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Susan A. Ferrell Ⓡ 229226

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday July 15 2:00

Church, Chapel, Graveside ; Greenwood Mortuary.

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

Division IOOF Section _____ Bldg Row 8 Lot 1 Grave 3

Grave space & Care Fund E-3636 (1948)	Ø
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 pd by Visa	$395.28
Balance due	Ø

PAID
JUL - 5 2005
MOUNT HOPE CEMETERY

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

229227

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

Signature: X Deborah Ann Wignall

Print Name: X Deborah Ann Wignall

Address: X 5156 AVENIDA FLAYS CONCEW

City: X SAN DIEGO, CA Zip Code

Telephone: X (858) 277-8202

DAVID WYD

Invoice # _____

Work Order # E 19226

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 19226

GRAVE BLIND CHECK FORM

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

			Huckfelt	Hassett		
	Sutton	Veeble	X	Beyar		
		Thompson	Johnson			

Blind Check Initiated By: Paulette Date: 7-13

Interment space for: Susan Ferrell

Interment Date: 7-15-05 Time: 2 pm G.S.

Div: IOOF Sect: Blk/Row: 8 Lot: 1 Gr: 3

Grave Laid out by: Norman Fenger

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 7-13-05

E 19226

age 47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ID#1915167

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

1A. NAME OF 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	ANN	FERRELL	07/30/1958	07/05/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	DEBORAH WIGNALL - SISTER 5156 AVENIDA PLAYA CANCUN SAN DIEGO, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843	▶ Nia Good	07/08/2005

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	NIA GOOD 07/08/2005	2511207 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-15-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 07/13/2005	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ DL Everett	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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
Res
1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E 19228

Date 7-5-05

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

in a DD crypt "A" (Type of Burial Container) Funeral, date, time PET July 8th 05 9:00A Howard 477-4139

(Church) Chapel, Graveside Our Lady of Angels ; Heath Funeral 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. C. C.

Division 12 Section 2 Blk/Row ____ Lot 235 Grave 7

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container DD CRYPT A	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 R-59024	2,250.40
Balance due	Ø

PAID
JUL 05 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.*

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

x [signature]
Signature

x Consuelo Villalobos
Print Name

x 533 24th St.
Address

x San Diego CA 92102
City Zip Code

x 2695326
Telephone

Invoice # ____

Work Order # E 19227

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

P00892

Date: 07-11, 20 07

From: Consuelo Villalobos Address: on file

Judy - Nine and 00 Dollars ($ 39.-)

in full Payment of Paid in full for preneed trust.

Div 12 Sec 2 Blk/Row Lot 235 Grave 7

Invoice No. E-19228

Acct. No.

W.O.

BALANCE DUE Ø

08-732040140

☐ Pre-Need Lot ☐ ✓ Money Order

☐ ✓ Pre-Need Trust ☐ Charge

☐ Check

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

PAID

JUL 10 2007

MOUNT HOPE CEM...

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	39.-
Trust	77186	
TOTAL PAID		$ 39.-

AC-212 (11-05)

This information is available in alternative formats upon request.

Two yr Contract $14.00 Monthly one 15th each
Pin# 229140 Expires July 2007 $25.00 Final months E-19228

VILLALOBOS, CONSUELO 533 24th St. SD CA 92102 ~~619 269-5326~~ Dis #

DIV 12 SEC 2 LOT 235 GR 7

				DEBIT	CREDIT	BALANCE
07-05-05	Opened Pre-need Trust on 2nd Burial,			$463.00	$116.00	$347.00
8-17-05	w/25% down, Trust to include O/C, R/F	R-59090	#1 aug 05		14.00	333.00
9-14-05	Coupon#2	R-59187	Sept 05		14.00	319.00
10/14/05	Coupon#3	R-59315	Oct 05		14-	305.00
11/10/05	#4	R-59397	Nov 05		14-	291.00
12/15/05	" #5	R-59498	Dec 05		14-	277.00
1/13/06	" 6	P-00058	Jan 06		14-	263.-
2-10-06	# 7	P-00118	Feb 06		14-	249.-
3/23/06	# 8	P-00193	mar 06		14-	235.-
4/14/06	# 9	P-00232	Apr 06		14-	221.-
5-11-06	# 10	P-00283	May 06		14-	207.-
6-26-06	# 11	P-00358	June 06		14-	193.-
7-14-06	# 12	P-00393	July 06		14-	179.-
9-6-06	#13 + #14	P-00471	Aug + Sept. 06		28-	151.-
10/24/06	#15	P-00546	Oct 06		14-	137.-
12/1/06	# 16 / #17	P-00601	Nov 06 / Dec 06		28-	109.-
3/6/07	18, 19	P-00733	Jan 07 / Feb 07		28.-	81.-
3/27/07	20	P-00763	March 07		28-	[illegible]
5/11/07	21 & 22	P-00806	April 07		28	[illegible]
7-11-07	23	P-00892			39	[illegible]

AT-Need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sabino Benitez 229139

in a DD crypt "A" (Type of Burial Container) Funeral, date, time Fri July 8th 05 9:00 A.m. Howard 477-4139

Church, Chapel, Graveside Our Lady of Angels : Heath Funeral 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. C. C.

Division 12 Section 2 Blk/Row _____ Lot 235 Grave 7

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container DD CRYPT A	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 R-59024	2,250.40
Balance due	Ø

PAID
JUL 05 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.

229140

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

x [signature]
Signature

x Consuelo Villalobos
Print Name
x 533 24th St.
Address
x San Diego CA 92102
City Zip Code
x 2695326
Telephone

Invoice # _____

Work Order # E 19227

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Consuelo Villalobos
533 24th ST.
San Diego, CA. 92102-2919

MT HOPE CEMETERY E 19227

GRAVE BLIND CHECK FORM

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

					#3 patrica Thrower	
			#7 X			

Blind Check Initiated By: Sandra Date: 7-5-05

Interment space for: Sabino Benitez

Interment Date: ~~Jul~~ July 8, 05 Time: 9:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 235 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: 7-6-05

Flagged

E 19227

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 39

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SABINO	-	BENITEZ	07/11/1965	06/24/2005	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Pedro	Los Angeles	Consuelo Villalobos - Mother 533 - 24th 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
Heath Funeral Home 611 Highland Ave.,National City CA 91950	FD 807	▶	07/06/2005

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	07/07/2005	▶ Werner L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. Figueroa Street Los Angeles CA 90012	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 San Diego CA 92102	11B. DATE BURIED 7 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 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
2nd Burial
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family Benitez Villalobos

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 235 Grave 7

Grave space & Care Fund E-19227 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-59024 116.00

Balance due $347.00

PAID
JUL 23 2007
MOUNT HOPE CEMETERY

I hereby certify I am the X Family Benitez Villalobos of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Consuelo Villalobos (Print Name)
X 533 24th St. (Address)
X San Diego Ca 92102 (City, Zip Code)
X 264 5326 (Telephone)

229140

Invoice # _____

Work Order # E 19228

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Consuelo Villalobos
533 24th ST.
San Diego, CA. 92102-2919

AT-Need (Res)
15 Closing 1st Burial only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rollin Ellsworth Shankle 229209

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time June July 12, 05 10:30

Church, Chapel, Graveside St. Didacus : Featherguill Jerry 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 MAS Section T Blk/Row ____ Lot 9 Grave 8

Grave space & Care Fund	$1,755.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container DD	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.40
Total Due	$3,020.40
Paid receipt number R-59036	$3,020.40
Balance due	0

PAID
JUL 07 2005
MOUNT HOPE CEMETERY

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

229133

I hereby authorize the interment in lot I hold under deed

x Leticia Galvan (Print name)
x 4880 39th St. (Address)
San Diego CA 92116 (City, Zip Code)
x 619-640-8856 (Telephone)

x [signature] (Signature)
Pin # 229210
Co-purchasers
Ana Leticia & Azucena Moreno

Invoice # ____

Work Order # E 19229

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

R- 59131
9-2-03
pd for marker setting fee
24x12 foundation & border
with two trim vases
WO # 4556 to install foundation

MT HOPE CEMETERY E-19229

GRAVE BLIND CHECK FORM

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

#11 Kern Ira	#10 Galbraith Margaret		#8 X			

Blind Check Initiated By: Sandra Date: 7-11-05

Interment space for: Rollin E. Shankle

Interment Date: July 12, 05 (Tues) Time: 10:30 Church

Div: MAS Sect: T Blk/Row: ____ Lot: 9 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Joe Flagseal Date: 7-11-05

E-19229

age 86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Rollin	Ellsworth	Shankle	07/16/1919	07/03/2005	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	Leticia Galvan (Grand Daughter) 4880 39th St. San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M. Dominguez	07/06/2005

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	07/06/2005	2511060 M. Dominguez ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'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 7-12-05	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 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 (Res) 1st Burial only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF Galvan-Moreno

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 MAS Section T Blk/Row Lot 9 Grave 7

Grave space & Care Fund	$1,755.00
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	$3,020.40
Paid receipt number R-59036	$755.00
Balance due	$2,265.40

PAID OCT 24 2006 MOUNT HOPE CEMETERY

Ref Family To Collections
Forward To collections 3-16-06
Acc # 129915
Invoice # 439289

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.

229133

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

x [signature] pin # 229134

Signature

Co-purchasers:
Analeticia Moreno
Azucena Moreno

x Leticia Galvan
Print Name

x 4880 39th St.
Address

x San Diego CA 92116
City Zip Code

x (619) 640-8856
Telephone

Invoice #

Acct. #

Work Order # E 19230

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

Transaction History

E-19230

Contract: E-19230-F

Contract Date: 07/06/2005
Purchased By: Galvan, Leticia
4880 39th St.
San Diego, CA 92116
619-640-8856

Status: Active
Co-Purchaser: Moreno, Ana Leticia & Azucena

Dept: Mt Hope Cemetery
Counselor: SANDRA BROLLINI

Deferred Payment Price	**3,020.40**	**Amount Paid**	**2,881.84**	**Balance Due**	**138.56**
Base Price	2,988.00			Amount Financed	2,265.40
Interest	0.00	Downpayment	755.00	Number of Installments	24
Sales Tax	32.40	Transfer Allowance	0.00	Regular Payment of	94.00
Credit Life	0.00	Discount	0.00	Odd Payment of	103.40
		Late Charges/Fees	0.00	Date First Payment Due	08/15/2005
				Payment Plan	Monthly

Items Purchased	Quantity	Qty Fulfilled	Price
Graves-Resident - Masonic SD Resident Masonic, Section T,, Lot 9, Grave 7-A	1	0	1,755.00
O/C Resident PN - 1st Dbl Depth SD Resident	1	0	413.00
Hndl Fee Res PN - Crypt Hndl SD Resident	1	0	352.00
Misc -Resid PN - Recording Fee SD Resident	1	0	50.00
OBC - Resid PN - Dbl/D Crypt SD Resident	1	0	418.00

Date	Transaction Type	Receipt No - Ref No	Trans	Amount	Allocations
07/06/2005	**Downpayment**	**4844 – R-59036**	**0**	**755.00**	32.40 Tax Recovery
					722.60 Equity
08/04/2005	**Installment Payment**	**5025 – R-59431**	**1**	**94.00**	94.00 Equity
09/02/2005	**Installment Payment**	**5312 – R-59132**	**2**	**94.00**	94.00 Equity
11/29/2005	**Installment Payment**	**5831 – R-59438**	**3**	**94.00**	94.00 Equity
11/29/2005	**Installment Payment**	**5832 – R-59439**	**4**	**94.00**	94.00 Equity
09/28/2006	**Installment Payment**	**9081 – TC99941**	**5**	**1,656.84**	1,032.99 P/N Trust
					351.00 Perp. Care
					272.85 Equity
10/23/2006	**Installment Payment**	**9082**	**6**	**94.00**	94.00 P/N Trust
	TOTALS:			**2,881.84**	

Transaction History Summary:

Fund Name	Original Amount	Allocations	Amount Due	Amount Cancelled
Equity	1,404.00	1,371.45	32.55	
P/N Trust	1,233.00	1,126.99	106.01	
Perp. Care	351.00	351.00		
Tax Recovery	32.40	32.40		
TOTALS:		2,881.84		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 6, 2005

pin # 229170

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ronald Green-wilson July 11th, 2005

in a Liner (Type of Burial Container) Funeral, date, time Monday 11:00 Am

Church, Chapel, Graveside Service at : Cal. Burial Cal. Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned. X Thomas Burks

Division 12 Section 1 Blk/Row ____ Lot 44 Grave 11

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	$6.20
Total Due	1,833.20
Paid receipt number pd by visa $1,833.20	
Balance due	0

PAID

JUL 06 2005

MOUNT HOPE CEMETERY

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

229171

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

X Thomas Burks
Signature

X Thomas Burks
Print Name

X 3959 Idaho St #7
Address

X San Diego 92104
City Zip Code

X (619) 295-4791
Telephone

Invoice # ____

Work Order # E 19231

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19231

GRAVE BLIND CHECK FORM

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

GR-2 Lucina Aguilar						
			GR-11 X		crub	

Blind Check Initiated By: Sandra Date: 7-6-05

Interment space for: Ronald Green

Interment Date: Monday July 11th, 05 Time: 11:00 AM

Div: 12 Sect: 1 Blk/Row: ____ Lot: 44 Gr: 11

Grave Laid out by: Norman Fergu

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-7-05

7 flagged

E-19231

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 28

1A. NAME OF 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	DWAYNE	GREEN WILSON	05/10/1977	07/05/2005	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	THELMA WILSON-MOTHER 3633 MARLBOROUGH AVE. #F SAN DIEGO CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	▶ [signature]	07/08/2005

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	07/08/2005 V MITCHELL	▶ 2811214

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 7-11-05	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 7-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Cortez ☒ 229186

in a ASH VAULT (Type of Burial Container) Funeral, date, time 7/12/05 Tues. 11:00

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 $ _____

will be applied and billed to undersigned. _____

Division 7 Section 4 Blk/Row _____ Lot 112 Grave 3

*Grave space & Care Fund B-8410	~~0~~
Overtime/Late Arrival Fees	~~$154.00~~
Opening/Closing & Setup	~~116.00~~
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-59028	395.28
Balance due	~~0~~

PAID

JUL 06 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

David Lugo took payment but did not get signature from daughter. Paulette

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 19232

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 19232

GRAVE BLIND CHECK FORM

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

		Drury				
	Randall	Goodman	X	Robbins	McLellard	

Blind Check Initiated By: Paulette Date: 7-7

Interment space for: Patricia Cortez

Interment Date: Tues 12 Time: 11:00

Div: 7 Sect: 4 Blk/Row: ____ Lot: 112 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No Flag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Waver Date: 7-7-05

E-19232

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS age 67 19293

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PATRICIA	JEAN	CORTEZ	03/04/1938	07/05/2005	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:
DEBRA CAMPOS - DAUGHTER
8850 SAN MIGUEL AVENUE
LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
MERKLEY-MITCHELL MORTUARY
3655 FIFTH AVENUE
SAN DIEGO, CA 92103

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD119

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

8B. DATE SIGNED: 07/06/2005

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: $11.00

9B. DATE PERMIT ISSUED: B.A. ELLANO 07/07/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2511101 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-12-05	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 JUL 0 8 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.

Pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/30/05

Pin # 229719

Pin # 206521

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains (DC)

of for ~~Ray Baker/or have~~ Dolores Baker

in a dd-crypt "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 8 Grave 12

Grave space & Care Fund	D-9974	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	one	413.00
Burial Container	dd crypt	418.00
Handling Fees	one	352.00
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	one	50.00
Sales taxes		32.40
Total Due		1265.40
Paid receipt number	pd by visa card 25% down	316.00
Balance due	Bal	949.40

PAID MAR 27 2006 MOUNT HOPE CEMETERY

3/27

I hereby certify I am the * family (see back) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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

Zip Code

Telephone

David Lugo/Rukette

10/19 MAILED coupon w/letter of apology for the late processing of his coupon, due to lack of information.

See attached Receipt.

Invoice #

Work Order # E 19233

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

* Printed on recycled paper

Ray cell # 619 977-7297

* Family members that can make decision on this plot:

1. Anita Baker-Lloyd
2. Esley Baker, Jr.
3. Don Baker
4. Ray Baker

ANITA BAKER-LLOYD (MAIL DEED TO:)
1372 CONEJO CT.
EL CAJON, CA. 92021

XXXXXXXXXXXX8981

AUTH 035208 REF# 71382995

SALE $ 316.00

TOTAL $ 316.00

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

X

MAY MARKER

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

12-2-8-12

E-19233

CEMETERY
1/2004

E-19233

ec 2 (Lots 2 - 46) (Div. 12 Sec 3 [redacted] cremains only)
proval for non veteran area (for immediate family members)

resident	non		resident	non
$875.00	1,164.00	Lot	$875.00	1,164.00
$413.00	549.00	Open/Close	$413.00	549.00
$275.00	366.00	*Double Crypt*	$418.00	556.00
$204.00	271.00	Handling Fee	$352.00	468.00
$50.00	66.00	Recording Fee	$50.00	66.00
$21.31	28.37	Tax on Vault	$32.40	43.09
$1,838.31	2,444.37	**Total Cost**	$2,140.40	2,846.09
		2nd Burial	$463.00	615.00
$963.31	1,280.37	Trust Cost	$1,265.40	1,682.09

Div 11-1 (Lots 2-46)

[redacted]

985.00	1,310.00	Lot	$985.00	1,310.00
413.00	549.00	Open/Close	$413.00	549.00
275.00	366.00	*Double Crypt*	$418.00	556.00
204.00	271.00	Handling Fee	$352.00	468.00
50.00	66.00	Recording Fee	$50.00	66.00
21.31	28.37	Tax on Vault	$32.40	43.09
$1,948.31	2,590.37	**Total Cost**	$2,250.40	2,992.09
		2nd Burial	$463.00	615.00
$963.31	1,280.37	Trust Cost	$1,265.40	1,682.09

Div 11-1
Div 11-2
Div 12-1
Div 12-2
25% 83.16
3s

[redacted]

$1,095.00	1,456.00	Lot	$1,095.00	1,456.00
$413.00	549.00	Open/Close	$413.00	549.00
$275.00	366.00	*Double Crypt*	$418.00	556.00
$204.00	271.00	Handling Fee	$352.00	468.00
$50.00	66.00	Recording Fee	$50.00	66.00
$21.31	28.37	Tax on Vault	$32.40	43.09
$2,058.31	2,736.37	**Total Cost**	$2,360.40	3,138.09
		2nd Burial	$463.00	615.00
$963.31	1,280.37	Trust Cost	$1,265.40	1,682.09

Div 10 Flat markers

[redacted]

$1,205.00	1,603.00	Lot	$1,205.00	1,603.00
$413.00	549.00	Open/Close	$413.00	549.00
$275.00	366.00	*Double Crypt*	$418.00	556.00
$204.00	271.00	Handling Fee	$352.00	468.00
$50.00	66.00	Recording Fee	$50.00	66.00
$21.31	28.37	Tax on Vault	$32.40	43.09
$2,168.31	2,883.37	**Total Cost**	$2,470.40	3,285.09
		2nd Burial	$463.00	615.00
$963.31	1,280.37	Trust Cost	$1,265.40	1,682.09

Div 10 uprights

Paid 25%

OUTSTANDING
418.00
7/15

1265.40
671.73
1843.13 25% = 473.28

118.77
473.28

09/02/2004

E-19233

D-9812

Name BAKER, Esley
LAST FIRST MIDDLE ASHES

Buried 8 11 2 12
LOT GRAVE ROW SECTION BLK. DIV.

11/26/1978 12/1/1978 Age 64 (11/30/1914)
DATE OF DEATH DATE OF BURIAL YRS. DATE OF BIRTH

San Diego, Calif. Negro M
PLACE OF DEATH RACE SEX

Removed

Remarks Deloreg Baker

FW-972

E-19233

D-9812

LOT OWNER

BAKER, Delores 2961 Logan Ave. S. D. 92113
NAME ADDRESS

LOT 8 GR. 11 Sec 2 Div 12

Lot 8 Gr 12 Sec 2 Div 12 (D-9974)

FORM PR-961-REV. TAYLOR SYSTEM OF CEMETERY RECORDING

September 15, 2005

E 19233

Mr. Ray I Baker
2961 Logan Avenue
San Diego, CA 92113

Re: Division 12 Section 2 Lot 8 Graves 12

Dear Mr. Baker

On June 30, 2005 you came into Mt. Hope Cemetery to setup a pre-need trust for this location. We are requesting that you give us a call to verify this is the correct address to mail your coupon payment book. We apologize for the inconvenience. Please call at (619) 527-3400.

Sincerely,

Paulette Crawford
Clerical Assistant II

PC:pc

Sent on letter head in the mail on 9/16/05 (closes off on 9/16/05) but did not get letter out till next day.

E-19233 Pre-need trust. Pin # 229719 monthly $39.56 Two year cell 619-977-7297
payment due 15th of each month Final 39.52 contract Expires [illegible]
Baker, Ray for mother Dolores Baker 2961 Logan Avenue, SD CA 92113
Div 12 Sec 2 Lot 8 Gr 12

		Debit	Credit	Balance
6/30/05	Opened pre-need trust. Trust includes: o/c $413 b/c $418, h/f $352, r/f fee $50, tax on DD Crypt $32.40 25% down pd by visa card.	1265.40		1265.40
			316.00	949.40
12-13-05	mailed Cert. delinquent letter			
12-28-05	P-00024 Coupon 1 Nov 2005		$39.56	$909.84
12-28-05	P-00024 " 2 Dec 2005		$39.56	$870.28
12-28-05	P-00024 " 3 Jan 2006		$39.56	$830.72
2-28-05	P-00146 " 4 Feb 2006		$39.56	$791.16
3-24-06	Family would like to add updated			
3/24/06	Pd. Phone Number 619 588-7174 per Anita Baker #5		39.56	751.60
3-27-06	P-00201 pd IN Full		751.60	0

PAID
MAR 27 2006
MOUNT HOPE

pre-need
Res
1st + 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Thomas, Leon

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 11 Section 1 Blk/Row _____ Lot 139 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 - Bronze 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 pd by Visa		$713.00
Balance due		$2,138.40

PAID
pd in full OCT 02 2006
10-2-06
P.00
511
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.

229136

Deed Mailed 10-3-06

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

X Leon Thomas
Signature
229137

CO PURCHASER
GWENDOLYN D. THOMAS

X LEON THOMAS
Print Name
X 3340 DELSOL BLVD, SPACE 269
Address
X SAN DIEGO CA 92154
City Zip Code
X 619 690-6982
Telephone

Invoice # _____

Work Order # E 19234

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19234

TY OF SAN DIEGO DEPARTMEN E-19234 TE DCR No.

DAILY CASH RECEIPTS

Park & Recreation/Mount Hope Cemetery **July 8, 2005**

2006-000035
07-12-2005/09:07
TSFR:P001 Amount:$7,147.
564/MT HOPE CEMETERY MERCHANT CARD DE
003-000417

EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
CREDIT CARD PAYMENTS							
Pre need lot: Thomas	67007			77184			394.00
Pre-need trust: Baker, Grauberger,	100	072		77184			1,846.68
Albert, Robles, Wignall, Lozano	100	072		77181			1,839.00
Galv. Vases: McGee, Jones , Waller	100	072		77182			750.00
	100	072		77185			600.00
At Need Services: Duncan, Green	100	072		77183			729.71
	63033			77186			930.63
Setting Fee: Watson, Corden	60101			78390			57.43
Misc. Fees: Albert, Green							
PREPARED BY **Paulette Crawford x73401**	DEPOSITED BY: **MS 72** **Mt. Hope Cemetery**		AUDITED BY:	KEY PUNCH DATE: 7/8/2005			**$7,147.45**

AC -1221 (REV. 7-79)

FUND/REVENUE

20% Sales/Care	80% Sales of Lots	Opening Closing	Burial Containers	Handling Fee	Recording & Misc. Fees	Pre-Need Trust	Sales Tax	Total
67007	100	100	100	100	100	63033	60101	
77184	77184	77181	77182	77185	77183	77186	78390	
		11.00	14.00				0.85	25.85
					165.00			165.00
		413.00			50.00			463.00
		826.00	418.00	352.00		100.00	32.40	1,728.40
						316.00		316.00
					138.00			138.00
	542.68							542.68
		154.00	81.00	88.00	66.00		6.28	395.28
		11.00	14.00				0.85	25.85
						514.63		514.63
					88.00			88.00
197.00	788.00	413.00	209.00	160.00	50.00		16.20	1,833.20
					34.71			34.71
		11.00	14.00				0.85	25.85
					138.00			138.00
197.00	516.00							713.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
394.00	1,846.68	1,839.00	750.00	600.00	729.71	930.63	57.43	7,147.45

AT-Need
RES
1st Burial
Only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-8-05

pin # 229179

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearlie Mae Meshack-Johnson

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time ~~July 13 05 1:00~~ Wed's ~~Thursday~~

Church, Chapel, Graveside _____ : Lassdale 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. E.M.

Division 7 Section 14 Blk/Row _____ Lot 126 Grave 1

Grave space & Care Fund	1,535.00
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	$2,800.40
Paid receipt number pd by Visa	$2,800.40
Balance due	0

PAID
JUL 11 2005
MOUNT HOPE

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

pin # 229180

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

X Ernest E. Meshack
Signature

pin # 229181

CO-PURCHASER - DORIS J COX

X Ernest E. Meshack
Print Name

X 2815 Franklin Ave.
Address

X San Diego, CA 92113
City Zip Code

X 619-787-4514
Telephone

Invoice # _____

Work Order # E 19235

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19235

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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" 1st Burial

		Elijah white	Lot 126 #1 X	minnie cobbins		

Blind Check Initiated By: Sandra Date: 7-11-05

Interment space for: Pearlie meshack-Johnson

Interment Date: Weds July 13th, 05 Time: 1:00

Div: 7 Sect: 14 Blk/Row: ____ Lot: 126 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: 7-12-05
7 logged

E 19235

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ag 86

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Pearlie	Mae	Johnson	09/12/1918	07/07/2005	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	Ernest Meshack, Son 2815 Franklin 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	▶ Veronika Pryor	07/12/2005

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT 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	S. PRYOR 07/12/2005	2511419 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-13-05	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 AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

AT Need
NON-Res
urn Garden
IN Grave
with Stephen
P. Burdick

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pamela Colleen Edwards (X) 229216

in a No Vault Regd (Type of Burial Container) Funeral, date, time Tues July 12, 05 12:30

Church, Chapel, Graveside ; Neptune Society 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. [signature]

Division 8 Section 4 Blk/Row Lot 370 Grave

* Grave space & Care Fund	E-19237	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	No Charge, Grave opened for other Love one & same time	0
Burial Container	No Vault Regd	0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		$ 66.00
Sales taxes		0
Total Due		66.00
Paid receipt number R-59041		$ 66.00
Balance due		0

PAID
JUL 08 2005
MOUNT HOPE CEMETERY BY

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. pin # 22 9215

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

X [signature]
Signature

X ERIN P CASS
Print Name

X 4705 4th ST
Address

X LA MESA CA 91941
City Zip Code

X 619-337-4221
Telephone

Invoice #

Work Order # E 19236

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19236

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 47

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PAMELA	COLLEEN	EDWARDS	03/04/1948	02/26/1991	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: STEPHEN P. BURDICK/SON
1509 SHADOW KNOLLS DRIVE
EL CAJON,CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON,CA 92021

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1352

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: 07/11/2005

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: ALAN PRYOR 07/11/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2511314

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
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY 3751 MARKET 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.

AT-Need
NON-Res
urn garden
IN grave with
Pamela C. Edwards

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stephen Paul Burdick (X) 229217

in a No Vault Regd (Type of Burial Container) Funeral, date, time Tues July 12, 05 12:30

Church, Chapel, Graveside ; Neptune Society 561-6400 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. E Cass

Division 8 Section 4 Blk/Row Lot 370 Grave

Grave space & Care Fund	$ 439.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	154.00
Burial Container No Vault Regd	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	66.00
Sales taxes	0
Total Due	$659.00
Paid receipt number R-59041	659.00
Balance due	0

PAID
JUL 08 2005
MOUNT HOPE CEME

I hereby certify I am the X Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 # 229215

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

X Erin P Cass
Signature

X ERIN P CASS
Print Name

X 4705 4th ST
Address

X LA MESA CA 91941
City Zip Code

X 619-337-4221
Telephone

Invoice #

Work Order # E 19237

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19237

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Urn Garden (No Vault Req)

		Daniel Zulueta SR	370 X			
		Katharina Pohle				

Blind Check Initiated By: Sandra Date: 7-11-05

Interment space for: Stephen P. Burdick (X) / Pamela C Edwards (X)

Interment Date: Tues July 12, 05 Time: 12:30

Div: 8 Sect: 4 Blk/Row: ____ Lot: 370 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-11-05

7 logged

E-19237

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 41

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
STEPHEN	PAUL	BURDICK	11/01/1963	07/02/2005	M

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: MELANIE TERESE BURDICK/WIFE
314 WISCONSIN AVENUE #30
EL CAJON,CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON,CA 92021

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1352

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: 07/08/2005

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: $11.00

9B. DATE PERMIT ISSUED: ALAN PRYOR 07/08/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ 2511246

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: P. O. BOX 85222
SAN DIEGO ,CA,92186-52222

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: MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO,CA 92102	11B. DATE BURIED: 7-12-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: LENEDA INC 14065 HWY 8 BUS EL CAJON,CA 92021	12B. DATE CREMATED: 7/11/05	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 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 7-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juan Munoz-Flores 229221

in a D.D. CRYPT A (Type of Burial Container) Funeral, date, time SAT. JULY 16, 2005 10:00

(Church) Chapel, Graveside _____ ; Community Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 129 7 Grave B

Grave space & Care Fund	1310.00
Overtime/Late Arrival Fees SAT. FEE	878.00
Opening/Closing & Setup	549.00
Burial Container	550.00
Handling Fees	468.00
Flower vases – Marker setting fee	184.00
Recording/Filing/Transfer Fees	66.00
Sales taxes	43.09
Total Due	$ 3,176.09
Paid receipt number R-59047	3,176.09
R-59048	878.00
Balance due	0

PAID R-59048

JUL 11 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.

228278

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

Signature

Print Name: Jesus Munoz

Address: 2881 Washington St

City: Lemon Grove Zip Code: 91945

Telephone: 619 337 2489

Paulette

Work Order # E 19238

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19238

GRAVE BLIND CHECK FORM

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

	Bryant		Blackwell			HAWLON
			X		DAVIS III	
	McPhatter				Wallace	

Blind Check Initiated By: Paulette Date: 7-12

Interment space for: Juan Munoz

Interment Date: Sat. 7-16-05 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 129 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E-19238

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 80

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Juan	Flores	Munoz	05/23/1925	07/10/2005	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	Jesus Munoz - Brother 2881 Washington Street Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Community Mortuary 855 Broadway Chula Vista, CA 91911	FD1682

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED 07/12/2005

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	07/12/2005	2511442 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)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 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 to AT Wieland

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lester Lee Itzin 229127

in a ASH VAULT (Type of Burial Container) Funeral, date, time Weds. July 20 10:20

Church, Chapel, Graveside Witness ; 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 11P Section 2 Blk/Row _____ Lot 70 Grave 14

Grave space & Care Fund	E-18999	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-18999 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 pre-need interment order E-18999

Invoice #

Acct. #

Paulette

Work Order # E 19239

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Ken tight (619)263 8140

pre-Need (Res) cremation plots

MT. HOPE CEMETERY

INTERMENT ORDER

E-19239

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 / 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 # 336275038	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

MT HOPE CEMETERY E 19239

GRAVE BLIND CHECK FORM

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

				Mosesso		
		Wilt	Smith			
		Elder	x	Allen		
			Hall			

Blind Check Initiated By: Paulette Date: 7-18-05

Interment space for: Lester Itzin ⊗

Interment Date: Weds. 7/20 Time: 10:30 witness

Div: 11 Sect: 2 Blk/Row: ____ Lot: 70 Gr: 14

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flat

Blind Check & Verified By: Joe Date: 7-18-05

E 19239

TRANSIT COPY
(This copy must accompany body to final destination)

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES · OFFICE OF VITAL RECORDS

DISPOSAL - TRANSIT PERMIT

REGISTRAR'S FILE NO. 849

IDENTIFICATION OF DECEASED

1. NAME OF DECEASED — A. FIRST: LESTER — B. MIDDLE: — C. LAST: ITZIN
2. SEX: MALE
3. AGE: 87
4. RACE/ETHNICITY: WHITE
5. DATE OF DEATH: SEPT. 14, 2004
6. PLACE OF DEATH — A. TOWN OR CITY: YUMA — B. COUNTY: YUMA — C. STATE: ARIZONA
7. CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)

MANNER AND PLACE OF DISPOSITION

8. ☐ BURIAL ☐ OTHER (SPECIFY) ☒ CREMATION ☐ REMOVAL
9. FUNERAL HOME — A. NAME — B. ST. ADDRESS — C. CITY AND STATE: YUMA MORTUARY & CREMATORY, 551 W. 16TH STREET, YUMA, ARIZONA
10. FUNERAL DIRECTOR'S SIGNATURE
11. DATE SIGNED: 9/17/2004
12. PLACE OF BURIAL OR OTHER DISPOSITION — A. NAME — B. STREET ADDRESS — C. CITY AND STATE: YUMA MORTUARY & CREMATORY, 551 W. 16TH STREET, YUMA, ARIZONA

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.
14. REGISTRAR'S SIGNATURE
15. REG. DISTRICT: 1402
16. DATE SIGNED

DISPOSITION OF BODY

17. BODY WAS: ☐ BURIED ☒ CREMATED ☐ OTHER (SPECIFY) _____
18. CEMETERY OR CREMATORY — A. NAME — B. STREET ADDRESS — C. CITY AND STATE: YUMA MORTUARY & CREMATORY, 551 W. 16TH STREET, YUMA, ARIZONA
19. DATE OF DISPOSITION: 09/24/2004
20. CEMETERY MANAGER'S SIGNATURE

STATE REGISTRAR USE

21. DATE RCV'D. IN STATE OFFICE
22 A. REGISTRAR'S SIGNATURE
22 B. TITLE

VS-7 REV. 8/88

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887
DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

E-19239

AKA

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

CERTIFICATE OF DEATH

DEATH NO. D 102-

DECEDENT

1. NAME OF DECEDENT — A. FIRST: LESTER; B. MIDDLE: LEE; C. LAST: ITZIN
2. SEX: Male
3. DATE OF DEATH — MONTH DAY YEAR: September 14, 2004
4A. RACE (e.g., white, black, American Indian, (specify tribe) etc.) SPECIFY: White
4B. WAS DECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO): No
4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.:
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes
6. PLACE OF DEATH — A. COUNTY: Yuma; B. TOWN OR CITY: Yuma; C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): Yuma Regional Medical Center; D. ☐ DOA ☐ OP EMER ☒ IN PATIENT
7. DATE OF BIRTH — MONTH DAY YEAR: September 14, 1917
8A. AGE (YEARS LAST BIRTHDAY): 87
8B. IF UNDER 1 YEAR MOS. DAYS:
8C. IF UNDER 1 DAY HRS. MIN.:
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
11. STATE AND CITY OF BIRTH (If not in USA, name country): TX, Mc Allen
12. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.
13. SOCIAL SECURITY NO.: 564-01-8628
14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): U.S. Army
14B. KIND OF BUSINESS OR INDUSTRY: U.S. Government
15. USUAL RESIDENCE — A. STATE: California; B. COUNTY: Imperial; C. TOWN OR CITY: Bard; D. ZIP CODE: 92222
16. HOW LONG IN ARIZONA? 1 Week
17. EDUCATION — HIGHEST GRADE COMPLETED: ELEMENTARY-SECONDARY (0-12): 12; COLLEGE (1-4 or 5+):
18. STREET ADDRESS OF R.F.D.: 1526 Levee Road
18F. INSIDE CITY LIMITS? (SPECIFY Yes or No): No
18G. ON RESERVATION (SPECIFY Yes or No): Yes

PARENTS

19. FATHER'S NAME — A. FIRST: Fredrick; B. MIDDLE: Eugene; C. LAST: Itzin
20. MOTHER'S MAIDEN NAME — A. FIRST: Bessie; B. MIDDLE: Josephine; C. LAST: Cameron

DISPOSITION

21. INFORMANT'S SIGNATURE: By: Michael A. Terry FD
22. RELATIONSHIP TO DECEASED: Grandson
23. ADDRESS — STREET NO. CITY AND STATE ZIP CODE: 6486 Eastlake Drive, San Diego, CA 92119
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
25. DATE: 9/24/2004
26. CEMETERY OR CREMATORY NAME/LOCATION: Yuma Mortuary & Crematory, Yuma, Arizona
27A. EMBALMER'S SIGNATURE: Not Embalmed
27B. CERT. NO.:
28. FUNERAL HOME — NAME, STREET ADDRESS, CITY AND STATE: Yuma Mortuary & Crematory, 551 W. 16th St., Yuma, AZ
29A. FUNERAL DIRECTOR or person acting as such (SIGNATURE): Darren Mattice
29B. CERT. NO.: 1024

CERTIFIER

To be completed by CERTIFYING PHYSICIAN ONLY: TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
30. SIGNATURE ▶ AND TITLE: MD
31. DATE SIGNED (Mo., Day, Year): 09-17-04
32. HOUR OF DEATH: 0315
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY: 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) AND MANNER STATED.
34. SIGNATURE ▶ AND TITLE:
35. DATE SIGNED (Mo., Day, Year):
36. HOUR OF DEATH:
37. PRONOUNCED DEAD (Mo., Day, Year):
38. PRONOUNCED DEAD (Hour):

39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print): Israel Guerrero, M.D., 1965 W. 24th St., Ste. A, Yuma, AZ
40. AUTHORIZED FOR CREMATION (SPECIFY): ☒ Yes ☐ No
41. MEDICAL EXAMINER SIGNATURE:
42. DATE REGISTERED: 9/22/04
43. REG. FILE NO.: 849
44. REGISTRAR'S SIGNATURE: Juanita Hamaray DeOrtiz
45. REG. DISTRICT: 1402
46. DATE RECEIVED IN STATE OFFICE:

CAUSE OF DEATH

47. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST. PART I
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) ENTER ONLY ONE CAUSE ON EACH LINE: Respiratory Failure — days
B. DUE TO OR AS A CONSEQUENCE OF: Pneumonia — weeks
C. DUE TO OR AS A CONSEQUENCE OF: —
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
48. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Malnutrition Dehydration
49. AUTOPSY (Specify Yes or No): No
50. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): Yes

MEDICAL EXAMINER

51. MANNER OF DEATH: ☒ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED
52. DATE OF INJURY — MO DAY YR:
53. HOUR:
54. INJURY AT WORK? (Specify Yes or No):
55. DESCRIBE HOW INJURY OCCURRED:
56. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:
57. WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE:

FOR STATE REGISTRAR USE

58. SUPPLEMENTARY ENTRIES:

OR TRIBAL LAW ENFORCEMENT AUTHORITY

SEP 23 2004

Richard S. Porter
RICHARD S. PORTER
ASSISTANT STATE REGISTRAR

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Arizona Department of Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

E-19239

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 87

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LESTER	LEE	ITZIN	09/14/1917	09/14/2004	M

5A. CITY OF DEATH: Yuma

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Ken Hight - Grandson
7420 Jamacha Road
San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Conrad Lemon Grove Mortuary
7387 Broadway - Lemon Grove, CA 91945

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD941

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Ken Beaulieu

8B. DATE SIGNED: 07/12/2005

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: $11.00

9B. DATE PERMIT ISSUED: Kim Beaulieu 07/12/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2511441 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [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 Mount Hope Cemetery 3751 Market Street San Diego, CA 92101	11B. DATE BURIED 7-20-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Lynn	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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 7-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kelvin Andrew Simmons 229222

in a Liner (Type of Burial Container) Funeral, date, time Fri July 15, 05 1:00p.

(Church) Chapel, Graveside ARRIVAL time 3:20 pm Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165 will be applied and billed to undersigned. X

Division 11 Section 2 Blk/Row ____ Lot 126 Grave 4

Grave space & Care Fund E-7288	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container Liner	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$ 848.20
Paid receipt number R-59358	848.20
Balance due	Ø

PAID
JUL 13 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 ____ hold under deed.

R-59115 8-29-05

X Signature

X Print Name

X Address

X City Zip Code

Telephone

See attach for signature

Data 3:20 pm Arrival pd $165 Billed bamley 7-18-05 See attach for signature

Invoice #

Work Order # E 19240

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

11:53 SD MT. HOPE CEMENTERY → RAGSDALE

of K[redacted]vin Andrew

in a Liner (Type of Burial Container) Funeral date, time Fri July [redacted] 05 1:00p

Church Chapel, Graveside Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165 will be applied and billed to undersigned Mrs Ruthie Shelby Anderson

Division 11 Section 2 Blk/Row Lot 116 Grave 4

Grave space & Care Fund E-7288	Ø
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 tax fee	16.20
Mort. To pay Total Due	$848.20
Paid receipt number R-59358	$848.20
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.

206401

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

X Ruthie Shelby Anderson (Print Name)

X 6563 Osler (Address)

X San Diego, CA 92111 (City, State, Zip Code)

X (858) 278-1831 (Telephone)

Signature

Invoice # _____

Work Order # E 19240

Acct. # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY C-19240

GRAVE BLIND CHECK FORM

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

Edward King JR				Lorena Sanchez		
#1 George Taylor			#4 X			
Alfonso Rojas #7		#9 Benita Castillo				

Blind Check Initiated By: _____ Date: _____

Interment space for: Kelvin Andrew Simmons

Interment Date: Fri July 15 Time: 1:00p.

Div: 11 Sect: 2 Blk/Row: ____ Lot: 126 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: 7-12-05

E 19240

age 40

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ELVIN	ANDREW	SIMMONS	03/25/1965	07/10/2005	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	KATHERINE STRFFEN: MOTHER 5663 DEL CERRO AVENUE SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD 1329	▶ Jennika Pryor	07/13/2005

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	S.PRYOR 07/13/2005	2511551 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 7-15 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.

pre-Need
Res
2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Ernest Meshack

In a FOR 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 7 Section 14 Blk/Row Lot 126 Grave 1

Grave space & Care Fund E-19235	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting	Ø
Recording/Filing/Transfer Fees	50.00
Sales taxes	Ø
Total Due	463.00
Paid receipt number pd by Visa	$116.00
Balance due	347.00

PAID MAR 13 2006 MOUNT HOPE CEMETERY

Bal of $221- pd in full P-00173

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 229180

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

X [signature] Signature

229181

Co-purchaser DORIS J. COX

X ERNEST E. MESHACK Print Name

X 2815 FRANKLIN AVE. Address

X SAN DIEGO CA. 92113 City Zip Code

X 619-787-4514 Telephone

Invoice #

Work Order # E 19241

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT-Need RES 1st Burial Only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-19241

Date 7-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearlie Meshack-Johnson

In a DD Crypt (Type of Burial Container) Funeral, date, time July 13, 05 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 $ 165.00 will be applied and billed to undersigned. E.M.

Division 7 Section 14 Blk/Row Lot 126 Grave 1

Grave space & Care Fund	1,535.00
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	$2,800.40
Paid receipt number pd. by V.S.	$2,800.40
Balance due	0

PAID JUL 11 2005 MOUNT HOPE

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

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

X Ernest E. Meshack (Signature)

X Ernest E. Meshack (Print Name)
X 2815 Franklin Ave. (Address)
X San Diego Ca. 92113 (City, Zip Code)
X 619-787-4514 (Telephone)

CO-PURCHASER - DORIS J COX

Invoice #

Work Order # E 19235

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Due 15th each month monthly $14.00

Pin# 229180 E-19241

MESHACK, ERNEST E. 2815 Franklin Ave SD CA 92113 619- 787-4514

DIV 7 SEC 14 LOT 126 GR 1

		DEBIT	CREDIT	BALANCE
07-11-05	Opened Pre-Need on trust for 2nd Burial	$463.00	$116.00	$347.00
8-17-05	w/25% down, trust to include O/C, R/F. R-59090 aug 05		28.00	319.00
	CoPurchaser Doris J. Cox Pin# 229181			
10-10-05	R-59292 No Coupons pd for Sept, Oct, Nov, Dec, Jan, Feb, Mar 2006		$98.00	$221.00
3/13/06	P-00173 " " PAID in full.		221.-	0

PAID

MAR 13 2006

MOU

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
NO CHAIRS

Date 7-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Iyuichi Sato Θ 212794

in a ASH VAULT (Type of Burial Container) Funeral, date, time Monday July 18 9:00

Church, Chapel, Graveside Witness only ; 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 10 Section _____ Blk/Row _____ Lot 4961 Grave 1

Grave space & Care Fund C-1287 / E-13131	Θ
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	105.00
Burial Container ASH VAULT	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	45.00
Sales taxes	4.26
Total Due 8-14-1996 VISA	Θ
Paid receipt number _____	—
Balance due	Θ

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.

Mariko Sato
Signature

MARIKO SATO
Print Name

16 E. SIERRA WAY
Address

CHULA VISTA, CA 91911
City Zip Code

619 422-5914
Telephone

Paulette

Work Order # E 19242

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19242

GRAVE BLIND CHECK FORM

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

Furuya	Furuya	Furuya	X	SATO		

Blind Check Initiated By: Paulette Date: 7-14-05

Interment space for: Yuichi Sato

Interment Date: Mon. July 18 Time: 9:00 Witness

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4961 Gr: 1

Grave Laid out by: Herman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-14-05

87190 E-19242 AB11 767

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 82

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JYUICHI	JAY	SATO	12/19/1922	07/11/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MARIKO SATO-WIFE 16 E. SIERRA WAY CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ECM-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶ [illegible]	07/12/2005

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	07/13/2005 C GRIER	2511516 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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
- [ ] 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 3/4CR	11B. DATE BURIED 7-18-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	12B. DATE CREMATED 7/14/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ for [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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
AT-need
15 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/15/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard C. Wilson (X) 229382

In a Ash Vault (Type of Burial Container) Funeral, date, time mon. aug 15 05 11:00 CA Cremation

Church, Chapel (Graveside) Mar : Family Delivery 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. X

PAID

Division 12 Section 2 Blk/Row Lot 118 Grave 9

JUL 15 2005

MOUNT HOPE CEMETERY

Grave space & Care Fund	$985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.00
Burial Container Ash vault	61.00
Handling Fees	66.00
Flower vases (Trion) / Marker setting fee Trion - $51.63 Setting Fee marker 138.00	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	$1,472.36
Paid receipt number pd by visa	1,472.36
Balance due	0

Pin# 229384

*CO. Marchell Crain

* Mark A. Crain

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

229383

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

X Mark Crain
Signature

Co Purchaser
*Marchell Crain

X Tanya Boudreaux
Print Name

X 7712 Borego St.
Address

X San Diego, CA 92114
City Zip Code

X (619) 713-0349
Telephone

Invoice #

Work Order # E 19243

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

*Printed on recycled paper

Marshall Crain 619 465-5033
858 715-5676

8-15-05 WO# 4523
to install trion vase

15 Chairs

MT HOPE CEMETERY E-19243

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Family would like Ashes to be place under marker, so they would have room for a full body in the future

Ash Vault /

#6 mary Bryant	#7	Barnett Blackwell #8	#9 X	#10	#11 Hanlon Allen	crub

Blind Check Initiated By: Sandra Date: 7-26-05

Interment space for: Richard L. Wilson ⊗

Interment Date: Mon Aug 15th, 65 Time: 11:00(GS)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 118 Gr: 9

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Joe Date: 8-11-05

7 laggers

E-19243

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RICHARD	LEON	WILSON	06/16/1982	08/14/2004	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	MARCHELL COLEMAN-MOTHER 1561 ANGELUS AVE. LEMON GROVE CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	▶ Victoria Mitchell	08/09/2005

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	08/09/2005	V MITCHELL ▶ 2513107

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 8-15-05	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.

Pre-Need
LOT + Trust
1st + 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Obdulia Rodriguez 228789

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 7

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 – Marker setting fee		0
Recording/Filing/Transfer Fees	2 @ $50.00	100.00
Sales taxes		32.40
Total Due		$2,713.40
Paid receipt number	R-59050	$678.00
Balance due		$2,035.40

PAID
APR / 2 2007
M/C AP 626 349
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 Obdulia Rodriguez
Signature

Co Purchasers:
Marlene Rodriguez - 228933
Angelica Rodriguez
Jorge Damian Rodriguez

Work Order # E 19244

x Obdulia Rodriguez
Print Name
x 3869 Highland Av.
Address
x San Diego California 92105
City Zip Code
x (619) 624-0897
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Deed 4-26-07 Mailed out

obdulia Rodriguez
3869 Highland Ave
S.D. CA. 92105

RCDRIGUEZ c/o purchaser Marlene ONOFRE Rodriguez Pin# 228933
Pin# ~~[illegible]~~ 228789 $85.00 monthly due 12th of each month E-19244
OBDULIA, RODRIGUEZ 3869 ~~Highland Ave SD CA. 92105~~ 619 ~~624-0897~~ DISC #
DIV 12 SEC 2 LOT 40 GR 7 (2030½ Kearney Ave, SD CA 92113)

				DEBIT	CREDIT	BALANCE
07-12-05	Opened Pre-Need Lot & trust, trust to include (two) O/C, DD CRYPT B/C, H/F, (two) R/F, taxes, with 25% down R-59050			$ 2713.40	$678.00	$2,035.40
			197.00	20%		
			~~798.00~~	80%		
9-12-05	R-59167	Coupon 1	aug payment		85.00	$1,950.40
10-3-05	R-59261	"	2 Sept "		85.00	1,865.40
10-25-05	R-59332	" 3	Oct "		85.00	1,780.40
11-2-05	R-59368	" 4	Nov "		85.00	1,695.40
12-7-05	R-59477	#5	Dec "		85.00	1,610.40
12/23/05	P 00019	#6	Jan 06		85.00	1,525.40
1-31-05	P 00086	#7	Feb 06		85.00	1,440.40
3-13-06	R-59468	#8	March 06		85.00	1,355.40
4-10-06	P 00225	#9	April 06		85.00	1,270.40
5-19-06	P-00298	#10	May 06		85.00	1,185.40
6-19-06	P-00352	#11	June 06		85.00	1,100.40
7-27-06	P-00413	#12	July 06		85.00	1,015.40
8-1-06	P-00422	#13	Aug 06		85	930.40
	Please have Family update phone #				85—	8[illegible]
9/26/06	P-00506	1	Sept 06	24th Coupon		
10/18/06	P-00539		Oct 06	15th	85.00	7[illegible]
11/17/06	P-00580		Nov 06		100.00	6[illegible]

Rodriguez, Obdulio E-19244

Div. 12 Sec 2 Lot 40 gr 7

12/13/06	Forward Balance					660 40
12/13/06	#17 coupon	Dec 06	P-00623		85.-	575 40
1/17/07	#18 no coupon	Jan 07	AP 511651		85	490 40
2/7/07	#19	P-00084	Feb 07		85-	405 40
3/20/07	#20	Paid w/C/C	AP 025948	March 07	85	320 40
4/2	AP626349	#21-24 pd w/credit card M/C			320.40	0

Mailed Certificate of Interment Rights

OFFICIAL RECEIPT

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

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

P 00623
E-19244

Date: 12/13, 20 06

From: M. Onofre Address: on record

Dollars ($ 85 -)

in part Payment of Coupon # 17

Div 12 Sec 2 Blk/Row Lot 40 Grave 7

Invoice No. E-19144

Acct. No.

W.O.

BALANCE DUE $515.40

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

PAID

DEC 13 2006

MOUNT HOPE

ISSUED BY Paulette C

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85.—
Trust	77186	
TOTAL PAID	$	85—

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☒ Check 1171

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 00505

Date: 9/26, 20 06

From: Marlene Rodriguez Address: on record

EIGHTY-FIVE Dollars ($ 85)

in part Payment of Pre-need lot, trust.

Div 12 Sec 2 Blk/Row Lot 40 Grave 7

Invoice No. E 19244

Acct. No.

W.O.

BALANCE DUE $845.00

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

PAID

SEP 26 2006

MOUNT HOPE CEMETERY

ISSUED BY Pauletta C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85
Trust	77186	
TOTAL PAID		$ 85

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check #95

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 00539

Date: October 18, 2006

From: Obdulia Rodriguez Address: on record

Eighty - Five and 00/00 Dollars ($ 85.-)

in part Payment of Pre-need trust & lot, coupon #15

Div 12 Sec 2 Blk/Row Lot 40 Grave 7

Invoice No. E-19244

Acct. No.

W.O.

BALANCE DUE $760.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1151

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	85.-
Trust	77186	
TOTAL PAID	$	85.-

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 00019

Date: December 23, 2005

From: Marlene Onofre Address: on record

EIGHTY - FIVE Dollars ($ 85.—)

in part Payment of Pre-need lot & trust

Div 12 Sec 2 Blk/Row Lot 40 Grave 7

Invoice No. E-19244

Acct. No.

W.O.

BALANCE DUE $ 1,525.40

☑ 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

DEC 23 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	~~85~~
20% Sales Care	77184	
Pre-Need	63033	85.—
Trust	77186	
TOTAL PAID	$	85.—

PC

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59261

MOUNT HOPE CEMETERY
(619) 527-3400

E-19244

Date: October 4, 20 05

From: Marlene Drogue Address: On record

Eighty Five Dollars ($ 85 —)

in part 12 Payment of Pre-need lot & trust

Div _____ Sec 2 Blk/Row _____ Lot 40 Grave 7

Invoice No. E-19141

Acct. No. _____

W.O. _____

BALANCE DUE 1865.40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check X

1048

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

PAID
PAID
SEP 29 2005
OCT 13 2005
MOUNT HOPE CEMETERY
MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	60	—
20% Sales Care	77184	25	—
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	$	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
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00225

Date: April 10, 20 06

From: Obdulio, Marlene Rodriguez Address: on record

Eighty-five and 00 Dollars ($ 85 —)

in Part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 40 Grave 7

Invoice No. E-19249

Acct. No.

W.O.

BALANCE DUE $1270-40

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

PAID

APR 10 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85 —
Trust	77186	
TOTAL PAID	$	85 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1125

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 00422

Date: 8-1, 20 06

From: RODRIGUEZ ABDULLA Address: On record

EIGHTY-FIVE Dollars ($ 85.—)

in part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 40 Grave 7

Invoice No. E-19244

Acct. No.

W.O.

BALANCE DUE $ 930.40

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

PAID

~~JUL 31~~ Aug. 1 2006

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	69033	85 —
Trust	77186	
TOTAL PAID	$	85 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1077

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 00352

Date: 6/19, 2006

From: Marlene Onofre Address: on record

EIGHTY FIVE 00/00 Dollars ($ 85-)

in part Payment of Pre-need lot trust.

Div 12 Sec 2 Blk/Row Lot 40 Grave 7

Invoice No. E-19244

Acct. No.

W.O.

BALANCE DUE $ 1,100.40

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

PAID

JUN 19 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85.-
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1069

ISSUED BY Paulette

TOTAL PAID $ 85-

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 00413

Date: 7-27, 20 06

From: Marlene Onofre Address: on record

EIGHTY-FIVE Dollars ($ 85.—)

in part Payment of pre-need trust

Div 12 Sec 2 Blk/Row Lot 40 Grave 7

Invoice No.

Acct. No. 19244

W.O.

BALANCE DUE $ 1015.40

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

PAID

JUL 27 2006

MOUNT HOPE CEMETERY

ISSUED BY Pauletta

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85 —
Trust	77186	
TOTAL PAID	$	85 —

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1076

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

59332

MOUNT HOPE CEMETERY
(619) 527-3400

Date: October 25, 2005

From: Marlene Ondre Address: on record

EIGHTY-FIVE AND 00 Dollars ($ 85—)

in Part Payment of Pre-need lot + trust.

Div 12 Sec 2 Blk/Row Lot 40 Grave 7

Invoice No. E-19244

Acct. No.

W.O.

BALANCE DUE $ 1,780-40

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

1056

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

OCT 24 2005

MOUNT HOPE CEMETERY

ISSUED BY DCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	85—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	85.—

OFFICIAL RECEIPT

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

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

P 00684

Date: 2/6 , 2007

From: Marlene Onofre Address: On Record

EIGHTY - FIVE AND 00 Dollars ($ 85.—)

in Part Payment of Pre-need lot, trust #19

Div 12 Sec 2 Blk/Row Lot 40 Grave 7

Invoice No. E-19244

Acct. No.

W.O.

BALANCE DUE $405.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1181

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

PAID

FEB - 6 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85.—
Trust	77186	
TOTAL PAID	$	85.—

AC-212 (11-05)

This information is available in alternative formats upon request.

R-59368

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: November 2, 20 05

From: Marlene Chofre Address: on record

eighty-five and 00 Dollars ($ 85.00)

in part Payment of Pre-need lot, trust account.

Lot 58 Grave 4 Row — Section 2 Division Block 12

Invoice No. E-19244

Acct. No.

W.O.

BALANCE DUE $ 1,695.40

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1094

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

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

PAID

NOV 0 2 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	63033	85	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	85.	—

DIV 12 - Sec 2 / Lot 40
Gr 7 · Obtain Rodriguez

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
438132215666 5644

DATE: 04/02/07 TIME: 09:28:01
MERH: 322156665644 STRH: 4301 TERH: 0002
S-A-L-E-S D-R-A-F-T

REF: 0002
BATCH: 272
CD TYPE: MC
TR TYPE: MP

TOTAL: $320.40M

ACCT: **********7490 EXP: ****
AP: 626349

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X Phone / Mail w/deed

TOP-COPY-MERCHANT BOTTOM COPY-CUSTOMER

Pre-need pd in full
E 19244

AT-Need
Pre-mature | 6 mth preg
Baby
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-13-05

Casket size per Andrea 10"W x 22"L x 7"H

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Manuel Galico 229223

in a Linen O (Type of Burial Container) Funeral, date, time July 15th 2:00p.m

Church, Chapel, Graveside ; BA Rehearsal Friday per 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. M.C.

Division 9 Section 1 Blk/Row ____ Lot 3303 Grave ____

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138.00
Burial Container Linen O	77.00
Handling Fees	28.00
Trion Flower vases Marker Utility fee $51.63 + $88.00	139.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.97
Total Due	$548.60
Paid receipt number R-59356	$548.60
Balance due	0

PAID JUL 13 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.

229224

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

X Maribel Cota
Signature

X Maribel Cota
Print Name
X 327 Langley St.
Address
X San Diego CA. 92102
City Zip Code
X (619) 234-5198
Telephone

Invoice # ____

Work Order # E 19245

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Andrea Simon-Perez
474-6565
474-8546 fax

18" W x 36" L x 16" H

WO# 4460 7-19-05
to install vase trim

MT HOPE CEMETERY E-19245

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Casket size is 10"W X 22"L X 7"H

			#3197 Jabaz Fields		#3199 Aluppy Phillip	
			#3303 X			

Blind Check Initiated By: Sandra Date: 7-14-05

Interment space for: Jose manuel Gatica

Interment Date: Fri July 15th Time: 2:00p.m (GS)

Div: 9 Sect: 1 Blk/Row: ____ Lot: 3303 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Manigo Date: 7-14-05

E 19245

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 0

1A. NAME OF 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	MANUEL	CATICA	06/10/2005	06/25/2005	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	MARIBEL COTA - MOTHER 327 LANGLEY ST SAN DIEGO CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950	FD284	▶	07/14/2005

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	07/15/2005	▶ 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
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 7-15-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kampa	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS 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.

Preneed 1st + 2nd LOT + Trust Burial Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JON HOM Pin # 229200

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 T Blk/Row _____ Lot 9 Grave 12

Grave space & Care Fund	$1,755.00
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	$3,483.40
Paid receipt number pd by Visa	$871.00
Balance due	$2,612.40

PAID

SEP 27 2005

R-592308 2528.40

MOUNT HOPE CEMETERY

I hereby certify I am the X JOHN HOM'S 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

co purchaser: #229201
Destiny Hom-Bank

X JON HOM Print Name

X 4178 FALCON ST Address

X SAN DIEGO 92103 City Zip Code

X (619) 298-2207 Telephone

Invoice # _____

Work Order # E 19246

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Daughter
Teresa Hom
310 378-7871
714 484-5477

Pin# 229200 CoPurchaser: Destiny Hom-Banh Pin# 229201 E-19246

HOM, JON 4178 Falcon St. SD CA 92103 (619) 298-2207

DIV	MAS	SEC	T	LOT	9	GR	12		DEBIT	CREDIT	BALANCE
07-14-05								Opened Pre-need lot & trust for 1st & 2nd	$3,483.00	$871.00	$2,612.40
8-4-05								Burial w/ 25% down, trusts to include R-59442		109.—	250[illegible]0
9-27-06								(two) O/C, B/C, H/F, (two) R/F, Taxes R-59230		250.340	Ø

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59250

MOUNT HOPE CEMETERY
(619) 527-3400

Date: September 28, 20 05

From: John Hom / My M Banh Address: 4178 Falcon St. SD CA 92103

Two Thousand Five hundred three Dollars ($ 2,503.40)

in Full Payment of Pre-need Lot / Trust Paid in full.

Div MAS Sec T Blk/Row ____ Lot 9 Grave 12

Invoice No. E-19246

Acct. No. ____

W.O. ____

BALANCE DUE 0

Pre-Need Lot X At Need ___ On Acct ___

Pre-need Trust X Cash ___ Check X

2026

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

SEP 27 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	2503 40
Sales Tax	60101	
	78390	
TOTAL PAID	$	2503. 40

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59442

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-4, 2005

From: Jon Hom / My M. Banh Address: on record

One Hundred Nine and 00/00 Dollars ($ 109. -)

in part Payment of Pre-need lot + trust.

Div MAS Sec T Blk/Row — Lot 9 Grave 12

Invoice No. E-19246

Acct. No. ____

W.O. ____

BALANCE DUE $ 2503.40

Pre-Need Lot X At Need ___ On Acct ___

Pre-need Trust X Cash ___ Check X

1180

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 04 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	109. —
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	$	109. —

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7/15/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARJORIE WHEELER 229225

in a DD CRUDT "A" (Type of Burial Container) Funeral, date, time Tues. July 19 10:30

Church, Chapel, Graveside Witness only ; FEATHERINGILL Mortuary. JERRY

All Funeral cars 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 2003 Grave 1

Grave space & Care Fund	E-3814/E-15274 (1985)	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-15274 9/28/99	—
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 signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19247

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

FAXED 7-15-05

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7/15/05

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

In a DDCRUDT "A" (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Witness only : FEATHERINGILL Mortuary. JERRY

All Funeral cars 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 2003 Grave 1

Grave space & Care Fund E-3814 / E-15274 (1987)	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-15274 9/20/19	—
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.

X Richard Wheeler
Signature

Print Name

Address

City Zip Code

858 - 454 - 2704
Telephone

Paulette

Work Order # E 19247

Invoice # _____

Acct. # _____

R&A-104 (3-04) This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59423

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-2-05, 20 05

From: Featheringill Address: 6322 El cajon Blvd

One hundred & Thirty Eight 00/100 Dollars ($ 138.00)

in Full Payment of marker setting fee for Marjorie Wheeler

Div 8 Sec 3 Blk/Row ____ Lot 2003 Grave 1

Invoice No. E-19247

Acct. No. ____

W.O. ____

BALANCE DUE 0

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

Pre-need Trust [ ] Cash [ ] Check [✓]

5228

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

PAID

AUG 02 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	138 00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-19247

GRAVE BLIND CHECK FORM

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

						Smith
		Mahoney		Cullen	Cullen	Warnke
		~~Mahoney~~	X			

Blind Check Initiated By: Paulette Date: 7/18

Interment space for: Margorie Wheeler

Interment Date: Tues. July 19 Time: Witness 10:30

Div: 8 Sect: 3 Blk/Row: ____ Lot: 2003 Gr: 1

Grave Laid out by: Norman Pearson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-18-05

E-19247

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

up 88

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

1A. NAME OF 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	Ruth	Wheeler	12/27/1916	07/15/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Richard Wheeler (Spouse) 7156 Country Club Dr. La Jolla, CA 92037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M Domi's	07/15/2005

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	07/19/2005	2511829 M. Dominguez ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'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

pre-need trust

Date 7-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Taylor 223861

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 10 Section _____ Blk/Row _____ Lot 5335 Grave 1

Grave space & Care Fund E-13336	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	366.00
Handling Fees	271.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	28.37
Total Due	1,280.37
Paid receipt number R-59367	1,280.37
Balance due	Ø

PAID
JUL 15 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.

William David Taylor
Signature

229 2228

William David Taylor
Print Name

5425 Arizona Ave
Address

La Mesa, Ca 91942
City Zip Code

619-463-3908
Telephone

Paulette
Work Order # E 19248

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 7-15-05

213354

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

in a LINER (Type of Burial Container) Funeral, date, time Thurs. July 21 ~~10:30~~ 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 5 Section 8 Blk/Row _____ Lot 5 Grave 4

Grave space & Care Fund	2334.00
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	3,461.54
Paid receipt number	Mastercard 3,461.54
Balance due	0

PAID

JUL 18 2005

MOUNT HOPE CEMETERY

888-599-4178
808-524-5750

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 interment for signatures

Invoice # _____

Acct. # _____

Pauette

Work Order # E 19249

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

© Printed on recycled paper

Susan McFredridge 295-3542

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GEORGE B. MCFETRIDGE in a LINER (Type of Burial Container) Funeral date, time July 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 5 Section 8 Blk/Row ____ Lot 5 Grave 4

Grave space & Care Fund	2334.00
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	166.00
Sales taxes	21.54
Total Due	3,461.54
Paid receipt number	
Balance due	

808 579-4178

I hereby certify I am the X ATTORNEY FOR THE MCFETRIDGE FAMILY TRUST AND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 J. Smolenski
Signature

X ROBERT J. SMOLENSKI
Print Name
X 1717 DAVIES PACIFIC CE
Address 841 BISHOP STREET
X HONOLULU HI 9681
City In Case
X 808 524-5750
Telephone

Paulette

Invoice # _____

Work Order # E 19249

Acct # _____

REA-129 (5-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 19249

GRAVE BLIND CHECK FORM

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

		Drumgole	X			Ross

Ross

Blind Check Initiated By: Laulette Date: 7/18/05

Interment space for: George B. McFedridge

Interment Date: 7/21/05 Time: 2:00 G.S.

Div: 5 Sect: 8 Blk/Row: ____ Lot: 5 Gr: 4

Grave Laid out by: Norman Fryer

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: Joe Date: ____

E-19249

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	Budd	McFetridge	04/02/1915	07/12/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Susan McFetridge (Daughter) 1610 Plumosa Way 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 filing permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M. Dom	07/18/2005

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

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/18/2005 M. Dominguez	2511770 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 7 21	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.

IN grave w/ Howard Fowler (NON RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian Rose Fowler @ 207954

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon July 18, 05 11:00

Church, Chapel, Graveside Delivery only : Russ Monroe's Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4506 Grave _____

Grave space & Care Fund D5512 (9975)	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	154.00
Burial Container Ash Vault	81.00
Handling Fees	88.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	66.00
Sales taxes	6.28
Total Due	$395.28
Paid receipt number pd by m/c	$395.28
Balance due	0

PAID

JUL 18 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.

229255

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

X Signature

X JOHN FOWLER Print Name

X 6665 LOU PL Address

X GRANITE BAY CA 95746 City Zip Code

X 916-797-0864 Telephone

Invoice # _____

Work Order # E 19250

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

*Place Ashes under marker

MT HOPE CEMETERY E-19250

GRAVE BLIND CHECK FORM

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

Ash Vault / IN Grave w/ Howard Fowler

		Raymond Wallace Daniels	4506 X	Pearl Frazier		

Blind Check Initiated By: Sandra Date: 7-15-05

Interment space for: Lillian Rose Fowler

Interment Date: Mon July 18, 05 Time:

Div: 10 Sect: Blk/Row: Lot: 4506 Gr:

Grave Laid out by: CWamn

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Mike Alle Date: 7-18-05

Flagged

E-19250

age 89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	ROSE	FOWLER	09/12/1908	12/17/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
RANCHO CORDOVA	SACRAMENTO	JOHN FOWLER - SON 6665 LOU PLACE GRANITE BAY, CA 95746

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
RUSS MONROE'S 7960 WINDING WAY, FAIR OAKS, CA 95628	FD 1404	Michael Monroe	07/14/2005

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	M. MONROE 07/14/2005	▶ FAX AUTH # 4479

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
7001 EAST PARKWAY SUITE 650 SACRAMENTO, CA 95823	P.O. BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 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 7-18-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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 7-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kuang-Yu Hu #229380 cp

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs Aug 4th 05 9:00 A.M

Church, Chapel, Graveside : Cypress-View (Andrea) 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. Chi-Ping Hu

Division 11 Section 2 Blk/Row Lot 148 Grave 4

Grave space & Care Fund E-10088 0

Overtime/Late Arrival Fees 7-20-05 credit 660.00 to visa changed from Sat. Service to Thursday op. ~~660.00~~

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 $1,101.31 21.31 ✓

Total Due $1,761.31

Paid receipt number pd by Visa $1,761.31

Balance due 0

PAID

JUL 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. 229379

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

X Chi-Ping Hu
Signature

X HU, CHI-PING
Print Name

X 3017 FORRESTER CT
Address

X S.D CA 92123
City Zip Code

X 858-279-2376
Telephone

Invoice #

Work Order # E 19251

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

8-4-05
WO# 4454
Grave 5 has two vases
family would like one
vase moved to grave 4
& center both vases after
services on Thursday aug 4th, 05

VS XXXXXXXXXXXX13969

AUTH# 997563 REF# 72502681

RETURN $ 660.00

TOTAL $ 660.00

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

X Chi-Ping Hu
CHIPING HU

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-19251
credited family back on
their Visa Charged Service
from Sat July 30th to
Thursday aug 4th, 05
Kuang-Yu Hu

Div 11 Sec 2 LOT 148 GR 4

MT HOPE CEMETERY E-19251

GRAVE BLIND CHECK FORM

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

			148-4 X			

Blind Check Initiated By: Sandra Date: 7-19-05

Interment space for: Kuang-yu Hu

Interment Date: Thurs Aug 4th, 05 Time: 9:00 AM. (C)

Div: 11 Sect: 2 Blk/Row: ____ Lot: 148 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: 8-2-05

7 flagged

E-19251

age 91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KUANG	YU	HU	10/05/1913	07/16/2005	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CHI-QING HU - DAUGHTER 3017 FORRESTER CT 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
RCM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113	FD-670	▶	07/19/2005

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	07/22/2005 L CASTRO	2512118 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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
(ReS)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jimmie Thomas 229259

in a TS Vault (Type of Burial Container) Funeral, date, time Fri July 22, 05 1:00 p.m.

Church, Chapel, Graveside Greater Life Church Derby St. Baptist; CA Cremation Janette 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 J Thomas X

Division 12 Section 2 Blk/Row _____ Lot 179 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
Flower vases - Marble setting fee $138.00 Trion $51.63	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	$2,137.94
Paid receipt number R-59370	$2,137.94
Balance due	0

PAID JUL 19 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.

J Thomas
Signature

229260
X Sharon Thomas
Print Name
X 8710 Ilica St. #1A
Address
X Spring Valley CA 91977
City Zip Code
X 619-667-9613
Telephone

Invoice # _____

Work Order # E 19252

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

7-25-05
WO# 4467
to install Urn Vase

MT HOPE CEMETERY E-19252

GRAVE BLIND CHECK FORM

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

			179-2 X			180-2 Louie Orion
					180-7 Elmer Fisher	

Blind Check Initiated By: Sandra Date: 7-19-05

Interment space for: Jimmie Thomas

Interment Date: Fri July 22, 05 Time: 1:00 p.m. (C)

Div: 12 Sect: 2 Blk/Row: ___ Lot: 179 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-18-05

7 lap spke

E-19252

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 63

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JIMMIE	L.	THOMAS	02/18/1942	07/16/2005	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: SHARON THOMAS-DAUGHTER
8710 ILDICA ST.,#A1
SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
CALIFORNIA BURIAL CHAPEL
8200 HIGHLAND AVE.,NATIONAL CITY, CA 91950

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1689

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Claudette Russ

8B. DATE SIGNED: 07/20/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: 07/20/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ C.RUSS 2511976

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 92103	11B. DATE BURIED 7-25-05	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.

2nd Burial
pre-need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF Delwin Holt #229220

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1415 Grave _____

Grave space & Care Fund E-8514 0

Overtime/Late Arrival Fees .....

Opening/Closing & Setup $413.00

Burial Container ..... 2nd Burial .....

Handling Fees .....

Flower vases – Marker setting fee ..... Reset fee for marker $55.00

Recording/Filing Transfer Fees ..... R/F $50.00 Quit claim $ Transfer fee $66.00 $116.00

Sales taxes .....

Total Due $584.00

Paid receipt number pd by M/C $584.00

Balance due 0

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

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

X _____
Signature

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

See attach for signature

Invoice # _____

Work Order # E 19253

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

2 col. Burial
pre-need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF Delwin Holt #229220

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 1415 Grave _____

Grave space & Care Fund	E-8514 — 0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$413.00
Burial Container	2 col Burial
Handling Fees	
Flower vases – Marker setting fee	Reset fee for marker $55.00
Recording/Filing Transfer Fees	R/F $50.00 Quit Claim Transfer fee $66.00 $116.00
Sales taxes	
Total Due	$584.00
Paid receipt number	pd by M/C $584.00
Balance due	0

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

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

X _____ Signature

X DELWIN HOLT Print Name

X 6606 EVERGREEN AVE Address

X OAKLAND, CA 94611 City Zip Code

X 510-339-7766 Telephone

Invoice # _____

Work Order # E 19253

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19253

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: July 15, 2005

I/We DONNA SUE HUTCHERSON

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: DELWIN CURTIS HOLT p.n 229220
Street Address: 6606 EVERGREEN AVE Apt / Unit #:
City: ~~San Diego~~ OAKLAND ST: CA Zip-Code: 94611
Telephone #: ~~(619)~~(510) 339-7766

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 10 Section: " N/A " Blk / Row: " N/A "
Lot(s): 14/15 Grave(s):

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 15st day July 2005

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS

Legal Owner / Repreehensive Signature

Sandra Salinas Brollin
WITNESS

Donna Sue Hutcherson
Legal Owner / Repreehensive Signature

Paulette Crawford
CEMETERY REPREHENSIVE NAME

Paulette Crawford
Cemetery Repreehensive Signature

E-19253

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4391382135605644

07/15/05 14:38:18 SWIPE

NO XXXXXXXXXXXX5242

AUTH# 699567 REF# 72092080

SALE $ 584.00

TOTAL $ 584.00

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

X

DELWIN PULI

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

$ 463.00 - 2nd Burial = O/C & R/F
55.00 - Reset fee for marker
66.00 - Quit claim transfer fee
$ 584.00

Div 10 LOT 1415

E-19253

OWNER

Donna Sue Hutcherson
1202 N. Grove
Wichita, KS.
67214

(316) 684-3300
Cell (316) 200-1987

FUTURE TRANSFEREE

Delwin Holt
6606 Evergreen Ave
Oakland, CA 94611.

(510) 339-7766

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eula Crouphamel 229267

in a Liner (Type of Burial Container) Funeral, date, time Frid. July 22 9:00

Church, Chapel, Graveside direct burial (witness) : Merkley-Mitchell Mortuary LOMA

All Funeral cars must arrive 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 78 Grave 18

Grave space & Care Fund (2002) E-17337/R-55563 ⊖

*Overtime/Late Arrival Fees ..... —

Opening/Closing & Setup ..... " " ⊖

Burial Container ..... " " ⊖

Handling Fees ..... " " ⊖

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

Recording/Filing/Transfer Fees ..... " " ⊖

Sales taxes ..... " " ⊖

Total Due ..... ⊖

Paid receipt number E-17337/R-55563 —

Balance due ⊖

fax 295-6059

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 19254

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 7-8-05

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

in a Liner Funeral, date, time

Church, Chapel, Graveside Graveside burial : MerNey-Mitchell Mortuary

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

Division 12 Section Z Sec/Row ____ Lot 78 Grave 18

Grave space & Care Fund E-17337/R-65962	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower Vases – Marker setting fee	
Retention/Filing/Transfer Fees	
Sales taxes	
Total Due	
Paid receipt number E-17337/R-65962	
Balance Due	

fax 857-3131

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

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

Amelia Poppell

Owner

Amelia Poppell Pin # 654
Address PO Box 541
City LANDIS NC 28088
Telephone 704-633-4284

Pauline

Work Orders E 19254

Reference number

Invoice # ____

Acct. # ____

MT HOPE CEMETERY E-19254

GRAVE BLIND CHECK FORM

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

		Perkins	Perkins		Wilson	
		Marshall	X		Hall	
	Cruz					

Blind Check Initiated By: Paulette Date: 7-20-05

Interment space for: Eula Crouphamel

Interment Date: Friday July 22 Time: direct burial 9:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 78 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-21-05

E-19254

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 95

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EULA	MAE	CROUTHAMEL	11/21/1909	07/18/2005	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: AMELIA POPPELL - NIECE, 761 MILL HILL ROAD, RICHMOND HILL, NA 81324

PINK 554

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD119

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

8B. DATE SIGNED: 07/21/2005

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: $11.00

9B. DATE PERMIT ISSUED: B.A. ELLANO 07/21/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 25: 948 ▶

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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 7-22-05	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.

At Need
15 Chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eulah Thompson 224214

in a T.S. Vault (Type of Burial Container) Funeral, date, time Sat. July 23 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 10 Section _____ Blk/Row _____ Lot 693 Grave 1

*Grave space & Care Fund	E-1458 (1980)	Ø
Overtime/Late Arrival Fees	SAT. FEE	660.00
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		1623.31
Paid receipt number	R-59377	1623.31
Balance due		Ø

PAID
JUL 19 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

229265
Helen Dallas
Print Name
5970 Highplace Dr
Address
San Diego, Ca 92120
City State Zip Code
619 583-9034
Telephone

Paulette

Work Order # E 19255

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19255

GRAVE BLIND CHECK FORM

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

		James Thompson	X	Lorraine	Harold	
			Huston			

Blind Check Initiated By: Paulette Date: 7/19

Interment space for: Bulah Thompson

Interment Date: Sat. July 28 Time: 11:00 Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1093 Gr: 1

Grave Laid out by: [illegible]

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

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

E-19255

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BULAH	MAE	THOMPSON	04/05/1910	07/17/2005	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	HELEN DALLAS: DAUGHTER 5970 HIGHPLACE DRIVE 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 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
		Sonnie Pryor	07/21/2005

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	S.PRYOR 07/21/2005	2512059

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 7-23-05	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 07/20/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerald Pinkney 229266

in a D.D. Crypt "A" (Type of Burial Container) Funeral, date, time Friday July 22 1:00

Church, Chapel, Graveside _____ : Rogedale 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 2 Blk/Row _____ Lot 58 Grave 5

Grave space & Care Fund	E-17264	Ø
Overtime/Late Arrival Fees	N/A	—
Opening/Closing & Setup	R-55521	—
Burial Container	(DD CRYPT) chg from liner to DD crypt (diff.)	228.00
Handling Fees	" " " "	207.00
Flower vases – Marker setting fee	N/A	—
Recording/Filing/Transfer Fees	N/A	—
Sales taxes	" "	17.67
	Total Due	452.67
	Paid receipt number R-59378	452.67
	Balance due	Ø

PAID
JUL 20 2005
MOUNT HOPE CEMETERY

I hereby certify I am the AUNT of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 # 346

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

x Anna Lou Allen
Signature

x Anna Lou Allen
Print Name

x 7143 Geogory St
Address

x San Diego 92113
City Zip Code

x (619) 239-3637
Telephone

Paulette
Work Order # E 19256

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E- 19256

GRAVE BLIND CHECK FORM

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

				Childs		
		George Allen	x	Howard		
			Rose			

Blind Check Initiated By: Paulette Date: 7/20

Interment space for: Gerald Pinkney

Interment Date: 07-22-05 Time: 1:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 58 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Mariza Date: ____

E 19256

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 55

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GERALD	CURTIS	PINKNEY	02/22/1950	07/18/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]N DIEGO	SAN DIEGO	IONA PINKNEY: MOTHER 1 LOCUST, #241B INGLEWOOD, CA 90301

7A. TYPED NAME AND ADDRESS OF 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	▶ Jennika Pryor	07/20/2005

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S.PRYOR 07/21/2005	2512044 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 852222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 7 22 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 ▶	
[redacted]CATTERING/BURIAL AT SEA OR [redacted]SPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA 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 trust

Date 7-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Anna Allen (346)

in a DOCKYPT "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 11 Section 2 Blk/Row Lot 58 Grave 5

Grave space & Care Fund E-17264	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	—
Handling Fees	—
Flower vases – Marker Setting fee, etc.	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	463.00
Paid receipt number R-59378	463.00
Balance due	Ø

PAID

JUL 20 2005

MOUNT HOPE CEMETERY

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

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

Anna L Allen
Signature

(346) Anna Lou ALLEN
Print Name

714 S. Geogony St
Address

SAN Diego 92113
City Zip Code

(619) 239-3637
Telephone

Paulette

Work Order # E 19257

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre need trust paid down payment

Date 7-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Rodney Cashout 134084

In a DDCRYPT "B" (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 167 Grave 1

Grave space & Care Fund	—
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 VISA Card	115.75
Balance due	347.25

PAID

MAY 31 2006

MOUNT HOPE CEMETERY

5-31-06 pd in full P-00312

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.

Rodney L. Cashout

Signature

Print Name

285 Ritchey St.

Address

SD CA 92114

City, Zip Code

Telephone

Invoice # see bill under E-17925 for address.

Acct. #

Paulette

Work Order # E 19258

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

23 mos @ 14.46
1 month @ 14.67

7-22-05
WO # 4466
to install Trion vase

pin # 134084 Contract Expires July 2007 / payments #14.46 - 23 months, #14.67 - 6 mos final month - payments due 20th of each month E-19258

New address 285 Ritchey Street SD CA. 92114

CASHAW, RODNEY ~~1051 Ridgeview Dr., San Diego, CA 92105~~ 619-262-1004

Div 12 Sec 2 Lot 167 Grave 1

		DEBIT	CREDIT	BALANCE
	7/20/05 Opened pre-need trust. Trust includes:	413.00		413.00
	opening/closing $413.00, Recording & Filing Fee $50.00.	50.00		463.00
	Pd down payment of $115.75 by visa card.		115.75	347.25
9-9-05	mailed Cert Relinquishment Gift letter		28.92	318.33
9-14-05	R-59186 Coupon # 1 & 2 aug, sept 2005			
10-18-05	R-59321 Coupon # 3 Oct 2005		14.46	303.87
11-25-05	R 59427 Coupon # 4 NOV 05		14.46	289.41
12/6/05	R-59505 " #5 DEC 05		14.46	274.95
1-24-06	P 00078 Coupon # 6 Jan 06		14.46	#260.49
2-8-06	P 00109 Coupon # 7 Feb 06		14.46	246.03
2-8-06	P 00110 Coupon # 8 Mar 06		14.46	B 231.57
5-10-06	left message on recorder past due		231.57	Ø
5-31-06	P-00312 Paid in full			

PAID

MAY 31 2006

MOUNT HO

OFFICIAL RECEIPT

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

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

P 00109

E-19258

Date: 2-8-06, 20 06

From: Caslaw Address: 285 Ritchey ST. SD.

Fourteen 46/100 Dollars ($ 14.46)

In PART Payment of Pre-Need Trust Coupon #7

Div 12 Sec 2 Blk/Row ____ Lot 167 Grave 1

Invoice No. E-19258

Acct. No. ____

W.O. ____

BALANCE DUE $246.03

☐ Pre-Need Lot ☑ Money Order

☐ Pre-Need Trust ☐ Charge

4801593646 ☐ 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 - 8 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	14	46
Trust	77186		
TOTAL PAID		$ 14	46

OFFICIAL RECEIPT

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

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

P 00312

Date: 5-31-06, 20 06

From: Rodney Caslaw Address: 285 Ritchey St. SD CA 92114

Twohundred thirty-one 57/100 Dollars ($ 231.57)

In full Payment of Pre-need trust paid off

Div 12 Sec 2 Blk/Row ____ Lot 167 Grave 1

Invoice No. E-19258

Acct. No. ____

W.O. ____

BALANCE DUE Ø

#476837 7772

☐ Pre-Need Lot ☑ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1161

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

MAY 31 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	231	57
Trust	77186		
TOTAL PAID		$ 231	57

OFFICIAL RECEIPT

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

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

R-59505

E-19258

Date: Dec 16, 20 05

From: Rodney Cashaw Address: 285 Ritchey St SD Ca 92114

Fourteen 46 Dollars ($ 14.46)

in Part Payment of Pre-need trust.

Lot 167 Grave 1 Row Section 2 Division Block 12

Invoice No. E-19258

Acct. No.

W.O.

BALANCE DUE $ 27495

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

Pre-need Trust |✓| Cash | | Check |✓|

AC-212 (Rev. 10-02) MO # 4754084247

This information is available in alternative formats upon request.

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

PAID

DEC 16 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial	100		
Containers	77182 100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need	63033	14.	46
Trust	77186		
Sales Tax	60101 78380		
TOTAL PAID	$	14	46

OFFICIAL RECEIPT

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

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

P 00078

Date: 1-24-06, 20 06

From: Rodney Cashaw Address: 285 Ritchey St S.D. 92114

fourteen dollars 46/100 Dollars ($ 14.46)

in Part Payment of Pre-need Trust Coupon # 6

Div 12 Sec 2 Blk/Row Lot 167 Grave 1

Invoice No. E-19258

Acct. No.

W.O.

BALANCE DUE 260.49

☐ Pre-Need Lot ☑ Money Order

☐ Pre-Need Trust ☐ Charge

#477775 33045 ☐ 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

JAN 24 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	14	46
Trust	77186		
TOTAL PAID	$	14	46

OFFICIAL RECEIPT

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

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

P 00110

Date: 2-8-06, 20 06

From: Cashaw Address: 285 Ritchey ST S.D.

fourteen dollars 46/100 Dollars ($ 14.46)

in Part Payment of Pre-need Trust Coupon # 8

Div 12 Sec 2 Blk/Row Lot 167 Grave 1

Invoice No. E-19258

Acct. No.

W.O.

BALANCE DUE $231.57

☐ Pre-Need Lot ☑ Money Order

☐ Pre-Need Trust ☐ Charge

4801593 2635 ☐ 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 - 8 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	14	46
Trust	77186		
TOTAL PAID	$	14	46

CITY OF SAN DIEGO DEPARTMENT DATE DCR No.

E-19258

DAILY CASH RECEIPTS

Park & Recreation/Mount Hope Cemetery **July 21, 2005**

2006-0001149
07-25-2005/12:11 PM
USER:M Amount:$6,099.65
564/MT. HOPE CEMETERY MERCHANT CARD DCR
001-0003051

EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
CREDIT CARD PAYMENTS							
	67007			77184			496.00
At-Needed: Paloma (Infant), Hu,	100	072		77184			1,984.00
McFetridge, Fowler	100	072		77181			1,300.00
	100	072		77182			773.00
Trion Vase: Paloma	100	072		77185			571.00
	100	072		77183			734.00
Pre-Need: Cashaw	63033			77186			181.75
	60101			78390			59.90
Setting Fee: Ford, Ghavani, Conley							
PREPARED BY **Paulette Crawford x73401**	DEPOSITED BY: **MS 72** **Mt. Hope Cemetery**		AUDITED BY:	KEY PUNCH DATE: 7/21/2005			**$6,099.65**

AC -1221 (REV. 7-79)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59186

E-19258

Date: Sept. 14, 20 05

From: Rodney Cashaw Address: 1851 Bridgeview Dr SD CA 92105

Twenty-Eight and 92 Dollars ($ 28.92)

in Part Payment of Pre-need Trust (20 payments)

Div 12 Sec 2 Blk/Row 22 Lot 167 Grave 1

Invoice No. E-19258

Acct. No.

W.O.

BALANCE DUE $318.33

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

M.O. 4112834774

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

5/2/2

PAID

SEP 14 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	28 92
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	28 92

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59321

Date: 10-18-05, 20 05

From: Cashaw Address: 285 Ritchey Street S.D. CA 46

Fourteen 100 Dollars ($ 14.46)

in PART Payment of pre-need payment on Trust

Div 12 Sec 2 Blk/Row Lot 167 Grave 1

Invoice No. E-19258

Acct. No.

W.O.

BALANCE DUE $303.87

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

M.O. 4712832859

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.

PA

OCT 18 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	14 46
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	14 46

R-59427

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11/25, 20 005

From: Rodney Cashaw Address:

Dollars ($ 14.46)

in part Payment of Pre-need

Lot 167 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE 289.41

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

M.O. 4701125142

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 25 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	14 46
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	14 46

AT-Need
6-month
premature
NON-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-20-05

casket size per Andrea 10"W X 22"L X 7"H

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reyna Paloma Godinez Morales 229313

in a Liner O (Type of Burial Container) Funeral, date, time Weds July 27 @ 05 11:30 Andrea

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 $ 219.00 will be applied and billed to undersigned.

Division 9 Section 1 Blk/Row Lot ~~1468~~ 1466 Grave

Grave space & Care Fund	$146.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	184.00
Burial Container Liner O	102.00
Handling Fees	37.00
Flower vases – Marker Trion plan fee	68.86
Recording/Filing/Transfer Fees	66.00
Sales taxes	7.91
Total Due	$611.77
Paid receipt number pd by visa	$611.77
Balance due	0

PAID JUL 20 2005

MOUNT HOPE CEMETERY

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

229314

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

X Signature 7-25-05

OK to move grave to 1466 per Martha Morales 1468 has a water line

Work Order # E 19259

X Reina Morales
Print Name

X 6023 C AVE
Address

X National city 91950
City Zip Code

X (619) 477-7130
Telephone

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

WO # 4487
to install 3 iron Vase

E- 19259

SANARA -

DIV 9 SEC. 1 1468

COMAYS SERVICE HAS A

WATER LINE GOING THROUGH

IT CAN WE RELOCATE TO

1466? OK per family

7-27-05

MT HOPE CEMETERY E-19259

GRAVE BLIND CHECK FORM

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

					1319 clay	
			1392			
			1466 X	1467, carlitos	1468 water line	

Blind Check Initiated By: Sandra Date: 7-25-05

Interment space for: Reina Morales

Interment Date: Mon July, 25, 05 Time: 12:00 NOON

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1466 Gr: ____

Grave Laid out by: ____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

7 lapped

E-19259

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
REYNA-PALOMA	GODINEZ	MORALES	07/10/2005	07/10/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	MARTHA MORALES - MOTHER 623 C AVE NATIONAL CITY CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGH-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 92950	FD-284	▶	07/25/2005

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	07/26/2005 L CASTRO	2512246 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...POBOX 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 7-27-5	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 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
1st Burial
ONLY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earl Ellis 229257

in a DD crypt A (Type of Burial Container) Funeral, date, time Fri July 22,05 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 $ 165.00 will be applied and billed to undersigned. Marquis L Ellis

Division 11 Section 1 Blk/Row Lot 14 Grave 1

*Grave space & Care Fund	$ 485.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container DD crypt	418.00
Handling Fees	352.00
Trion Flower vases / Marker Attachfee $51.63 $138.00	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.40
Total Due	$ 2,440.03
Paid receipt number R-59381	2,440.03
Balance due	0

PAID
JUL 20 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.

229258

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

x Marquis L Ellis (Signature)

x Marquis L Ellis (Print Name)

x 755 ALVIN ST (Address)

x SD 92114 (City, Zip Code)

x 6192646720 (Telephone)

Invoice #

Work Order # E 19260

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19260

LEGEND: Insert N/A in the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: ELLIS, Earl (n)
2. SERVICE NUMBER: 346 95 70
3a. GRADE, RATE OR RANK: SD2
3b. DATE OF RANK (Day, Month, Year): 22 Mar 1946
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: Navy - USN
5. PLACE OF BIRTH (City and State or Country): Hooks, Texas
6. DATE OF BIRTH: DAY 27 MONTH Mar YEAR 23
7a. RACE: Negroid
7b. SEX: Male
7c. COLOR HAIR: Black
7d. COLOR EYES: Black
7e. HEIGHT: 71"
7f. WEIGHT: 185
7g. U.S. CITIZEN: ☒ YES ☐ NO
8. MARITAL STATUS: Married
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: Grammar School -8
10b. MAJOR COURSE OR FIELD: - -

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: Release to Inactive Duty
11b. STATION OR INSTALLATION AT WHICH EFFECTED: U. S. Fleet Anti-Submarine Warfare School, San Diego 47, California
11c. REASON AND AUTHORITY: Transfer to the Fleet Reserve, Code 232 BuPers Ltr Pers-E324-JG/jdh of 6 Jun 1961 & BPMA C-13408
11d. EFFECTIVE DATE: DAY 31 MONTH May YEAR 62
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: U.S. Fleet ASW School, San Diego, California
13a. CHARACTER OF SERVICE: HONORABLE
13b. TYPE OF CERTIFICATE ISSUED: NAVPERS 632 DD217N

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: Not Available
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: Not Registered
16. DATE INDUCTED: DAY MONTH YEAR Not Applicable
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: Commandant, ELEVENTH Naval District, 937 N. Harbor Drive, San Diego 30, California

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY MONTH YEAR Not Applicable
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION — 19a. SOURCE OF ENTRY: ☐ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☒ REENLISTED ☐ OTHER:
19b. TERM OF SERVICE (Years): [illegible]
19c. DATE: [illegible]
20. PRIOR REGULAR ENLISTMENTS: [illegible]
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: SD2
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): Hooks, Bowie Co., Texas

24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) PAY SERVICE THIS PERIOD	03	10	09
	(2) OTHER SERVICE	16	00	28
	(3) TOTAL (Lines (1) + line (2))	20	10	07
b. TOTAL ACTIVE SERVICE		20	00	07
c. FOREIGN AND/OR SEA SERVICE				

25a. SPECIALTY NUMBER AND TITLE: SD - None
25b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: 2-26.32 Kitchen Chef

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: AmeDefServ Medal; American Campaign Medal; Asiatic-Pacific Campaign Medal; WW II Victory Medal; National Defense Service Medal; United Nations Service Medal; National Defense Service Medal; Korean Service Medal; American Area; Philippine Liberation; Good Conduct Medal.

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and Date): None

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE	DATES (From - To)	MAJOR COURSES
x	x	x
x	x	x
x	x	x
x	x	x

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: MRPO for 1&C; NTC for SD1; NTC for SD1&C; x; x

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE: ☐ YES ☒ NO
30b. AMOUNT OF ALLOTMENT:
30c. MONTH ALLOTMENT DISCONTINUED:
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type):
31b. VA CLAIM NUMBER: C

AUTHENTICATION

32. REMARKS: RECOMMENDED FOR REENLISTMENT
Transferred to the Fleet Reserve Class F6 31 May 1962 and released to inactive duty on 31 May 1962 at San Diego, California. Not entitled to MOP.
No. days lost time: None
No. excess leave: None
No. days leave paid: 60

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): 4642 Craigie Street, San Diego 2, California
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Earl Ellis
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: M. H. HOSKINS, LTJG, USN, PERS. OFF. BY DIR OF THE
35b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: [signature]

DD FORM NOV 55 214 REPLACES EDITION OF 1 JUL 53 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

MT HOPE CEMETERY E-19260

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 1st Burial

			14 Gr1 X		Ricardo Gasper	Robert watt

Blind Check Initiated By: Sandra Date: 7-20-05

Interment space for: Earl Ellis

Interment Date: Fri July 22, 05 Time: 10:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 14 Gr: 1

Grave Laid out by: [illegible]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-21-05

7 laggeal

E-19260

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

page 87

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
EARL	-	ELLIS	03/27/1923	07/20/2005	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	THERESA B. ELLIS: WIFE 755 ALVIN 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	▶ Sunnika Pryor	07/21/2005

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	S.PRYOR 07/21/2005	2512056 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 STREEET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-22-05	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.

Indigent Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-20-05

Pin # 229365

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Darrell L. Taylor PA# 051145

in a DD crypt "A" (Type of Burial Container) Funeral, date, time July 26, 05 9:00 A.m.

Church, Chapel, Graveside Delivery only : S.A. memorial Mortuary. 692-3090 Ronnie

All Funeral cars 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 _____

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container DD crypt	132.00
Handling Fees	
Flower vases – Marker setting fee pd 9-12-05	
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

Billed PA on 7-27-05

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 for signature

PA: Darnell Price #2
858 694-3507
Fax 858 495-5127
pd by visa 9-12-05

Invoice # 424012

Work Order # E 19261

Acct. # 000952

REA-104 (3-04)

This information is available in alternative formats upon request.

8-4-105 AMOS Hall

root

E-19261

19262
19263

E-14261

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4381322156665644

DATE: 09/12/05 TIME: 14:40:21
MER#: 322156665644 STR#: 4381 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0004
BATCH: 004
CD TYPE: VISA
TR TYPE: MP
ENTER INVOICE : 424012

TOTAL: $776.23M

ACCT: **********6319 EXP: ****
AP: 016045
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

Opening/Closing & Setup	
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

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1689

Paid receipt number _____

Balance due _____

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

I hereby authorize the interment in lot [illegible] hold under deed.

Darnell Price
Signature

PA: Darnell Price
858 694-3507
Tel 858 495-5127

Work Order # E 19261

X Pers Name
X Address
X City Zip Code
X Telephone

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-19261

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 1st Burial

	Joed Hasiam	Edith Hanson	687 X			

Blind Check Initiated By: Sandra Date: 7-21-05

Interment space for: Darrell L. Taylor PA Indigent Burial

Interment Date: Tues July 26, 05 Time: 9:00 A.m.

Div: 8 Sect: 1 Blk/Row: ____ Lot: 687 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: 7/25/05

County Of San Diego
PUBLIC ADMINISTRATOR'S OFFICE E-19261

Memo To: Medical Examiner Date: 7-20-05

From: Public Administrator Re: Body Release

Name of Decedent: TAYLOR, DARNELL L. ME# 05-1145

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

   Name of Firm: S.D. MEMORIAL CHAPEL

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

   ☑ No One – Declared Indigent

   ☐ Public Administrator

   ☐ Assigned Mortuary or Cremation Services

   ☐ Following Person:

   Name

   Address:

   Telephone No.

Darnell Price 619 694-3507
(signature)

DARNELL PRICE F.A. Deputy
(Printed name)

619-521-3403

E - 19261

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 43

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DARRELL	LEE	TAYLOR	08/31/1961	06/19/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	SAN DIEGO COUNTY MEDICAL EXAMINER 5555 OVERLAND AVENUE SAN DIEGO, CA 92123

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 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: ▶ Bonnie [illegible]

8B. DATE SIGNED: 07/21/2005

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	07/22/2005 R. PRYOR	▶ 2512082

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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
- [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: 7-26-05	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.

pre-need lot & trust to ~~Attend~~

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/20/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AMOS HALL (LEE) Pin # 229791

in a NO ASH VAULT (Type of Burial Container) Funeral, date, time

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 105 Grave 1

Grave space & Care Fund	330.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container NOT REQUIRED	—
Handling Fees	—
Flower vases - Marker setting fee	138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	634.00
Paid receipt number R-59382	634.00
Balance due	0

PAID

JUL 20 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 Paulette Lopez

Paulette

Print Name Paulette Lopez Pin # 229790

Address 7319 Bullock Dr.

City San Diego Ca Zip Code 92114

Telephone (619) 479-8853

Invoice #

Work Order # E 19262

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust. ~~to Attend~~

Date 7/20/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie HALL & (MAE) Pin # 229792

in a NO ASH VAULT (Type of Burial Container) Funeral, date, time

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 105 Grave 1

Grave space & Care Fund E-19262	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container NOT REQUIRED	—
Handling Fees " "	—
Flower vases – Marker setting	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	166.00
Paid receipt number R-59382	166.00
Balance due	0

PAID

JUL 20 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

Print Name: Paulette Loper Pin # 229790

Address: 7319 Bullock

City: San Diego Ca. Zip Code: 92114

Telephone: (619) 479-8853

Paulette

Work Order # E 19263

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

59382

MOUNT HOPE CEMETERY
(619) 527-3400

E-19263

Date: 7/20, 2005

From: AMOS LEE HALL Jr. Living trust Address: 6 Quintard St., CV CA 91911

Eight Hundred 00 Dollars ($ 800.00)

in Full Payment of Pre need for ASH Burials for Amos Lee HALL/William Mae HALL, setting fee

Div 8 Sec 4 Blk/Row Lot 105 Grave 1

Invoice No. E-19262/E-19263

Acct. No.

W.O.

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 519

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

JUL 20 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007		
20% Sales Care	77184	66	00
80% Sales	100	264	00
of Lots	77184		
Opening/ 20.16	100	232	00
Closing	77181		
Burial	100	—	
Containers	77182		
	100	—	
Handling Fee 30.53	77185		
Recording &	100		
Misc. Fees	77183	~~100~~	~~00~~
Pre-Need	63033	~~132~~	~~00~~
Trust	77186	—	
Sales Tax	60101		
	78390		
TOTAL PAID	$	800.	00

(E+DF 238.0)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need Lot/Trust

Date 07/21/05

PIN 229244 PIN 229245

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Richard Harris Jr. / ASUNCION A. HARRIS

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 2 Blk/Row _____ Lot 167 Grave 3

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2 o/c @ 413.00	826.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 25.00	100.00
Sales taxes	32.40
Total Due	2,713.40
Paid receipt number R-593984	678.35
Balance due	2035.05

PAID MAR - 8 2007 MOUNT HOPE CEMETERY

P.00738 3/8/07

paulette paid in full

I hereby certify I am the Husband 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.

229244

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

X [signature] Signature

Res. Verified CDL ID

Paulette

Work Order # E 19264

Print Name: Richard Harris Jr.

Address: 275 Ritchey St.

City: San Diego, CA 92114 Zip Code

Telephone: (619) 263-2308

Invoice # _____

Acct. # _____

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

deed mailed 3/9/07

Pin # 229244 Due 21st of each month 5865 Madre Ave, SD CA 92120 Monthly $85.00 E-19264

Harris, Richard & Asuncion A. ~~275 Ritchey Street~~, SD CA 92114 619-263-2308

DIVISION 12 SEC 2 LOT 167 GR 3

				DEBIT	CREDIT	BALANCE
7/21/05	Opened pre-need lot/trust. Trust includes: two o/c			985.00		985.00
$826, b/c $418, h/f $352, two r/f fees $100, sales tax on				1728.40		2713.40
~~double depth $32.40 R-59384.~~ 25% Down payment.					678.35	2035.05
9-1-05	R-59114	Coupon #1	aug 2005		85-	1950.05
10-4-05	R-59263	" #2	Sept 2005		85-	1865.05
10-25-05	R-59339	#3	oct 2005		85-	1780.05
11-25-05	R-59430	#4	nov 2005		85-	1695.05
1-12-06	P-00046	#5	Dec 2005		85-	1610.05
1-26-06	P-00080	#6	Jan 2006		85-	1525.05
3-10-06	P-00166	#7	Feb, Mar 06 remaining to Trust		170-	1355.05
4-12-06	P-00233	#8	April 06		85-	1270.05
5-17-06	P-00295	#9 No Coupon	May 06		85-	1185.05
6-13-06	P-00339	10,11 "	June, July 06		170-	1015.05
7-26-06	P-00410	12	Aug. 06		85-	930.05
8-17-06	P-00451	13	Sept 06		85-	845.05
9/19/06	P-00498	14	Oct 06		85-	760.05
10/24/06	P-00548	15	no Coupon nov 06		85-	675.05
12/6/06	P-00613	16/17	" " Dec 06 & Jan 07		170-	505.05
01/25/07	P-00672	18	Feb 07		85-	420.05
3/8/07	P-00738	#19	March - pd in full	—	420.05	0

PAID MAR - 8 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 00672

Date: 1/25, 20 07

From: Richard Harris Address: on record

eighty-five Dollars ($ 85—)

in part Payment of Pre-need lot, trust # 18

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E-19264

Acct. No.

W.O.

BALANCE DUE $ 420 05

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

PAID

JAN 25 2007

MOUNT HOPE CEMETERY

ISSUED BY Pantate

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85.—
Trust	77186	
TOTAL PAID	$	85.—

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3739

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 00613

Date: 12/6, 20 06

From: Hans Address: on record

One hundred, Seventy Dollars ($ 170. -)

In part Payment of No Coupon - Payments 16 + 17

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E 19264

Acct. No.

W.O.

BALANCE DUE $ 505.05

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3699

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

PAID

DEC 0 7 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	170 —
Trust	77186	
TOTAL PAID	$	170 —

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 00548

Date: 10/24, 20 06

From: R. Harris, Jr. Address: on record

Eighty-Five — Dollars ($ 85 —)

in part Payment of Pre-need, no coupon mailed w/payment

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E 19214

Acct. No.

W.O.

BALANCE DUE $675.00

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 3669

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	85 —
Trust	77186	
TOTAL PAID		$ 85 —

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 00498

Date: 9/19, 2006

From: Richard + Asuncion Harris Address: on record

EIGHTY - FIVE Dollars ($ 85—)

in part Payment of Pre need lot, trust.

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E019264

Acct. No.

W.O.

BALANCE DUE $760.05

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

PAID

SEP 19 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85.—
Trust	77186	
TOTAL PAID		$ 85.—

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3611

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 00451

Date: 8-17, 20 06

From: Richard Harris Address: On record

Eighty-Five Dollars ($ 85—)

in part Payment for Pre-need lot, trust

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E-19264

Acct. No.

W.O.

BALANCE DUE $845.05

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

PAID

AUG 17 2006

MOUNT HOPE CEMETERY

ISSUED BY paulett

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85 —
Trust	77186	
TOTAL PAID	$	85 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 3644

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

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

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

P 00410

Date: 7-25, 20 06

From: Richard Harris, Jr. Address: on record

EIGHTY FIVE Dollars ($ 85-)

in part Payment of Pre-need lot, trust, #12

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E- 192624

Acct. No.

W.O.

BALANCE DUE $930.05

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

PAID

JUL 26 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85.—
Trust	77186	
TOTAL PAID		$ 85.—

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 3587 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 00339

Date: 6-13, 2006

From: Richard Harm's Jr. Address: on record

One hundred Seuerty Dollars ($ 170 —)

in part Payment of Pre-need lot, trust (2 payments)

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E-19264

Acct. No.

W.O.

BALANCE DUE $ 1,015.05

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

PAID

JUN 12 2006

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	170 —
Trust	77186	
TOTAL PAID		$ 170 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 3543

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 00295

Date: 5-17, 20 06

From: Richard Harris Jr. Address: On record

EIGHTY-FIVE AND 00/00 Dollars ($ 85.-)

in part Payment of Pre-need lot, trust.

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E-19264

Acct. No.

W.O.

BALANCE DUE $1,185.05

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1236

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

PAID

MAY 17 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85 —
Trust	77186	
TOTAL PAID		$ 85 —

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 00166

Date: 3/10, 20 06

From: Richard Harris Jr. Address: on record

One hundred Seventy and 00 Dollars ($ 170.-)

in ~~Paid in~~ part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E-19264

Acct. No.

W.O.

BALANCE DUE $ 1355.05

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3397 ISSUED BY Paulette

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

PAID

MAR - 9 2006

MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	170	—
Trust	77186		
TOTAL PAID		$ 170	—

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 00080

Date: 1-26, 2006

From: Richard Harris Address: on record

Eighty-Five Dollars ($ 85-)

in part Payment of Pre-need

Div ____ Sec ____ Blk/Row ____ Lot ____ Grave ____

Invoice No. E-19264

Acct. No. ____

W.O. ____

BALANCE DUE $ 1525.05

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3371

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

ISSUED BY D Crawford

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85-
Trust	77186	
TOTAL PAID		$ 85-

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 00046

Date: 1-12, 20 06

From: R. Harris Address:

EIGHTY-FIVE — — Dollars ($ 85.-)

in Part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E-19264

Acct. No.

W.O.

BALANCE DUE $ 1,610.05

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 3364

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

PAID

JAN 11 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85.-
Trust	77186	
TOTAL PAID		$ 85.-

AC-212 (11-05)

This information is available in alternative formats upon request.

R- 59430

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11/28, 20 05

From: Richard & Asuncion Hami's Address: on record

Eighty-Five and 00 Dollars ($ 85.—)

in part Payment of Pre-need Lot + Trust.

Lot 167 Grave 3 Row — Section 2 Division Block 12

Invoice No. E-12164

Acct. No.

W.O.

BALANCE DUE $ 1695.05

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

Pre-need Trust [X] Cash [ ] Check [X] 3318

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

PAID

NOV 25 2005

MOUNT HOPE CEMETERY

ISSUED BY RCrawford

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	85.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	85.—

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

59339

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/25, 20 05

From: Richard & Asuncion Harris Address: on record

EIGHTY-FIVE AND 00 Dollars ($ 85 —)

in Part Payment of Pre-need lot/trust.

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E-192604

Acct. No.

W.O.

BALANCE DUE $1780.05

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 3293

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

OCT 25 2005

MOUNT HOPE CEMETERY

ISSUED BY Pranzand

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	85 —
Trust	77186	
Sales Tax	60101	
	76390	
TOTAL PAID	$	85 —

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59263

MOUNT HOPE CEMETERY
(619) 527-3400

Date: October 3, 20 05

From: Richard Harris Jr. Address: On record

Eighty-Five Dollars ($ 85-)

in part Payment of pre-need lot, trust

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. LE-19264

Acct. No.

W.O.

BALANCE DUE 1865.05

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check ☐ X 3283

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

OCT / 3 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	60 35
80% Sales	100	
of Lots	77184	24 65pc
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.-

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59119

MOUNT HOPE CEMETERY
(619) 527-3400

Date: SEPT. 1 , 20 05

From: Richard Harris Address: on record

Eighty-Five Dollars ($ 85 —)

in part Payment of Pre-need lot + trust

Div 12 Sec 2 Blk/Row Lot 167 Grave 3

Invoice No. E-19264

Acct. No.

W.O.

BALANCE DUE $1950.05

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check ☒ 3255

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

PAID

~~AUG 31 2005~~

SEP - 1 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 —

pre-Need
Res
1st & 2nd
Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-21-05

pin # 229253

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Cassandra Taneka Blakeney 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 10 Section _____ Blk/Row _____ Lot 1060 Grave _____

Grave space & Care Fund		$1,095.00
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		
Recording/Filing/Transfer Fees	2 @ $50.00 1-31-06	100.00
Sales taxes	Forward To Collections	32.40
	Total Due	$2,823.40
	Paid receipt number R-59385	$970.00
	Balance due	$1,853.40

Invoice #436078

Acc# 129004

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] 229254
Signature

X Cassandra Blakeney
Print Name

4173 Tesoro Grove #110
Address

X San Diego CA 92154
City Zip Code

X (619) 271-4258
Telephone

Co-Purchaser(s):
CASSANDRA Archie
CASSANDRA S. CRISP

Invoice # 436078

Work Order # E 19265 229484

Acct. # 129004

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19265 1-31-06

Office of the City Treasurer | City of San Diego

REF Family TO Collections

Business hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.

Delinquent Bills - Debts

The Collection Division is responsible for the collection of all delinquent monies owed to the City of San Diego.

1010 Second Avenue, 6th Floor West Tower
San Diego, CA 92101
(619) 744-3100
Fax: (619) 533-3840
E-mail: collections@sandiego.gov

Called collections 10/31/08 still owe balance due

3/14/2006 1325.40

$1609.62 still due

ACR 051

1325.

E-19265

CALIFORNIA
DRIVER LICENSE
CLASS:C
CASSANDRA TANEKA BLAKE
SAN DIEGO CA 92154
SEX:F
HAIR:BRN
EYES:BRN
HT:5-06
WT:145
DOB:10-08-70
10/08/2004 677 83 FD/09

E-19265

Crawford, Paulette

From: McGriff, Kelly
Sent: Friday, October 31, 2008 9:55 AM
To: Crawford, Paulette
Subject: invoice# 436078 Blakeney,Cassandra

3251539

AGN/AMT	1,325.40	322.33
INT	374.01	0.00
CANCELLED	0.00	
ATTORNEY	0.00	0.00
COURT	0.00	0.00
MISC (D)	132.54	0.00
TOTAL*****	1,831.95	322.33
STATUS SUS	NET W/JMT**	1,509.62

The principle amount shows 1325.40 is the amount that was transferred to our office on 3-14-06
We received payment 322.33 dted 3-20-08
The interest at this point is 374.01
And referral fees 132.54

Total amount due; 1509.62

If you have additional questions please contact our office

K.MCGRIFF
Collections Investigator 1
1010 2nd Ave.
San Diego, Ca 92101
ph: 619-744-3188
fax: 619-533-3840
kmcgriff@sandiego.gov
Ms 606c
Were you served well? Please let us know.
COLLECTIONS@SANDIEGO.GOV

E 19265

ACR05I CUSTOMER ACCOUNT-OPEN & PAID INVOICES PG 1

ACTION: L ACCOUNT: **129004**

NAME: CASSANDRA TANEKA BLAKENEY SHORT NAME: CASSANDRA

BILL DEPT	INV TYP	INV NO	INV DATE	DUE DATE	AMOUNT	STAT CODE	PART PAYMT AMOUNT	*LAST PAYMENT* APPL DATE	RECD DATE
072	GE	436078	013106	030206	1,853.40		850.33	032108	032008

REQUEST COMPLETED

E-19265

INVOICE: **436078** INV TOTAL: 1,853.40

ACCOUNT: 129004 NAME: CASSANDRA TANEKA BLAKENEY

PAYMENT DATA

APPLIED	RECEIVED	AMOUNT	METH	REF NO
03/10/06	03/02/06	528.00		479799287
04/07/06	03/30/06	90.00		TC99941
03/21/08	03/20/08	232.33		TC99941

DEPRESS PA1 KEY FOR NEXT SCREEN

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59385

MOUNT HOPE CEMETERY
(619) 527-3400

E 19265

Date: 7-21-05, 20 05

From: Cassandra Blakeney Address: 1173 Tesoro Grove Way #10 S.A. 92154

Nine hundred & Seventy dollars 00/100 Dollars ($ 970.00)

In PART Payment of Pre-need lot + Trust w/ AD crypt for 1st & 2nd Burial

Div 10 Sec ____ Blk/Row ____ Lot 1060 Grave ____

Invoice No. ____

Acct. No. ____

W.O. ____

BALANCE DUE $ 1,853.40

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

NOTE 753565 4830 753565484 753565-4819 753565-4830

This information is available in alternative formats upon request.

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

PAID

JUL 21 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

		218	00
CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	751	00
of Lots	77184		
Opening/	100	826	00
Closing	77181		
Burial	100	418	00
Containers	77182		
	100	352	
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	69033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	970.00	

AT-Need (RES) cremation has passed Some one has passed family not ready to Bury until May 2006

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-21-05

IN Grave with Gwendolyn Povennire

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julie Baker Adkins (X) # 229262

in a Ash Vault (Type of ~~Burial Container~~) Funeral, date, time May 2006 / TUES MAY 16 10:30

Church, Chapel, Graveside ; Neptune Society Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165 X will be applied and billed to undersigned.

Division 6 Section 4 Blk/Row Lot 43 Grave 5

Grave space & Care Fund E-5184 (1985)	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 marker Fees	50.00
Sales taxes	4.73
Total Due	$ 297.73
Paid receipt number R-59387	$ 297.73
Balance due	0

PAID

JUL 21 2005

MOUNT HOPE CEME

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

Not attest for signature (over)

CA Burial permit must accompany cremains

Invoice #

Work Order # E 19266

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Margalyn M. Procopio
1647 Antelope CIR SW
Albany, OR 97321
(541) 791-5164

AT-Need (RES) cremation

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julie Baker Adkins (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time Family will call mt Hope with Date & Time. 48hr Neptune By Service Society

Church, Chapel, Graveside _____ ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165 will be applied and billed to undersigned. X Marglyn Procopio X

Division 6 Section 4 Blk/Row _____ Lot 43 Grave 5

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 R-59387	$ 297.73
Balance due	Ø

PAID JUL 21 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 Marglyn Procopio (Signature)

X Marglyn Procopio (Print Name)
X 1647 Antelope Cir SW (Address)
X Albany, OR 97321 (City, Zip Code)
X 541-791-5164 (Telephone)

Invoice # _____

Work Order # E 19266

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

59387

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7-22-05, 20 05

From: Margolyn Procopio Address: 1647 Antelope Circle SW Albany OR.

Two hundred & ninty-seven dollars 73/100 Dollars ($ 297.73)

in Full Payment of AT-Need Services Julie Baker Adkins

Div 6 Sec 4 Blk/Row ____ Lot 43 Grave 5

Invoice No. E-19266

Acct. No. ____

W.O. ____

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 4-04) # 5103

This information is available in alternative formats upon request.

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

JUL 21 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	116	00
Closing	77181		
Burial	100	61	00
Containers	77182		
	100	66	00
Handling Fee	77185		
Recording &	100	50	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	4	73
	78390		
TOTAL PAID	$	297	73

MARGOLYN PROCOPIO
1647 ANTELOPE CIRCLE SW
ALBANY OR 97321

5103

Date July 17, 2005

96-7427/3232
BRC/101

PAY TO THE ORDER OF Mount Hope Cemetery $ 297.73

Two hundred ninty seven 73/100 Dollars

OSU Federal
Your Community Credit Union
www.osufederal.com • 800-732-0173

Memo re: Julie Baker Adkins

Margolyn M. Procopio MP

©2004 LIBERTY ENTERPRISES, INC.

pin #229263

Margolyn M. Procopio
1647 Antelope CIR SW
Albany, OR 97321
(541) 791-5164
Margo.procopio@bus.oregonstate.edu

Gina Procopio Remington
2658 NW Oak Glen ST
Albany, OR 97321
(541) 791-3949
planet-remington@inorbit.com

Sandra Salinas Brollini
City of San Diego
Mount Hope Cemetery
3751 Market Street, MS 72
San Diego, CA 92102

E-19266

RE: Cremains of Julie Baker Adkins to Division 6, Section 4, Lot 43, Grave 5

Dear Ms. Brollini,

My sister, Gina Remington and I, Margolyn Procopio, wish to bury the cremains of our mother, Julie Baker Adkins, a San Diego resident at the time of her death, in Grave #5 of Division 6, Section 4, and Lot 43. The grave currently contains the remains of her mother, our grandmother, Gwendolyn Baker Povenmire. The burial plot is owned by George B. Wright (deceased) who was father to Gwendolyn Baker Povenmire, grandfather to Julie Baker Adkins and great-grandfather to my sister and me.

We plan to be in San Diego in May of 2006 and give our consent for the burial and placement of a headstone to be completed at that time. An exact day and time is yet to be determined.

You will find a copy of the burial permit enclosed with this request along with our payment of $297.73 to cover the costs of cremation burial to an existing grave.

You can reach us at the information above with questions and concerns, or if additional information is needed.

Our sincere thanks,

Margolyn M. Procopio

Gina Procopio Remington

OFFICIAL SEAL
NOLA M. FOSS
NOTARY PUBLIC-OREGON
COMMISSION NO. 350205
MY COMMISSION EXPIRES NOVEMBER 27, 2005

Nola M. Foss
Notary Public

State of Oregon
County of Linn

OK per Cemetery Manager

MT HOPE CEMETERY E-1 9266

GRAVE BLIND CHECK FORM

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

Ash Vault IN Grave with Gwendolyn Povenmire

			#8 Robert wright	#9 william wright		#11 Roland KLOTZ
		#6 mearl Baker	#5 X	#4 George wright		

Blind Check Initiated By: Sandra Date: 5-8-06

Interment space for: Julie Baker Adkins ⊗

Interment Date: Tues MAY 16, 06 Time: 10:30 G S

Div: 6 Sect: 4 Blk/Row: ____ Lot: 43 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 5/15/06

E-19266

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 55

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JULIE	MARGOLYN	ADKINS	01/11/1941	05/16/1996	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	GEORGE H. ADKINS-HUSBAND 4511 DICKEY DRIVE LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021	11.00	▶	05/09/2006

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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	05/11/2006	2604270 VENITA FLOYD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-16-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-19266

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

pg 55

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JULIE	MARGOLYN	ADKINS	01/11/1941	05/16/1996	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	GEORGE H ADKINS-HUSBAND 4511 DICKEY DRIVE LA MESA, CA 91941

7A. NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
TUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021	FD-1352

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized in Section 10006 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person making permit: ▶ [signature] 8B. DATE SIGNED: 05/16/1996

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JANET HUMAN	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [x] C. DISPOSITION OF CREMATED REMAINS OTHER 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 n/a	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUS EL CAJON, CA 92021	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION GEORGE H ADKINS 4511 DICKEY DRIVE LA MESA, CA 91941	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.

Jul.18.2005 11:17AM No.2872 P. 1/1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 7-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rebecca Hernandez 229367

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tues. July 26, 10:00

Church Chapel Graveside ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 103 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
Check/Receipt number R-59388	1948.31
Balance due	0

PAID

JUL 22 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

Print Name

Address

City Zip Code

Telephone

See attach for signature

Invoice #

Acct. #

Work Order # E 19267

REA-104 (3-04)

This information is available in alternative formats upon request.

printed on recycled paper

MT HOPE CEMETERY E-19267

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Gilbert		Perkins		
	Garcia	Stanley	X	Day	Poole	
			Maulfield Davenport			

Blind Check Initiated By: Poulette Date: 7/25

Interment space for: Rebecca Hernandez

Interment Date: 7/26 Tuesday Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 103 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: A Warren Date: 7-25-

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-22-05

At Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rebecca Hernandez

Funeral, date, time Tues. July 26, 10:

in a T.J. Vault (Type of Burial Container) Guadalupana Sanctuary.

Church Chapel Graveside

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 103 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	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1948.
Balance due	1948.

PAID
JUL 22 2005

MOUNT HOPE CEMETERY number R-59388

I hereby certify I am the MOTHER of the above named dec and this is your authority to make disposition of remains as above indicated. I certify and rep that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles any liability on account of said authorization and interment.

22936

I hereby authorize the interment in lot I hold under deed.

Signature X Maria Salvador

Print Name MARIA C. SALVAD

Address 4352 TEXAS St

City SAN DIEGO, CA, 9

Telephone 575 4315

Paulette

Invoice # ____

Acct. # ____

Work Order # E 19267

Information is available in alternative formats upon

E 19267

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
REBECA	ELIZABETH	HERNANDEZ	08/17/1982	07/21/2005	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	MARIA C. SALVADOR-MOTHER 4352 TEXAS ST APT#1 SAN DIEGO,CA,92104

TYPED NAME AND ADDRESS OF 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]	07/25/2005

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	07/25/2005	▶ Nancy L Bowan MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SAN DIEGO,CA,92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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 7-26-5	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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pre-Need
1 lot 2 ind
Burial
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Maria Arroyo-Flores #29269

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 240 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 – Marker	
Recording/Filing/Transfer Fees 2 @ $50.00	100.00
Sales taxes	32.40
Total Due	$2,713.40
Paid receipt number 59389	$1,000.00
Balance due	$1,713.40

Paid 6-6-06 P.00314

PAID JUN 1 2006 MOUNT HOPE

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 maria arroyo
Signature
Co Purchaser
Guadalupe Sandoval Salgado #229170

x Maria Arroyo-Flores
Print Name
x 4876 68th ST
Address
x San Diego CA 92115
City Zip Code
x 619 698-1959
Telephone

Invoice # _____

Work Order # E 19268

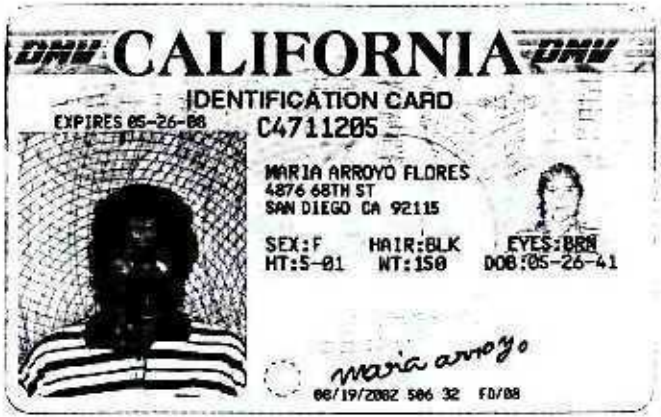
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19268



DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 05-26-08 C4711205

MARIA ARROYO FLORES
4876 68TH ST
SAN DIEGO CA 92115

SEX:F HAIR:BLK EYES:BRN
HT:5-01 WT:150 DOB:05-26-41

maria arroyo

08/19/2002 506 32 FD/08

payment due 25th each month monthly $72.00

Pin# 229269 COPurchaser Pin# 229270 Guadalupe Sandoval Salgado E-19268

FLORES, ARROYO MARIA 4876 68th Street SD CA 92115 (619) 698-1959

DIV 12 SEC 2 LOT 240 GR 3

			DEBIT	CREDIT	BALANCE
07-25-05		Opened Pre-Need Lot & Trust for 1st & 2nd burial, trust to include (2) O/C, B/C, DD Crypt, H/F, (2) R/F, taxes	$2,713.40	$1,000.00	1,713.40
		$995.00 / 197.00 20% / 988.00 20%			
08-20-05	R59100	Coupon 1 Aug		72.00	
08-20-05	R59100	Coupon 2 Sept		72.00	1569.40
10-24-05	R-59333	Coupon 3+4 Oct, Nov 2005		$144.00	$1,425.40
12-22-05	P-00014	" 5+6 Dec, Jan 2006		$144.00	$1,281.40
2-24-06	P-00141	7+8 Feb & March 2006		$144.00	$1137.40
3/13/06	P-00175	April 2006 thru April 2007	coupons 9 thru 21	$1,000.00	137.40
6/1/06	P-00314	Paid off (Paid in full)		137.40	0

Paid in full

PAID
JUN - 1 2006
MOUNT HOPE CEMETERY

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLA GENE WALTERS 229315

in a T. S. VAULT (Type of Burial Container) Funeral, date, time THURS. JULY 28 2:00

Church, Chapel, Graveside : FEATHERGILL Mortuary. Terry

All Funeral cars 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 42 Grave 5

Grave space & Care Fund D-1517	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.06
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	963.31
Paid receipt number Mastercard	963.31
Balance due	0

PAID

JUL 27 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.

229316

I hereby authorize the interment in lot I hold under deed.

X G Walters
Signature

X GALEN
Print Name

X 20141 Parlett PL
Address

X Cupertino CA 95014
City Zip Code

X 408-255-3350
Telephone

Paulette

Work Order # E 19269

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19269

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 (Husband has one)

		ABSTON		SEALS		
		Roger T. WALTERS	X			
			Madison		Beverly	

Blind Check Initiated By: Paulette Date: 7/26/05

Interment space for: ELLA GENE WALTERS

Interment Date: Thurs. July 28 Time: 2:00 G.S.

Div: 7 Sect: 17 Blk/Row: ____ Lot: 42 Gr: 5

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: 7/27/05

Tent. thurs

Mort. Featheringill

E-19269

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 90

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ella	Gene	Walters	01/01/1915	07/25/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Galen Walters (Son) 10141 Parlett Pl. Cupertino, CA 95014

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M Dom	07/26/2005

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	07/26/2005 M. Dominguez	2512268 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 9218605222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER 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

At NEED

Date 7/25/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FEGAUIAI J. FUALAU #229375

in a LINER (Type of Burial Container) Funeral, date, time Tues, Aug 2 10:00

Church, (Chapel) Graveside ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 134 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-59404	1,834.00
Balance due	0

PAID
JUL 28 2005
MOUNT HOPE CEM

I hereby certify I am the mother Eseta Fualau of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229374

I hereby authorize the interment in lot I hold under deed.

x Eseta Fualau
Signature

Eseta Fualau
Print Name

233 54th St
Address

S.D CA 92114
City Zip Code

619 ~~255~~ 262-8389
Telephone

or 255 ~~44~~ 5598

Invoice # _____

Acct. # _____

Bulletic

Work Order # E 19270

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19270

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Bowen			
	Carter		X	Johnson		
	Rice		Montgomery			

Blind Check Initiated By: Paulette Date: 7/29

Interment space for: Fegauiai Fualau

Interment Date: Aug. 2 Tues 10:00 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 134 Gr: 4

Grave Laid out by: Norman Fenn

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 8/05

Flag

E-19270

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 29

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FEGAUIAI	J	FUALAU	12/01/1975	07/22/2005	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	ESETA FUALAU-MOTHER 233 54TH 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 charge	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD-1689	▶ Victoria [illegible]	07/25/2005

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		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	07/25/2005 V MITCHELL	▶ 2512186

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 8-2-05	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 ID attach) Cremation

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessica Yvonne Baker 229406

in a No Ash Vault Reg (Type of Burial Container) Funeral, date, time Friday Aug. 12 11:00

Church, Chapel, Graveside ; S.D. Cremation 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 8 Section 4 Blk/Row Lot 73 Grave 1

Grave space & Care Fund	330.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.00
Burial Container No Ash Vault Reg	
Handling Fees	
Flower vases - Trion Marker setting fee 51.63	51.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	
Total Due	$547.63
Paid receipt number pd by visa	$547.63
Balance due	Ø

PAID JUL 25 2005 MOUNT HOPE CEMETERY

I hereby certify I am the x Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229407

I hereby authorize the interment in lot I hold under deed.

x Linda Parlee
Signature

x Linda Parlee
Print Name

x 354 El Loro St
Address

x Chula Vista 91911
City Zip Code

x 619-427-4523
Telephone

Invoice #

Work Order # E 19271

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19271

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 03-20-06

C5260423

CLASS:C M1

JESSICA YVONNE BAKER
PO BX 50287
SAN DIEGO CA 92165

SEX:F HAIR:BRN EYES:GRN
HT:5-09 WT:210 DOB:03-20-69

RSTR:CORR LENS

11/21/2001 $19 BB FO/06

[illegible] OF MOUNT HOPE CEMETERY ASS
[illegible] PRIDE STREET
[illegible]
[illegible]
[illegible]

DATE/TIME [illegible] CLERK

TO XXXXXXXXXXXXXXXXXX

AUTH# 116849 REF# 72780882

BASE $ [illegible]

TOTAL $ 547.63

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Linda S. Parlee

[illegible]

THANK YOU
PLEASE COME AGAIN

[illegible] BOTTOM COPY-CUSTOMER

pd IN Full FOR AT-Need
FOR JESSICA YVONNE
Baker
E-19271
Div 8 Sec 4 LOT 73

MT HOPE CEMETERY E 19271

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Ash vault Reg.

				#41		
			#73 X	Nelson McElrath #74		

Blind Check Initiated By: Sandra Date: 8-8-05

Interment space for: Jessica Yvonne Baker

Interment Date: Friday Aug 12, 05 Time: 11:00

Div: 8 Sect: 4 Blk/Row: ____ Lot: 73 Gr: 1

Grave Laid out by: Norman Fergus

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

7 flagged

E-19271

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES; WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Jessica	Yvonne	Baker	03/20/1969	07/22/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula VistSan Diego	San Diego	Linda Parlee, Sister 354 El Loro Chula Vista, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
San Diego Cremation Service; 1761 Hotel Circle S #1221 San Diego,CA 92108	FD1481	▶ [signature]	8/11/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/10/2005	2513148 Nicole Lovell ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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; San Diego, CA 92102	11B. DATE BURIED 8-12-05	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 ▶	
[illegible]ERING/BURIAL [illegible]AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA 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 lots/trusts

Date 7-26-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert ELIE & Family PIN # 227329

in a (2) DD. Crypts A/B's 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 238 Grave 1 + 2

Grave space & Care Fund	2 Lots @ 985.00	1970.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	4 @ 413.00	1652.00
Burial Container	2 @ 418.00	836.00
Handling Fees	2 @ 352.00	704.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	4 @ 50.00	200.00
Sales taxes	2 @ 32.40	64.80
	Total Due	5426.80
	Paid receipt number R-59392	$5,426.80
	Balance due	-0-

PAID

JUL 26 2005

MOUNT HOPE CEMETERY

I hereby certify I am the X SELF & 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

X ROBERT ELIE 227329
Print Name

X P.O BOX 15752
Address

X SAN DIEGO CA 92175
City Zip Code

X (619) 829-3162
Telephone (619) 912 7203

Invoice #

Acct. #

Paulette

Work Order # E 19272

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 07/26/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phyllis Anders 229323

in a Liner (Type of Burial Container) Funeral, date, time Fri. July 29 10am

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 248 Grave 1

PAID

JUL 27 2005

MOUNT HOPE CEMETERY

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes $16.20	~~$1,833.20~~
Total Due	$1,833.20
Paid receipt number R59394	1,833.20
Balance due	0

Mort. 2 pay

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

X
Print Name

X
Address

X
City

X
Zip Code

Telephone

Paulette
Work Order # E 19273

Invoice # Key attached

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19273

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Guadalupe		Young			
		Billups	x			Chambers

Blind Check Initiated By: Paulette Date: 7/27/05

Interment space for: Phyllis Anders

Interment Date: 7/29/00 Fri. Time: 10:00 Chapel

Div: 12 Sect: 2 Blk/Row: A Lot: 248 Gr: 1

Grave Laid out by: Thorman Fergusson

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 7/27/05

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 07/26/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phyllis Anders

in a Liner (Type of Burial Container) Funeral, date, time FRI., 7/29 @ 10AM

Church / Graveside : Rosedale 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 248 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	~~1033.20~~
Total Due	$1,833.20
Paid receipt number R-59394	$1,833.20
Balance due	0

PAID

JUL 27 2005

MOUNT HO

Must Have to Pay

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 229324 I hold under deed.

A Rosier
Signature

ANGELA ROSIER
Print Name

250 65TH STREET
Address

SAN DIEGO CA 92114
City Zip Code

(619) 277-9898
Telephone

Paulette
Work Order # E 19273

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

E-19273

age 47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PHYLLIS	RENEE	ANDERS	01/15/1963	07/22/2005	F

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: BETTY ANDERS: MOTHER
250 65TH STREET
SAN DIEGO, CA 92114

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: Sunnie Pryor

8B. DATE SIGNED: 07/28/2005

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: FD-1329

9B. DATE PERMIT ISSUED: S.PRYOR 07/28/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2512431

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: MT. HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED: 7 29 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot

Date 07/26/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mine yamamoto @ 22 19 marker only

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 28 Grave 10

Grave space & Care Fund	330.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker Setting Fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	330.00
Paid receipt number Visa	330.00
Balance due	Ø

PAID

JUL 26 2005

MOUNT HOPE CEMETERY

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.

Signature

Paulette C.

Work Order # E 19274

229114

MICHAEL YAMAMOTO
Print Name

3880 ECOCHEE AVE.
Address

SAN DIEGO, CA 92117
City Zip Code

858-272-2425
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot + trust

Date 7-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Self or children/grandchildren

in a D.Q 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 ~~X~~ MASON Section ~~PO~~ A Blk/Row _____ Lot ~~592~~ 53 Grave * 10

Grave space & Care Fund	1535.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@413.-	826.-
Burial Container	418.-
Handling Fees	352.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2@50.-	100.-
Sales taxes ~~2.00~~ 32.40 PC.	32.40 ~~64.80~~
Total Due	3263.40
Paid receipt number Visa Card	815.85
Balance due	2447.55

PAID DEC 24 2007 MOUNT HO

Res. fee

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.

229300

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name Maria R Saunders

Address 7322 Mesa College Dr #10

City San Diego CA Zip Code 92111

Telephone 619 933-8902

Paulette

Work Order # E 19275

Invoice # _____

Acct. # _____

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 7-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Jimenez

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 157 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-59397	$ 246.00
Balance due	$ 739.00

PAID
AUG 29 2007
P-00910
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. pin # 227128

I hereby authorize the interment in lot I hold under deed.

X Luisa Jimenez
Signature

copurchaser #229295
Iraiz Soto
27 19th street SD. CA 92102

X Luisa Jimenez
Print Name

X 27 19th st.
Address

X SAN DIEGO CA. 92102
City Zip Code

X (619) 236-7935
Telephone

Invoice # _____

Work Order # E 19276

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

227128 due 27th of each month monthly $31.00

Pin# 229295 COPurchaser Iraiz Sotelo Pin# 229295 E-19276

JIMENEZ, LUISA 27 19th St. San Diego, CA. 92102 (619) 236-7935

DIV 12 SEC 2 LOT 157 GR 2

				DEBIT	CREDIT	BALANCE
07-27-05	Opened Pre-Need Lot only w/ 25% down			$985.00	$246.00	$739.00
	R-59397 - downpayment					
8-23-05	R-59108	Coupon 1	Aug $197.00 20%		31.00	708.00
9-27-05	R-59223	" 2	Sept $788.00 80%		31.00	677.00
10-31-05	R-59352	" 3	Oct		31.00	646.00
11-28/05		" 4	Nov 05		31.00	615.00
12-27-05	P-00022	" 5	Dec 05		31.00	584.00
2-1-06	P-00090	" 6	Jan 05		31.00	553.00
2-27-06	P-00144	" 7	Feb 06		31.00	522.00
3-24-06	P-00195	8	Mar 06		31.00	491.00
4-27-06	P-00250	9	April 06		31.00	460.00
5-22-06	pd by Visa	10	May 06		31.00	429.00
6-28-06	P-00361	11	June 06		31.00	$398.00
7-27-06	P-00414	12	July 06		31.00	367.00
8-25-06	P-00457	13	Aug 06		31.00	336.00
9-29-06	P-00501	14	Sept. 06		31.00	305.00
10-27-06	P-00554	15	Oct. 06		31.00	274.00
11-27-06	P-00593	16	Nov. 06		31.00	[illegible]
12/28/06	P-00635	17	Dec. 06		31.00	[illegible]
1/26/07	P-00674	18	Jan 07		31.00	[illegible]
2-1-07	P-00724	19	Feb 07		31.00	[illegible]

Jimenez, Luisa

E-19276

			Credit	Balance
	Balance Forwarded			150-
3/28/07	P-00766	Coupon # 20	31-	119-
4-23-07	P-00801	Coupon #21	31-	88-
5-29-07	P-00838	Coupon #22	31-	57-
6/20/07	P-00872	Coupon #23	31-	26-
7-27-07	P-00910	Coupon #24	26-	Ø

PAID

JUL 27 2007

MOUNT HOPE CEMETERY

Pre-Need
Res
1st & 2nd
Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family of Jimenez

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 157 Grave 7

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 – Marker setting fee		—
Recording/Filing/Transfer Fees	2 @ $50.00	100.00
Sales taxes		32.40
Total Due		$ 2,713.40
Paid receipt number R-55397		$ 678.00
Balance due		$ 2,035.40

PAID
AUG 29 2007 R-00913
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. pin # 227128

I hereby authorize the interment in lot I hold under deed.

Luisa Jimenez
Signature

copurchaser #229295
Irair SOTELO
27 19th street SD. CA 92102

Luisa Jimenez
Print Name

27 19th street
Address

SAN DIEGO CA. 92102
City Zip Code

(619) 236-7935
Telephone

Invoice # _____

Work Order # E 19277

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

due 27th of each month monthly $85.00

Pin# 227128 E-19277

JIMENEZ, LUISA 27th 19th Street SD CA 92102 (619) 236-7935

DIV 12 SEC 2 LOT 157 GR 7

					DEBIT	CREDIT	BALANCE
07-27-05	Opened Pre-Need Lot & Trust for 1st & 2nd Burial, trust to include (2) O/C, DD Crypt B/C, H/F, (2) R/F, Taxes// CO-Purchaser Iraiz Sotelo Pin # 229295				$2,713.40	$678.00	$2,035.40
				$177.00 20%			
8-23-05	R-59108	coupon	1	aug $788.00 20%		85.00	1,950.40
9-27-05	R-59223	"	2	Sept		85.00	1,865.40
10-31-05	R-59352	"	3	oct		85.00	1,780.40
11/28/05		"	4	nov 05		85.00	1695.40
12-27-05	R-(P00022)	"	5	Dec 05		85.00	1,610.40
2-1-05	R (P00090	"	6	Jan 05		85.00	1,525.40
2-27-06	P-00144	"	7	Feb 06		85.00	1,440.40
3-24-06	P-00195	"	8	mar 06		85.00	1,355.40
4-27-06	P-00250	"	9	April 06		85.00	1,270.40
5-22-06	pd by visa	"	10	May 06		85.00	1,185.40
6-28-06	P-00361	"	11	June 06		85.00	1,100.40
7-27-06	P-00414	"	12	July 06		85.00	1,015.40
8-25-06	P-00457	"	13	Aug 06		85.00	930.40
9-20-06	P-00501	#	14	Sept. 06		85.00	[illegible]
10-27-06	P00554	#15		Oct. 06		85.00	[illegible]
11-27-06	P-00592	#16		Nov. 06		85.00	[illegible]
12-28-06	P-00634	#17		Dec. 06		85.00	590.40

$85.00 monthly E 19277

Jimenez, Luisa

Div 12 Sec 2 Lot 157 Gr 7

			Debit	Credit	Balance
12-29-06	Balance Forwarded				590.40
1/26/07	P-00675	#18		85.00	505.40
3/1/07	P-00725	#19		85.00	420.40
3/28/07	P-00766	#20		85.00	335.40
4-23-07	P-00800	#21		85.00	250.40
5/29/07	P-00839	#22		85.00	165.40
6/20/07	P-00872	#23		85.00	80.40
7-27-07	P-00913	#24		80.40	0

PAID

JUL 27 2007

MOUNT

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00144
E-19277

Date: 2/27, 20 06

From: Laisa Jimenez Address: 27 19th St. SD, CA 92102

One hundred and sixteen ——— Dollars ($ 116.00)

in NO (part) Payment of installments on E19277 and E-19276

Div 12 Sec 2 Blk/Row ____ Lot 157 Grave 2 & 7

Invoice No. E-19277 / E-19276

Acct. No. ____

W.O. ____

BALANCE DUE $1440.40 / $522.-

☐ Pre-Need Lot ☑ Money Order

☐ Pre-Need Trust ☐ Charge

#09427116047 ☐ 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 27 2006

MOUNT HOPE CEMETERY

ISSUED BY: [signature]

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	116 —
Trust	77186	
TOTAL PAID		$ 116. 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P00766
E 19277

Date: 3-28, 20 07

From: Luisa Jimenez Address: on record

~~Thirty~~ One hundred Sixteen Dollars ($ $116.00)

in _____ Payment of PN lots + trust coupons 20 from both.

Div 12 Sec 2 Blk/Row _____ Lot 157 Grave 2+7

Invoice No. E-19277/E-19276

Acct. No. _____

W.O. $119.00

BALANCE DUE $335.40

1089236 1813

☐ Pre-Need Lot ☒ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 28 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	31.00
20% Sales Care	77184	85.00
Pre-Need	63033	
Trust	77186	
TOTAL PAID		$ 116.-

AC-212 (11-05)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Mock Set-Up

21 Gun Salute

Date 7/27/05

Pin# 229311

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Thomas Smart Jr.

in a _____ (Type of Burial Container) Funeral, date, time 8/2/05 Tuesday 1:30

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.

In Front of the Veterans Memorial Section

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

PAID

JUL 29 2005

MOUNT HO

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees MISC. FEE	73.00
Sales taxes	
Total Due	73.00
Paid receipt number R-59412	$73.00
Balance due	0

I hereby certify I am the X Katrina Lamar Bishop Mortuary of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Bishop Mortuary
Print Name

X 3444 Citrus Street
Address

X Lemon Grove 91945
City Zip Code

X 619 466 4462
Telephone

Paulette

Work Order # E 19278

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 07/27/05

R Tateyana M. Jones-Sturns

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Tatiana Sturns Jones~~ 10 mos.

In a BX LINER (Type of Burial Container) Funeral, date, time Fri. July 29th 930

Church, Chapel, Graveside Clairemont Mortuary.

arrival 11:30 858.279.2211 Susan

All Funeral cars 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 2 Blk/Row _____ Lot 114 Grave 1

Grave space & Care Fund	195.00	~~110.00~~
Overtime/Late Arrival Fees		
Opening/Closing & Setup	215.00	~~138.00~~
Burial Container L 24" x W 13" H 9"	105.00	~~74.00~~
Handling Fees	55.00	~~28.00~~
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		50.00
Sales taxes	8.13	5.99
Total Due	628.13	~~408.97~~
Paid receipt number R-593.99		100.00
Balance due		~~308.97~~ 528.13

Fax 858.966.7724

MOTHER

I hereby certify I am the Tamla Jones of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

190.- 338.13

I hereby authorize the interment in lot I hold under deed.

Tamla Jones
Signature

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Invoice # _____

Work Order # E 19279

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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AT-Need (Res) 1st & 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jorge Helgura Estrada, 229297

in a DD crypt "A" (Type of Burial Container) Funeral, date, time Fri July 29th 05 9:00 A.M.

Church, Chapel, Graveside Guadalupe Church; Mayer Monera 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. [signature]

Division 12 Section 2 Blk/Row ____ Lot 191 Grave 5

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 – Marker setting fee Trion	51.63
Recording/Filing/Transfer Fees 2 @ $50.00	100.00
Sales taxes	32.40
Total Due	$ 2,765.03
Paid receipt number R-59398	$ 2,765.03
Balance due	0

PAID

JUL 27 2005

MOUNT HOPE CEMETERY

I hereby certify I am the X NIEE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 229296

I hereby authorize the interment in lot I hold under deed.

X Carmen M Estrada (Signature)

X CARMEN M ESTRADA (Print Name)

X 289 EUCLID AVE (Address)

X SAN DIEGO CA 92114 (City, Zip Code)

X (619) 255-9243 (Telephone)

Invoice # ____

Work Order # E 19280

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

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8-5-05
WO# 4494
to install tuon vare

MT HOPE CEMETERY E 19280

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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" 1st Burial

		Francisca Manejana	X	Catalina Flores		

Blind Check Initiated By: Sandra Date: 7-28-05

Interment space for: Jorge Helgura Estrada

Interment Date: Fri July 29th Time: ?

Div: 12 Sect: 2 Blk/Row: ____ Lot: 191 Gr: 5

Grave Laid out by: Vernon Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 7/28/05

Flagged

E 19280

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 61

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
JORGE	HELGURA	ESTRADA	12/04/1943	07/05/2005	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	CARMEN ESTRADA - WIFE 289 EUCLID AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1838	▶	

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	07/28/2005	R.MARTINEZ 2512394 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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 7-27-05	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 7/28/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY WRIGHT PIN# 228823

in a D.D. CRYPT 'A' (Type of Burial Container) Funeral, date, time Aug 2 Tuesday 1:00pm

Church, (Chapel) Graveside ; Anderson-Rogsdale Mortuary. Skipper

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 105 will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row Lot 112 Grave 9

Grave space & Care Fund E-70266	0
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	1265.40
Paid receipt number R-59415	1,265.40
Balance due	0

PAID
AUG 01 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.

229373

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

Invoice #

Acct. #

Paulette

Work Order # E 19281

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 7/28/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY WRIGHT

in a D.D. CRYPT 'A' (Type of Burial Container) Funeral, date, time Aug 2 Tuesday 1:00pm

Church, Chapel, Graveside ; Anderson-Rogsdale Mortuary. Shipper

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 100 will be applied and billed to undersigned

Division 11 Section 2 Blk/Row Lot 112 Grave 9

Grave space & Care Fund E-7026	0
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	1265.40
Paid receipt number R-54415	1,265.40
Balance due	0

PAID
AUG 01 2005
MOUNT HOPE CEMETERY

MORT. TO PAY

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.

#229373

I hereby authorize the interment in lot I hold under deed.

X Signature

X Joy Fernandez
Print Name

X 3603 King Street
Address

X San Diego, CA
City Zip Code

X
Telephone

Paulette
Work Order # E 19281

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

59415

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 8-1-05, 20 05

From: Ragsdale Address: 5050 Federal Blvd

one thousand two hundred sixty-five 40/100 Dollars ($ 1,265.40)

in Full Payment of AT Need Services For Mary Wright

Div 11 Sec 2 Blk/Row Lot 112 Grave 9

Invoice No. E-19781

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #12122

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS SCALE

PAID

AUG 01 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	418	00
Burial	100	352	00
Containers	77182		
	100	50	00
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	32	40
	78390		
TOTAL PAID	$	1,265	40

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E 19281

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Bradford		Hunt	Coolidge		
			X			
	Laster	Harris	Aguilar			

Blind Check Initiated By: Paulette Date: 7/29/05

Interment space for: Mary Wright

Interment Date: 8-2-05 Tues. Time: 1:00 Chapel

Div: 11 Sect: 2 Blk/Row: ____ Lot: 112 Gr: 9

Grave Laid out by: Norman Flag

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: ____ Date: ____

E 19281

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

age 56

1A. NAME OF 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	BELL	WRIGHT	11/13/1948	07/26/2005	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	ARTHUR WRIGHT: HUSBAND 3606 KING STREET, APT. L 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 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: Sunnika Pryor

8B. DATE SIGNED: 07/28/2005

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
$1.00	S.PRYOR 07/28/2005	2512426

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 8-2-05	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 07/28/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARLY SHANNON 229325

in a LINer (Type of Burial Container) Funeral, date, time Mon. Aug. 1 12:00

Church, Chapel, Graveside ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row Lot 8 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 settings	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-59401	1833.20
Balance due	Ø

PAID

JUL 28 2005

MOUNT HOPE CEMETERY

Res. fee waived DLID

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.

229326

I hereby authorize the interment in lot I hold under deed.

O.H.
Signature

Odean Hayes
Print Name

Address 1076 Swanet 92114
City Zip Code
S.D Calif
Telephone 263-1664

Paulette

Invoice #

Work Order # E 19282

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19282

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Bushnell			
Moliere		Fracard	X		Marie Muriel	
					Leonard Brown	

Blind Check Initiated By: Paulette Date: 7/28

Interment space for: Early Shannon

Interment Date: 8-1-05 monday Time: 12:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 8 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 7/28/05

E 19282

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 66

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EARLEY	-	SHANNON, JR.	07/23/1939	07/25/2005	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	ODEAN HAYES-DAUGHTER 1076 SWANER ST. SAN DIEGO CA 92114

7A. 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-1889

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 07/27/2005

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$11.00	07/28/2005 V MITCHELL	▶ 2512428

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'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 8-1-05	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7/28/05

229321

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tateyana Mikia Jones-Sturns

in a ~~Box~~ Liner (Type of Burial Container) Funeral, date, time Friday July 29 930

Church (Chapel) Graveside ; Clairemont 858-279-2211 Mortuary. Susan

arrival 11:30

All Funeral cars 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 2387 Grave 1

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138.00
Burial Container L 24"x W 18"x H 7"	77.00
Handling Fees	28.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	597
Total Due R-59399	408.97
Paid receipt number R-59402	– 100.00
	– 190.00
Balance due	118.97
	118.97

PAID

AUG 2 2 2005

MOUNT HOPE CEMETERY

Fax 858 496 7724

~~awaiting check~~ for balance

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.

229322

I hereby authorize the interment in lot I hold under deed.

x James Jones
Signature

x James D.T. Jones R-59101
Print Name

1278 madisson Ave #B
Address

El Cajon Calif 92021
City Zip Code

(619) 938-2579
Telephone

Pauletta

Work Order # E 19283

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19283

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Calloway	Stevens	
			Ends			
			X		Elliott	

Blind Check Initiated By: Paulette Date: 7/27/05

Interment space for: Tatiyana - Sturgis Jones

Interment Date: 7/29/05 FRI Time: 9:30

Div: 9 Sect: 1 Blk/Row: ____ Lot: 2587 Gr: 1

Grave Laid out by: Norman Ferg

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-28-05

Children's Hospital and Health Center
3020 Children's Way
San Diego, California 92123-4282

E 19283

651132

CHECK DATE 08/18/05
CHECK NO 651132

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAY
STURNS-JONES,T	07/29/05	ASSISTANCE	118.97	0.00	118.97
		TOTALS ▶	118.97	0.00	118.97

NON-STOCK SUN 1155 (07/96)

VENDOR NO. 027349

E-19283

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 10 months

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
TATKYANA	MIKIA	JONES-STURNS	10/31/2004	07/22/2005	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	JAMES D.T. JONES-FATHER 1278 E. MADISON AVE. #B 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
CLARIEMONT MORTUARY, 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117	FD 1126	▶ [signature]	07/27/2005

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	07/29/2005	2512464 K JONES ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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, 3331 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 7-29-05	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 7/28/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHALETA ROBERTSON #229370

In a Liner (Type of Burial Container) Funeral, date, time Monday 8/1 1:00pm

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. R-59290

Division 11 Section 2 Blk/Row Lot 1 Grave 1A

Grave space & Care Fund	875.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container Liner Recycled	—
Handling Fees	160.00
TRION R-59291 Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	2.00
Total Due	1500.00
Paid receipt number R-59406	1500.00
Balance due	Ø

PAID

JUL 2 8 2005

MOUNT HOPE CEMETERY

arrival time 4:15 p.m per norm

Billed family 8-2-05

I hereby certify I am _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

2293.69

I hereby authorize the interment in lot I hold under deed.

Alicia Jean Robertson
Signature

Alicia Robertson
Print Name

524 Merlen Dr
Address

San Diego, CA 92114
City Zip Code

(619) 253-7679
Telephone

paulette

Invoice # _____

Work Order # E 19284

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19284

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
				Thompson		
				Nelson		

Blind Check Initiated By: Paulette Date: 7/28

Interment space for: Chaleta Robertson

Interment Date: 8/1 Monday Time: 1:00 Chapel

Div: 11 Sect: 2 Blk/Row: ____ Lot: 1 Gr: 1A

Grave Laid out by: [illegible]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-28-05

E-19284

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 29

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHALETA	ATINA	ROBERTSON	10/19/1975	FOUND 07/23/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	ALICIA ROBERTSON: MOTHER 614 MERLIN 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	▶ Sunniva Pryor	07/26/2005

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	S.PRYOR 07/26/2005	2512274 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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	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.

℄ MARKET

E-19284

FLAT MARKER ONLY

VETERANS ASH PLOTS
$300.00

N 88° 5

NORTH LINE MOUNT HOPE CEMETERY

LOTS

40" X 30" ASH PLOT

LOT 1

TREE

NON VETS OK

LOT 24

LOT 47

VET'S

LOT 70

TREE

N 89° 07' 50" W

10'

10'

EAST TAYLOR

47

AT-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martin Robles-Flores PIN# 229377

in a Liner (10.00) Type of Burial Container Funeral, date, time Tues aug 2nd 11:00

Church, Chapel, Graveside ; Aztlan $37-8100 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. Maria Bertha Huerta

Division 12 Section 1 Blk/Row Lot 80 Grave 6

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 (Trim) Marker setting fee $51.63 & $138.00	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes JUL 28 2005	16.20
Total Due	$2,022.83
Total receipt number pd by m/c	2,022.83
Balance due	0

MOUNT HOPE CEMETERY

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229376

I hereby authorize the interment in lot I hold under deed.

X Maria Bertha Huerta
Signature

X Maria Bertha Huerta
Print Name

X 645 Raven St
Address

X San Diego
City

X CA. 92102
Zip Code

Telephone (619) 266 8380

Invoice #

Work Order # E 19285

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Aztlan
337-8100
337-8300 fax
Mr. Rodriguez

8-15-05 wo# 4520
to install Trion Vase

MT HOPE CEMETERY E-19285

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		Jorge Montes	#6 X	crub		

Blind Check Initiated By: Sandra Date: 7-28-05

Interment space for: Martin Robles

Interment Date: Tues Aug 2nd, 05 Time: 11:00 Arrival

Div: 12 Sect: 1 Blk/Row: ____ Lot: 80 Gr: 6

Grave Laid out by: Norman Fey

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-29-05

7 lagged

E-19285

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 59

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	-	Robles Flores	10/08/1945	07/28/2005	M

5A. PLACE 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	Maria Ernestina Castaneda-Daughter 9846/Medina Dr. 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 7856 La Mesa Blvd. La MEsa, CA 91941	FD-1658	▶ [signature]	08/01/2005

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	Leah A. Mata 08/01/2005	▶ 2512579

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 8-6-05	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 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 (RES) 1st + 2nd Burial

P-00502

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-29-05

Pin# 229302

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fausto O. Torres IN Name of Asamblea Apostolica de la Fe en Cristo Jesus, Ba IGlesia

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 244 Grave 2

Grave space & Care Fund	$985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2 @ $413.00	826.00
Burial Container DD CryptT	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	$2,713.40
Paid receipt number R-59409	$678.00
Balance due	$2,035.40

PAID
SEP 20 2006
MOUNT HOPE CEMETERY

Pd in full P-00502
CK# 2695 $930.90

I hereby certify I am the Y Families IN Need of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229303

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Y Asamblea Apostolica de la fe en Cristo Jesus

Address: Y3771 54TH ST.

City: Y San Diego, CA. Zip Code: 92105

Telephone: Y 619-582-7929

Invoice #

Work Order # E 19286

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

3771 54th ST. 619 582-7929
Pin# 229302 S.D. CA 92105 Pin# 229303

25 months $85.00 Due 29th each
24 months $90.40 month E-19286

TORRES, FAUSTO O (IN NAME OF) ASAMBLEA APOSTOLICA DE LA FE EN CRISTO

DIV 12 SEC 2 LOT 244 GR 2

		DEBIT	CREDIT	BALANCE
07-29-05	Opened Pre-need Lot & trust w/ 25% down	$2,713.40	$678.00	$2,035.40
9-2-05	Trust to include: (2) O/C, B/C DD Crypt, R-59137 ✓		85 -	1950.40
9/15/05	H/F, (2) R/F, Taxes R-59189 Coupon #2 Sep 05 ✓		85 -	1865.40
11-28-05	- 2 payments - R-59436 Oct/Nov 05 ✓		170 -	1695.40
1-12-06	P-00048 #5 Coupon Dec 05 ✓		85 -	1610.40
2-24-06	P-00140 #6, #7 Jan 06 - Feb 06 ✓		170 -	1440.40
3/21/06	P-00188 #8 Mar 06 ✓		85 -	1355.40
5-2-06	P-00259 #9 Apr 06 ✓		85 -	1270.40
6-2-06	P-00320 #10 May 06 ✓		85 -	1185.40
7-3-06	P-00364 #11 June 06 ✓		85 -	1100.40
7-31-06	P-00420 #12 July 06 ✓		85 -	1015.40
9-12-06	P-00486 #13 Aug 06 ✓		85 -	930.40
9-20-06	P-00502 PAID-IN-FULL ✓		930.40	Ø

PAID
SEP 20 2006
MOUNTHOPE CEMETERY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59137

MOUNT HOPE CEMETERY
(619) 527-3400

Date: SEPTEMBER 2, 20 05

From: Fausto O. TORRES Address: on record

EIGHTY-FIVE AND 00 Dollars ($ 85-)

in PART Payment of Pre-need lot/trust.

Div 12 Sec 2 Blk/Row Lot 244 Grave 2

Invoice No. E-192860

Acct. No.

W.O.

BALANCE DUE $ 1950.40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2487

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 02 2005

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

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

59189

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9/15, 2005

From ~~Paul~~ Fausto Jones Address: on record

Eighty-7 m

Dollars ($ 85 —)

in part Payment of Pre-need lot & trust

Div 12 Sec 2 Blk/Row Lot 244 Grave 2

Invoice No. E-19286

Acct. No.

W.O.

BALANCE DUE $ 1860.40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2465

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 15 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 —

R- 59436

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11/28, 20 05

From: Torres, Fausto Address: on record

One Hundred Seventy and 00 Dollars ($ 170.—)

in part Payment of 2 payments Oct/Nov 05

Lot 244 Grave 2 Row Section 2 Division ~~Block~~ 12

Invoice No. E-B286

Acct. No.

W.O.

BALANCE DUE $1695.40

Pre-Need Lot (X) At Need ( ) On Acct ( )

Pre-need Trust (X) Cash ( ) Check (X)

2492

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS SPACE

PAID

NOV 28 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	170.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	170.—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00188

Date: 3/21, 20 06

From: Fausto O. Torres Address: on record

EIGHTY-FIVE Dollars ($ 85 -)

in part Payment of Pre-need Lot / Trust.

Div 12 Sec 2 Blk/Row Lot 244 Grave 2

Invoice No. E 19286

Acct. No.

W.O.

BALANCE DUE $1355.40

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

MAR 21 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	69033	85 -
Trust	77186	

TOTAL PAID $ 85 -

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2557 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 00140

Date: 2/24/ , 20 06

From: Fausto O. Torres Address: On file

One hundred Seventy and Dollars ($ 170 —)

in Part Payment of Pre-need lot & trust

Div 12 Sec 2 Blk/Row Lot 244 Grave 2

Invoice No. E-19236

Acct. No.

W.O.

BALANCE DUE $ 1440.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2542

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 2 2 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	170.	—
Trust	77186		
TOTAL PAID		$ 170.	—

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 00259
E-19286

Date: 5/2, 20 06

From: PROSTOUC ASSEMBLY Address: On record

.Eighty-Five and 00 Dollars ($85.-)

in part Payment of Pre-need Lot, Trust

Div 12 Sec 2 Blk/Row Lot 244 Grave 2

Invoice No. E-A286

Acct. No.

W.O.

BALANCE DUE $ 1270.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2573

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
MAY 02 2006
MOUNT HOPE CEM

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85 —
Trust	77186	
TOTAL PAID		$ 85 —

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 00048

asumblea Apostolica Date: 1/12, 2006

From: Fausto O. Torres Address: on record

EIGHTY-FIVE — — Dollars ($ 85-)

in part Payment of Pre-need lot/trust.

Div 12 Sec 2 Blk/Row Lot 244 Grave 2

Invoice No. E-19286

Acct. No.

W.O.

BALANCE DUE $ 1610.40

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 11 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85 —
Trust	77186	
TOTAL PAID	$	85 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 2521

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 00364

Date: 7-31, 20 06

From: Apostolic Assembly Address: on record

·EIGHTY - Five Dollars ($ 85.—)

in Part Payment of Pre-need lot trust.

Div 12 Sec 2 Blk/Row Lot 244 Grave 2.

Invoice No. E-292286

Acct. No.

W.O.

BALANCE DUE $ 1,100.40

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL - 3 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85 —
Trust	77186	
TOTAL PAID	$	85 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 2622 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 00420

Date: 7-31, 20 06

From: APOSTOLIC Assembly Address: on record

EIGHTY - FIVE Dollars ($ 85 -)

in part Payment of Pre-need lot trust

Div 12 Sec 2 Blk/Row Lot 244 Grave 2

Invoice No. E-19286

Acct. No.

W.O.

BALANCE DUE $ 1,015.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2659

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 31 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85 —
Trust	77186	
TOTAL PAID	$	85 —

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 00486

Date: 9-12, 2006

From: APOSTOLIC ASSEMBLY Address: on record

EIGHTY-FIVE AND 00 Dollars ($ 85-)

in part Payment of Pre-need Lot + Trust.

Div 12 Sec 2 Blk/Row Lot 244 Grave 2

Invoice No. E-19286

Acct. No.

W.O.

BALANCE DUE $ 930.40

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 12 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85.—
Trust	77186	
TOTAL PAID	$	85.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2682

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 00502

Date: September 20, 20 06

From: Apostolic Assembly Address: 1009 - 46th St., S.D. CA 92102

nine hundred, thirty and 40/00 Dollars ($ 930.40)

in full Payment of Pre-need lot trust account Paid off

Div 12 Sec 2 Blk/Row Lot 244 Grave 2

Invoice No. E-19286

Acct. No.

W.O.

BALANCE DUE Ø

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 20 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	930.40
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 2695 ISSUED BY Paulette

TOTAL PAID $ 930.40

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 00320

Date: 6-2, 2006

From: F. O. Torres Address: on recod

EIGHTY FIVE Dollars ($ 85 —)

in part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 244 Grave 2

Invoice No. E-19286

Acct. No.

W.O.

BALANCE DUE $ 1,185.40

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Paid 6-2-06

ISSUED BY Payden

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85 —
Trust	77186	
TOTAL PAID		$ 85.

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 2603

AC-212 (11-05)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot • trust

Date 7-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARTURO MORENO 229389

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Friday Aug. 5 10:00

Church, Chapel, Graveside ; CA BURIAL Mortuary. 619) 286-2674

All Funeral cars must arrive 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 222 Grave 9

Grave space & Care Fund	1,310.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.-
Burial Container	366.-
Handling Fees	271.-
Flower vases – Marker setting fee Mastercard $184.-	—
Recording/Filing/Transfer Fees	66.-
Sales taxes	28.37
Total Due	2590.37
Paid receipt number Mastercard	2,590.37
Balance due	Ø

PAID

JUL 29 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. 229389

I hereby authorize the interment in lot I hold under deed.

Signature: Erika Stow

Erika Stow
Print Name

5322 Hartwick St.
Address

Los Angeles, CA 90041
City, Zip Code

323-255-1698 Hm.
Telephone

Paulette

Work Order # E 19287

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19287

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Scott		
	Mose		X			

Blind Check Initiated By: Paulette Date: 8/3

Interment space for: Aurturo Moreno

Interment Date: 8-5-05 Time: 10:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 222 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Floyd

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8-3-05

E-19287

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 68

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARTURO	-	MORENO	12/30/1936	08/02/2005	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	ERIKA STOW-DAUGHTER 5322 HARTWICK ST. LOS ANGELES CA 90041

TYPED NAME AND ADDRESS OF 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]	08/03/2005

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	08/04/2005 V MITCHELL	▶ 2512868

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	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: 8-5-05	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.

Pre-Need
Cremation
NON-RES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-28-05

PRe-Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reserve FOR MARY G DODSON ⊕ 207622

In a Ash Vault (Type of Burial Container) Funeral, date, time Pre-Need

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 2 Lot _____ Grave 57

Grave space & Care Fund E-11111 (1948)	⊖
Overtime/Late Arrival Fees	
Opening/Closing & Setup	154.00
Burial Container Ash Vault	81.00
Handling Fees	88.00
Flower vases - Marker setting fee	184.00
Recording/Filing/Transfer Fees	66.00
Sales taxes	6.28
Total Due pd by phone Visa	579.28
Paid receipt number pd by phone	$579.28
Balance due	⊖

PAID
JUL 28 2005
MOUNT HOPE CEMETERY

mailed
sent family
Interment Order
(over)
to sign 7-29-05
family will mail back

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

Invoice # _____

Work Order # E 19288

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

pin # 229301

Shannon Grant
39284 Via Belleza
Murrieta Ca. 92563
(951) 757-9993 cell #

Don @ funeral home
951 674-3703

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot/trust

Date 8-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FAATU ALEAGA LOGOLEO 229320

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.

E 19289 Joan (new) 619 262-15554

Division 12 Section 2 Blk/Row Lot 238 Grave 12

rave space & Care Fund	985.00
vertime/Late Arrival Fees	
pening/Closing & Setup	413.00
rial Container	275.00
ndling Fees	204.00
Flower vases – Marker setting fee	
Reopening/Closing/Transfer Fees	50.00
Sales tax	21.31
Total Due	1948.31
Paid receipt number R-59414	200.–
Balance due	1748.31

NOT PAID OUT 12/18/2008 account closed per David. we will not charge the family $82.89 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.

229319

I hereby authorize the interment in lot I hold under deed.

Signature

Rosa' Faletufuga
Print Name

4917 Magnus Wy
Address

S.D. CA 92113
City Zip Code

(619)264-1891
Telephone

Paulette

Work Order # E 19289

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

MOUNT HOPE CEMETERY
(619) 527-3400

59414

Date: 8-1, 2005

From: Onosai Taktufuga Address: on record

Two Hundred and 00 Dollars ($ 200.—)

in part Payment of Pre-need Lot/Trust for Fautua A. Lugoleo

Div 12 Sec 2 Blk/Row Lot 238 Grave 12

Invoice No. E 19289

Acct. No.

W.O.

BALANCE DUE $ 1,748.31

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

M.O. 7753565510

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 01 2005

MOUNT HOPE CEMETERY

ISSUED BY Dcampbell

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	200.—
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	$	200.—

E-19289

4917
Magnus Wy
San Diego 92113

6158 Alderley St
San Diego, Ca. 92114

New Address

LR' 108

178.27
873 gl

22929 . . . grave for Faatuglaega Pagelao Pin# 289870 monthly $72.84 E-19289
payment due 1st of each month Final $72.99 Phone disc.

Faletufuga, Onosai 6158 Alderley Street San Diego CA 92114 619) 264-1891

DIVISION 12 SEC 2 LOT 238 GR 12

		DEBIT	CREDIT	BALANCE
8/1/05	Opened pre-need lot/trust. Trust includes o/c $413, b/c $275, h/f $204, r/f $50, tax on TS Vault $21.31. R-59414 Down Payment	985.00		985.00
		963.31		1948.31
			200.00	1748.31
10-12-05	R-59297 • Coupon 1 & 2 Sept & OCT, 2005		145.68	1602.63
12-1-05	R-59445 • Coupon 3 & 4 NOV, DEC 2005		145.68	1,456.95
1-25-06	P-00079 • No coupon #5 Jan 2006		72.84	1,384.11
3-6-06	P-00157 • Coupons 6 & 7 Feb, Mar 2006		145.68	1,238.43
5-15-06	Visa Card No Coupon #8 Apr 2006		72.84	1,165.59
5-23-06	mail delinquent letter			
5/30/06	P-00310 • No Coupons #9 MAY 2006		72.84	1,092.75
6/9/06	Visa Card #10 June 2006		72.84	1,019.91
8-7-06	mailed last delinquent letter			
8-17-06	P-00447 • No Coupon #11 July 2006		73.00	946.91
8-29-06	will be in Monday Aug 31 to make a payment			
8-31-06	P00463 • #12 aug payment 2006		73.00	873.91
9- 06	~~P00463~~ #13 ~~for Sept payment 2006~~		~~72.84~~	
12-6-06	P-606 • #14 for Oct 06		73.00	800.91
1-12-07	R-00655 #15 for NOV 06		72.00	728.91
1/19/07	R-59929 Balance pd in full (E-20069)		646.02	82.89

PAID JAN 19 2007 AMOUNT HOPE

Account closed owing Mt. Hope $82.89

AT-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rita Mae Campbell 229392

in a TS Vault (Type of Burial Container) Funeral, date, time Sat aug 6th, 1:00 P.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 $165.00 will be applied and billed to undersigned. Dolph Phelilou X

Division 12 Section 2 Blk/Row Lot 98 Grave 8

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees Sat	$660.00
Opening/Closing & Setup	413.00
Burial Container TS vault	275.00
Handling Fees	204.00
Flower vases (Trim) / Marker setting fee $51.63 + $138.00	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	$2,797.94
Paid receipt number R-59420	$2,797.94
Balance due	0

PAID AUG 02 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.

229393

I hereby authorize the interment in lot I hold under deed.

X Dolph Phelilou
Signature

X Dolph Phelilou
Print Name

X 2711 Manos Dr. Apt #6
Address

X San Diego, CA 92139
City Zip Code

X 619-261-9594
Telephone

Invoice #

Work Order # E 19290

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

8-16-05
WO # 4527
to install twin Vase

E-19290

CALIFORNIA

DRIVER LICENSE CLASS: C

B4517897

EXPIRES 10-30-03

This license is issued as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.

RITA MAE CAMPBELL
2892 CALLEJON ST
SAN DIEGO CA 92139

SEX: F HAIR: BLK EYES: BRN
HT: 5-09 WT: 190 DOB: 10-30-6

Rita Mae Campbell

10/07/78 235 / FD/03 R2RR

MT HOPE CEMETERY E-19290

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. TS vault

			#7	#3 Clyde Kirkpatrick		
		Esther Figueroa Bustos	#8 X	Johnny Jefferson		

Blind Check Initiated By: Sandra Date: 8-2-05

Interment space for: Rita mae Campbell

Interment Date: Sat aug 6th Time: 1:00 p.m Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 98 Gr: 8

Grave Laid out by: [illegible]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8-4-05

E-19290

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 43

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RITA	MAE	CAMPBELL	10/20/1961	07/22/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	DOLPHI PHILIDOR: SON 2711 MANOS DRIVE, #6 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
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	▶ Sonnika Pryor	08/01/2005

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	S.PRYOR 08/01/2005	▶ 2512589

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 8-6-05	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy H. Shepard Pin# 218594

in a TS Vault (Type of Burial Container) Funeral, date, time Fri aug 5th, ~~10:00~~ 11:00

(Church) Chapel, Graveside Bayview Baptist : Rosedale 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. Cassandra Shepard

Division 11 Section 2 Blk/Row ____ Lot 76 Grave 7

Grave space & Care Fund E-12712 (1996)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container TS Vault	275.00
Handling Fees	204.00
(6 ea) Flower vases - Marker se[illegible] $25.85	25.85
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	$989.16
Paid receipt number R-59418	$989.16
Balance due	Ø

PAID AUG 01 2005 MOUNT HOPE CEME[illegible]

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. #229381

I hereby authorize the interment in lot I hold under deed.

Cassandra Shepard (Signature)

Cassandra Shepard (Print Name)

6245 Tarragona Dr. (Address)

San Diego, CA 92115 (City, Zip Code)

(619) 289-4179 (Telephone)

Invoice # ____

Work Order # E 19291

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

8-16-05 WO# 4525
to install gal vase

E 19291

For Medical Questions Contact Your Physician

SHEPARD, DOROTHY H
6245 TARRAGONA DR
SAN DIEGO CA 92115-5517

Model	Serial #	Implant Date
7230CX	PKD112939H	31 MAY 2004
694758	TDG039154Y	31 MAY 2004

Please contact us with changes at 800-551-5544

© Medtronic, Inc. 2002 www.medtronic.com UC200203837 EN

Pre-Need
KET fee

MT. HOPE CEMETERY

INTERMENT ORDER

E-19291

City of San Diego

Date 1-24-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy H. Shepard

In a _____ Vault/Liner 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. _____

War time veteran _____

Lot 76 Grave 7 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number 37035	224.00
Balance due	671.00

7-6-99 IN PAID FULL FOR LOT ONLY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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

Dorothy H. Shepard
Signature
4585 Villas Drive
Address
Bonita, Ca. 91902
City Zip Code
(619) 267-7952
Telephone

Work Order # E 12712

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT HOPE CEMETERY E-19291

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. TS Vault

			Taylor Joseph			
			#7 X	John Shepard		

Blind Check Initiated By: Sandra Date: 8-2-05

Interment space for: Dorothy H. Shepard

Interment Date: Fri Aug 5th Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 76 Gr: 7

Grave Laid out by: Norman Fergus

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8-3-05

7 logged

E-19291

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 80

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	HARTENSE	SHEPARD	12/25/1924	07/30/2005	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	CASSANDRA SHEPARD: DAUGHTER 6245 TARRAGONA DRIVE SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person taking permit)	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	Sennika Pryor	08/05/2005

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	S.PRYOR 08/05/2005	2512885

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92186-52222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] 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 : 3751 MARKET STREET	11B. DATE BURIED 8 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 8-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sheila Maria Duran 229352

in a liner (Type of Burial Container) Funeral, date, time Thurs. Aug. 4 11:00

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 $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 68 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-59428	1,833.20
Balance due	0

PAID
AUG 03 2005
MOUNT HOPE CEM

fax 285-6059
MORT. 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.

229378

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Angel Torres

Address: 2827 A Street #3

City: San Diego Zip Code: 92102

Telephone: (858) 539-3325

paulette

Work Order # E 19292

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19292

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
Landrum	Moore		X			
		Hernandez				
			Wright			

Blind Check Initiated By: Pulliette Date: 8-2

Interment space for: Sheila Maria Duran

Interment Date: Thurs Aug. 4 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 68 Gr: 5

Grave Laid out by: Norman [illegible]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8-3-05

SPECIFIC POWER OF ATTORNEY

E-19292

BE IT ACKNOWLEDGED, that I, ANGEL TORRES of SAN DIEGO, CALIFORNIA, USA, the undersigned, do hereby grant a limited and specific power of attorney to Francisco Montoya/Nuria Monne of SAN DIEGO, CALIFORNIA, USA, as my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on my behalf:

BY INSTALLING THE TOMBSTONE ON A GRAVE LOCATED AT THE MOUNT HOPE CEMETERY IN SAN DIEGO, CALIFORNIA, USA

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest as he/she in his/her discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and rely upon the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Signed this 7TH day of SEPTEMBER, 2006.

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

On SEPTEMBER 7, 2006 before me, G. FERNANDEZ/NOTARY PUBLIC personally appeared ANGEL TORRES, 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.

G. FERNANDEZ
Commission # 1442170
Notary Public - California
San Diego County
My Comm. Expires Sep 28, 2007

Signature

Affiant ☐ Known ☐ Unknown

ID Produced

(Seal)

E-19292

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

pg 35

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHEILA	MARIA	DURAN	02/25/1970	07/26/2005	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	ANGEL TORRES - SON 2827 A STREET, #3 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
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103	FD119	▶ [signature]	08/02/2005

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	B.A. ELLANO 08/03/2005	2512711 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 8.4.05	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 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
1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Felipe Torres ABarca 229343

in a DD CrypT "A" (Type of Burial Container) Funeral, date, time Thurs aug 4th, 11:00

Church (Chapel) Graveside ; Merkley Torres Mitchell 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. Roselia A Torres X

Division 12 Section 2 Blk/Row Lot 79 Grave 7

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 (Triton) – Marker Setting Fee $51.63 + 138.00	189.63
Recording/Filing/Transfer Fee	50.00
Sales taxes	32.40
Total Due	$2,440.03
Paid receipt number R-59422	2,440.03
Balance due	0

PAID

AUG 02 2005

MOUNT HOPE CEMETERY

I hereby certify I am the X mama of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229344

I hereby authorize the interment in lot I hold under deed.

X Roselia A Torres
Signature

Co-proxy Mary C. Torres

X Roselia A Torres
Print Name

X 4232-46 st
Address

X Diego CA 92115
City Zip Code

X (619) 563-1668
Telephone

Invoice #

Work Order # E 19293

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

8-9-05 WO# 4504
to install Urn Vase

E 19293

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 04-05-04

B9238179

FELIPE TORRES ABARCA
4866 COLE ST
SAN DIEGO CA 92117

SEX:M HAIR:BLK EYES:BRN
HT:5-07 WT:180 DOB:04-05-68

NAVY

05/27/2003 S06 ES FD/04

MT HOPE CEMETERY E 19293

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 1st Burial

				Audrey wilson		
			#7 X	Floyd Hall		

Blind Check Initiated By: Sandra Date: 8-1-05

Interment space for: Felipe Torres Abarca

Interment Date: Thur Aug 4th Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: P Lot: 79 Gr: 7

Grave Laid out by: Norman Fenn

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: G Warren Date: 8-3-05

7 logged

E-19293

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 37

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FELIPE	ABARCA	TORRES	04/05/1968	07/26/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DIEGO	SAN DIEGO	ANGEL TORRES - SON 2827 A STREET, #3 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
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUEE SAN DIEGO, CA 92103	FD119	▶	08/02/2005

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	B.A. ELLANO 08/03/2005	2512112 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 8 4.05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Kamp	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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 8-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teresa Lynn Williams 229356

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Aug. 4 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 1 Blk/Row _____ Lot 91 Grave 12

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-59424 $	1,833.20
Balance due	0

PAID

AUG 02 2005

MOUNT HOPE

Mort. - 2 Pay

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached paperwork

Paulette

Invoice # _____

Work Order # E 19294

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 8-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teresa Lynn Williams in a Liner (Type of Burial Container) Funeral, date, time Thurs. Aug. 4 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 1 Blk/Row _____ Lot 91 Grave 12

Grave space & Care Fund	985.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.-
Burial Container	20 -
Handling Fees	160.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 -
Sales taxes	16.20
Total Due	1633.20
Paid receipt number	
Balance due	

pert - 2 Pay.

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 block 1 under deed.

Kathryn Oliver
Signature
by [illegible]

Barbara

Barbara Oliver 229357
Print Name
578 ELKELTON DR.
Address
Spring Valley, CA 91977
City Zip Code
(619) 470-3356
Telephone

Invoice # _____

Work Order # E 19294

Acct. # _____

PSA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19294

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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					
	Griffin	Josey	x	Blunt	Sorrow	
	Fletcher	Lanier	Williams			

Blind Check Initiated By: Phulette Date: 8-2

Interment space for: Teresa Lynn Williams

Interment Date: Aug 4 Thurs Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 91 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: 8-2-05

E-19294

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

age 46

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
TERESA	LYNN	WILLIAMS	06/25/1959	07/28/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MARCUS COOK: SON 642 S. MOLLISON AVE., APT. #26 EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	▶ Jennifer Pryor	08/03/2005

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

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S. PRYOR 08/03/2005	2512781 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-4-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael 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.

AT-Need (RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Don Neabors 229339

in a Liner (Type of Burial Container) Funeral, date, time Thurs Aug 4th 05 12:00 Noon Robnie

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 $ $165.00 will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row Lot 129 Grave 6

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	Ø
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$1,833.20
Paid receipt number R-59426	1,833.20
Balance due	Ø

PAID AUG 03 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 Zip Code

X Telephone

See attach for signature

Invoice #

Work Order # E 19295

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

08/02/2005 08:41

AT-Need (RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Don Neabors

In a Liner (Type of Burial Container) Funeral date Thur Aug 4 05 12:00 noon

Church, Chapel, Graveside 10 ams morning 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. X

Division 12 Section 2 Blk/Row ___ Lot 129 Grave 6

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	0
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$1,833.20

mort. To pay

Paid receipt numb.

Balance due

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 229340

I hereby authorize the interment in lot I hold under deed.

X Signature

X Name

X Address

City Zip Code

X Phone

Invoice #

Work Order # E 19295

Acct #

REA 104 (3-04)

This information is available in alternative formats upon request.

E-19295

Son was deceased,
lived with Mother
Born + Raised in
San Diego all
their life

SAN DIEGO MEMORIAL CHAPEL
2441 UNIVERSITY AVENUE
SAN DIEGO, CA 92104
FD-1575

MT HOPE CEMETERY E-19295

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		Eddie Davis	#6 X	crub		

Blind Check Initiated By: Sandra Date: 8-2-05

Interment space for: DON Neabors

Interment Date: Thurs Aug 4th, 05 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 29 Gr: 6

Grave Laid out by: Norman Fagan

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8-3-05

Flagged

E-19295

age 43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DON	LORENZO	NEABORS	12/22/1961	07/27/2005	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: JEANETTE NEABORS-MOTHER 5625 IMPERIAL AVE. #423 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 SANDIEGO, CA 92104

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1575

8A. SIGNATURE OF APPLICANT — Person taking permit: ▶ Bonnie Pryor

8B. DATE SIGNED: 08/03/2005

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: $11.00

9B. DATE PERMIT ISSUED: 08/03/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2512761 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	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.

child 4 yr old per

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kelmonie Thompson 229387

in a #1 Liner (Type of Burial Container) Funeral, date, time Fri aug 5th 05 11:00

Church, Chapel, Graveside Grace Baptist : SD memorial Ronnie 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. X

Division 9 Section 3 Blk/Row ____ Lot 55 Grave 1

Grave space & Care Fund	195.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	215.00
Burial Container 20w x 5½ L x	105.00
Handling Fees	55.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	8.13
Total Due	628.13
Paid receipt number R-59425	628.13
Balance due	Ø

PAID AUG 03 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 Zip Code

X
Telephone

Invoice # ____

Work Order # E 19296

Acct. # ____

REA-104 (3-04)

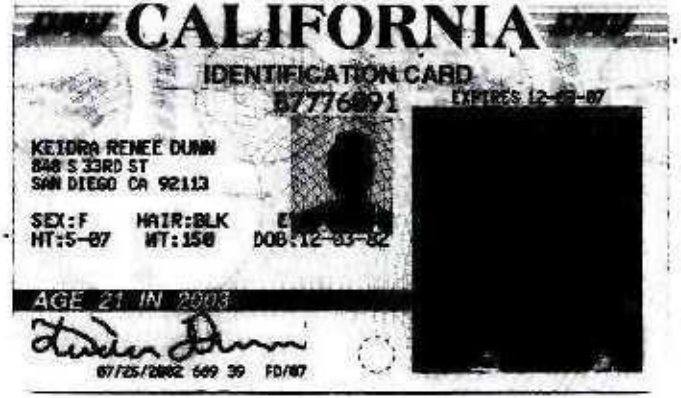
This information is available in alternative formats upon request.

Printed on recycled paper

Ronnie
SD memorial
692-3090

Fax 692-0896

Tamara Dunn
6744 Pilot Way
San Diego, Ca. 92114



CALIFORNIA

IDENTIFICATION CARD

D7776891 EXPIRES 12-03-07

KEIDRA RENEE DUNN
848 S 33RD ST
SAN DIEGO CA 92113

SEX:F HAIR:BLK E[redacted]
HT:5-07 WT:150 DOB:12-03-82

AGE 21 IN 2003

07/25/2002 669 39 FD/07

E-19296

E-19296

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 4

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
KEIMONEI	UNIQUE	THOMPSON	10/19/2000	07/28/2005	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: ANDREA HARPER-AUNT 7712 SHADY GLADE LANE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1575

8A. SIGNATURE OF APPLICANT — Person taking permit: ▶ Bonnie Pryor

8B. DATE SIGNED: 08/01/2005

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

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THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: 08/01/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: R. PRYOR ▶ 2512591

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	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-19296

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.

	Kerr		X			
	Kerr				Cubera	

Blind Check Initiated By: Paulette Date: 8/3/05

Interment space for: Kelmonie Thompson (Infant)

Interment Date: 8-5-05 Time: 11:00

Div: 9 Sect: 3 Blk/Row: ____ Lot: 55 Gr: 1

Grave Laid out by: Ken

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8 3 05

Flag

E-19296

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Attn: Ronnie

Date 8-2-05	From: Sandra
To: SD memorial	Telephone #: (619) 527-3400
Telephone #:	Fax #: (619) 527-3403
Fax #	Pages (including this cover sheet): 2
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:	8-2-05 8:55
Burial fee amount due:	need measurements height length & width
Burial service fee for:	Kalmonie Thompson
Date and time of burial service:	Fri aug 5th 05 11:00 Church
Due date of burial fee to Mt Hope Cemetery:	48 hrs BY Services
Prepared by:	Sandra
Signature:	
Mortuary Approval (print name):	Ronnie Pryor
Signature:	Ronnie Pryor
Date faxed back to Mt. Hope Cemetery:	
Comments:	Mortuary to pay

Mt. Hope Cemetery
Community Parks I • Pe[illegible] Recreation • 3751 [illegible] Street • San Diego, CA [illegible]
(619) 527-3400 • Fax (619) 527-3403

AT-Need
NON-Res
IN Grave
with Margery
Lavern Card

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfred E. Card (X), 207099

in a Ash vault (Type of Burial Container) Funeral, date, time Aug 12, 05 9:00 A.m.

Church, Chapel, Graveside Delivery only : Robert 426-2006 Community Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4510 Grave _____

Grave space & Care Fund E-15884 (1986) 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 154.00

Burial Container Ash Vault 81.00

Handling Fees 88.00

Flower vases – Marker [illegible] 0

Recording/Filing/Transfer Fees 66.00

Sales taxes 6.28

PAID AUG 05 2005 MOUNT HOPE CEMETERY

Total Due $395.28

Paid receipt number R-59446 $395.28

Balance due 0

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229399

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

X DOUGLAS A. CARD
Print Name

20340 LONDELIUS ST.
Address

WINNETKA 91306-1135
City Zip Code

X 818-341-1984
Telephone

Invoice # _____

Work Order # E 19297

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 19297

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Ash vault / IN Grave with Margery Card

		#4425 George Wall	#4426	#4427 Prudy Smith		
		#4509 Raymond Baltzell	#4510 X		Tree #4512	

Blind Check Initiated By: Sandra Date: 8-9-05

Interment space for: Alfred E. Card (X)

Interment Date: Fri Aug 12, 05 Time: 9:00 A.M

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4510 Gr: ____

Grave Laid out by: DARREYL FAMBER

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Norman Fay Date: 8/10/05

Placed

E-19297

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 84

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

07/30/2005

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Alfred	Edward	Card	12/09/1920	08/[illegible]/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	Douglas Card - Son 20340 Londelius Street WWinnetka, CA 91306

7A. TYPED NAME AND ADDRESS OF 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	▶	08/03/2005

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

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/04/2005 N. DePina	2512820 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 8-12-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services Inc. 2570 Fortune Way Vista, CA 92083	12B. DATE CREMATED 8/11/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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. fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Young 229402

In a LINER (Type of Burial Container) Funeral, date, time Thurs. Aug 11th 11:00

Church, Chapel, Graveside St. Rita's Catholic Church ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 248 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-59056	$1,833.20
Balance due	0

PAID
AUG 09 2005
MOUNT HOPE CEMETERY

MORT 2 PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached for signature

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19298

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT Sized
Rec'd fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Young

in a 1-INER (Type of Burial Container) Funeral, date, time

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 248 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
Flowers vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number	
Balance due	

NOT 2 PAY

I hereby certify I am the Niece w/DPOA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229403

I hereby authorize the interment in lot I hold under deed.

Signature Lucille Young

Roulette

Guinevere Hooker
Print Name
1640 Republic Street
Address
San Diego, CA 92114
City Zip Code
(619) 262-6418
Telephone

Invoice # _____

Work Order # E 19298

ACCT. # _____

This information is available in alternative formats upon request.

E-19298

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Campbell			
			X	Lopez		
				Lopez		

Blind Check Initiated By: Pardoe Date: 8-9

Interment space for: Lucille Young

Interment Date: Aug 11 Time: 11:00 C

Div: 12 Sect: 2 Blk/Row: ____ Lot: 248 Gr: 6

Grave Laid out by: Norman Feyler

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: DAKKEY Date: 8-9-05

E 19298

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

07/30/2005

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LUCILLE	HELEN	YOUNG	10/21/1918	07/30/2005	F

5A. CITY OF DEATH: [redacted]ESA

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
GUINEVERE HOOKER: NIECE(DPOA)
1640 REPUBLIC STREET
SAN DIEGO, CA 92114

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

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: ▶ Jennika Pryor

8B. DATE SIGNED: 08/04/2005

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: $11.00

9B. DATE PERMIT ISSUED: S.PRYOR 08/04/2005

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2512858 ▶

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 MT. HOPE CEMETERY: 3751 MARKET STREET SANNDIEGO, CA 92102	11B. DATE BURIED 8-11-05	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 ▶	
S[redacted]ERING/BURIAL [redacted] SEA OR [redacted]SITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA 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 9-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mercedes Estrada – 229588

in a D.D. CRYPT A" (Type of Burial Container) Funeral, date, time Wed SEPT 14th 11:00

Church, Chapel, Graveside ; Berge-Roberts Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 113 Grave 10

Grave space & Care Fund E-17502	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup "	0
Burial Container "	0
Handling Fees "	0
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees "	0
Sales taxes "	0
Total Due	0
Paid receipt number	—
Balance due	0

fax 474-8546

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

Paulette

Invoice # _____

Work Order # E 19299

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 9-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Estrada Mercedes

Funeral, date, time 9/14 11am

in a D.D.CHPT A. (Type of Burial Container) Berge-Roberts Mortuary.

Church, Chapel, Graveside

All Funeral cars must arrive before 3:00 p.m. or regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row E-17907 Lot 113 Grave 10

Grave space & Care Fund	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	
Total Due	
Paid receipt number	
Balance due	0

fax 474-8540

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 Gloria Rivera (Signature)

X GLORIA RIVERA (Print Name)

X 1399 CALLE TASSERA (Address)

X CHULA VISTA CA 91911 (City, State, Zip Code)

X 619-691-8972 (Telephone)

Paulette

Invoice #

Acct. #

Work Order # E 19299

This information is available in alternative formats upon request.

E-19299

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need
Lot & Trust

Date 1-21-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mercedes B. Estrada / Jose L. Estrada

in a D.D. 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. _____

01-21-03P03:51 PAID

Lot 113 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing (2) Opening / Closing	750.00
Burial Container Crypt A & B	380.00
Handling Fee	320.00
Flower vases – Marker setting fee	125.00
Recording and filing fee (2) Recording fee	90.00
Sales taxes	29.45
Total Due	2589.45
Paid receipt number R-55840	2589.45
Balance due	0

PAID

JAN 21 2003

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

753

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Juana E Hernandez

Address 4920 "A" St

City San Diego Ca Zip Code 92102

Telephone (619) 262-5869

Work Order # E 17562

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upo.

© Printed on recycled paper

MT HOPE CEMETERY E 19299

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Cunningham	Williams	Vallejos	De Sepin	Salvador		
			X			

Blind Check Initiated By: Paulette Date: 9-12

Interment space for: Menedez, Estrada

Interment Date: 9/19/09 Tues Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: Lot: 13 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 9-12-09

E-19299

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 87

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MERCEDES	-	ESTRADA	06/01/1918	09/08/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	GLORIA RIVERA - DAUGHTER 1399 CALLE TEMPRA CHULA VISTA CA 91911

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-607

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 09/12/2005

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	09/13/2005 L CASTRO	2514977 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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.