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 Adelia Horn 229394

in a Liner (Type of Burial Container) Funeral, date, time Mon Aug 8th, 05 11:00 Jannette

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 124 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	833.20

PAID

AUG 04 2005

mort. To pay

MOUNT HOPE CEMETERY

Paid receipt number R-59436 1833 20

Balance due 0

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

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 19300

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19300

GRAVE BLIND CHECK FORM

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

			Robert Handy	#6	#GR1 LUT-125 ESC plastico Balane	Nicolasa Balane
			X #11	massey oscar #12		

Blind Check Initiated By: _____ Date: _____

Interment space for: Adelia Horn

Interment Date: MON Aug 8th Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 124 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8-5-05

7 log

E19300
page 45

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ADELIA	DENISE	HORN	09/05/1959	07/27/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	LILLIE BARNETT-MOTHER 7410 BLACK OAK RD. 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]	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	08/03/2005 V MITCHELL	▶ 2512753

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 92115	11B. DATE BURIED: 8-8-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE: -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

in a Liner (Type of Burial Container) : CA Burial

Church, Chapel Graveside

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 124 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

Balance due

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

229395

X Lillie Barnett
Print Name

X Lillie Barnett
Address

X 7410 Block Oak Rd 92114
City Zip Code

X San Diego Calif.
Telephone

619) 2649444

I hereby authorize the interment in lot 1 hold under deed.

X Lillie Barnett
Signature

Invoice #

Acct. #

Work Order # E 19300

This information is available in alternative formats upon request.

Mortuary to Bring Check Friday A.M.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED non-Res.

Date 8-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen C. Goodner 208166

in a T.S. Vault (Type of Burial Container) Funeral, date, time Weds. Aug. 10 11:00

Church, Chapel, Graveside Witness ; Allen Bros Mortuary.

All Funeral cars 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 1738 Grave 1

PAID

AUG 04 2005

MOUNT HOPE CEMETERY

Grave space & Care Fund E-458	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	306.00
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-59437	1,280.37
Balance due	0

Fax 760-726-2663 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 19301

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 19301

GRAVE BLIND CHECK FORM

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

	Holt Smith		X			
		Jones	Horn	Tom		

Blind Check Initiated By: Pauche Date: 8/8

Interment space for: Helen C. Goodner

Interment Date: 8-10-05 Time: 11:00 witness

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1738 Gr: 1

Grave Laid out by: Norman Fey

Agrees with Legal Card: ☐ Yes ☐ No Flags

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8-8-05

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED non-Pes.

Date 8-2-05

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

in a T.S. Vault (Type of Burial Container) Funeral, date, time Weds. Aug. 10 11:00

Church, Chapel, Graveside Witness : Abn Bros. Mortuary.

All Funeral cars 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 1738 Grave 1

Grave space & Care Fund E-458	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	3106.00
Handling Fees	271.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	28.37
Total Due	1280.37
Paid receipt number	
Balance due	

Fax 760-726-2663 MORT 2-Pay

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

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

* Richard M. Graves
Signature

Richard M. Graves
Print Name
2300 E. Valley Pkwy., Sp. 221
Address
Escondido, CA 92027
City Zip Code
(760) 747-2699
Telephone

Paulette

Work Order # E 19301

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19301

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Helen	Catherine	Goodner	01/22/1916	08/01/2005	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	Richard M. Graves - POA 2300 E. Valley Pkwy., #221 Escondido, CA 92027

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Allen Brothers Mortuary, Vista Chapel 1315 S Santa Fe Ave., Vista, CA 92083	FD1120	Richard P Hafer	08/04/2005

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	08/04/2005 A R Hafer	2512805

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 8-10-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kurt F. Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

E-19301

influence, (4) that **I am not the person appointed as agent or alternate agent by this advance directive,** and (5) that I am not the individual's health-care provider, an employee of the individual's 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, nor an employee of an operator of a residential care facility for the elderly.

Evelyn MacNamara 3-6-05
Signature of witness / Date

2280 E Valley Pkwy #95 Escondido
Address

Harold MacNamara 3-6-05
Signature of witness / Date

2280 E VALLEY PKWY #95 ESCONDIDO
Address

11. ADDITIONAL STATEMENT OF WITNESS: One of the above witnesses must sign the following declaration:

I further declare under penalty of perjury that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

Evelyn MacNamara
Signature

12. SPECIAL WITNESS REQUIREMENT: **The statement below is required only if you are a patient in a skilled nursing facility** (a health-care facility that provides these basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis). The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury 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.

Signature of patient advocate or ombudsman / Date

Printed name and address

HEALTH-CARE AGENT*

Name: Richard M. GRAVES
Address: 2300 E. Valley Pkwy Sp# 221
Escondido, CA 92027
Telephone(s): (760) 747-2699
CELL # (760) 533-2699

ALTERNATE HEALTH-CARE AGENT*

Name: LORETTA JEAN GRAVES
Address: 2300 E. Valley Pkwy Sp# 221
Escondido, CA 92027
Telephone(s): (760) 747-2699

* Note: You may appoint any adult to be your agent. However, your agent may not be (1) your supervising health-care provider such as your primary physician or an employee of the health-care institution where you receive care or (2) an operator or employee of a community care facility or residential care facility where you receive care. These restrictions do not apply to an employee, other than the supervising health-care provider, who is related to you by blood, marriage, or adoption. If you are a conservatee under the Lanterman-Petris Short Act (the law governing involuntary commitment to a mental health facility) and you wish to appoint your conservator as your agent, you must consult a lawyer, who must sign a special certificate.

Advance Health Care Directive
(signed document inside)

NO BLOOD



INFANT RES

MT. HOPE CEMETERY

INTERMENT ORDER

8-4-05
per Jose/Guadalupana
measurements for Casket
13" wide 13" height 31" Long

City of San Diego

Date 8-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Liz Fowler 229385

in a Linen O (Type of Burial Container) Funeral, date, time Fri aug 5th, 05 2:00 p.m

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

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1161 Grave 1

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	~~138.00~~ R
Opening/Closing & Setup	138.00
Burial Container 31L x 13W x 13h	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-59435	408.97
Balance due	0

PAID
AUG 04 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/paulette

X _____ Print Name

X See attach for signature Address

X _____ City Zip Code

X _____ Telephone

Work Order # E 19302

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19300

GRAVE BLIND CHECK FORM

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

	William Connors		R Ashed Warren 1995 #1161 X			

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

Interment space for: Liz Fowler

Interment Date: 8-5-05 Time: 8/5/05 2:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1161 Gr: 1

Grave Laid out by: C Warren

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY/ Date: 8-5-05

flagged

6195449334

08/04/2005 04:00 6195449334 GUADALUPANA MORTUARY

08/04/2005 11:07 MT. HOPE CEMETERY + 95449334

INFANT RES

MT. HOPE CEMETERY

INTERMENT ORDER

8-4-05 per Jose/Guadalupana measurements for Casket 13" wide 13" Height 31" Long

City of San Diego

Date 8-3-05

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

in a Liner O (Type of Burial Container) Funeral, date, time Fri aug 5th 05 2:00p.m

Church, Chapel, Graveside Jose J 544-9333 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 9 Section 1 Blk/Row _____ Lot 1161 Grave 1

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

I hereby certify I am the X Mamá (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.

229386

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

X Anna Arellano
Signature

X Anna Arellano
Print Name

X 3606 Del Sol Blvd Apt F
Address

X San Diego CA 92154
City Zip Code

X (619) 808-6759
Telephone

Work Order # E 19302

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request

E19302


SECRETARIA DE RELACIONES EXTERIORES
MEXICANO
[redacted]
6592 CLAIREMONT DR.
SAN DIEGO, CA 92117
03
21/MAR/2000


El titular de este documento quedó registrado en esta oficina consular, por ser mexicano y tener su domicilio en esta circunscripción.
This is an ID issued by the
MEXICAN GOVERNMENT.
79546
21/MAR/2000
Firma del Interesado
Firma del Funcionario

E19302

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 0

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LIZ	-	FOWLER	07/23/2005	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
SAN DIEGO	SAN DIEGO	ANA LUISA ARELLANO-MOTHER 3606 DEL SOL BLVD, APT#F SAN DIEGO, CA, 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92102	FD-1425	▶	08/04/2005

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/04/2005	▶ 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 CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102	11B. DATE BURIED 8-5-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Joe Urzua
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

ARRIVAL TIME 3.25pm mailed 8-10-05

City of San Diego

Date 8-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHRISTINE NAILON 229396

in a Liner (Type of Burial Container) Funeral, date, time Tues. Aug. 9th 1:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

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

Division 12 Section 2 Blk/Row Lot 235 Grave 6

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container #6 30.5 x 84.5	209.00
Handling Fees	160.00
Flower vases (mon) Marker setting fee 51.63 + 138.00	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	2022.83
Paid receipt number R-59427	2022.83
Balance due	Ø

RAID AUG 03 2005 MOUNT HOPE CEMETERY

Res. fee

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.

Mort or family still owes

R-59324 pd $35.36 for over size

I hereby authorize the interment in lot 1 hold under deed.

Carole Nailon

Signature

Billed mort. $35.56 for over size liner

Paulette

229397

Print Name CAROLE NAILON

Address 221 Middlebush Dr

City San Diego Zip Code 92114

Telephone 619 698-5416

Pd fee R-59072 for late arrival

Invoice #

Work Order # E 19303

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Victims of Crime form mailed to us 10/10/05 / mailed back 10/14

wo# 4507
to install Drion Vase

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E-19303

STATEMENT

TELEPHONE:
619-527-3400

DATE	YOUR ORDER NO.
08/10/2005	E-19303

TO:
Carole Nailon
221 Middlebush Dr
San Diego, CA 92114

DESCRIPTION OF CHARGE	AMOUNT
Late arrival charges for the services of Christine Nailon on Tuesday August 9, 2005 Division 12, Section 2, Lot 235, Grave 6. must be paid within 10 days.	$165.00

PAID
AUG 12 2005
MOUNT HOPE CEMETERY

Sandy, this is pd on 8/12/05 R-59072 $165. — pc

MT HOPE CEMETERY E19303

GRAVE BLIND CHECK FORM

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

	Mayes			Reynolds		
Thrower			X			
				Young		

Blind Check Initiated By: Paulette Date: 8/8

Interment space for: Christine Nailon

Interment Date: Tues. August 9th Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 235 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 8-8-05

Flag

ANDERSON-RAGSDALE MORTUARY, INC.

E-19303 12421

Mt. Hope Cemetery 10/18/2005

Oversized Liner; CHristine Nailon #182 35.36

Checking-San Diego Nati Oversized Liner; CHristine Nailon #182 35.36

E-19363

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHRISTINE	LYNN	NAILON	08/09/1979	07/27/2005	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	DALLAS L. NAILON: FATHER 221 MIDDLEBUSH 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	▶ Sunnita 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 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 08/02/2005	2512602 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DEIGO, CA 92102	11B. DATE BURIED 8.4.05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

E-19303 12421

ANDERSON-RAGSDALE MORTUARY, INC.
5050 FEDERAL BLVD.
SAN DIEGO, CA 92102
619-263-3141

San Diego National Bank 2100 FEDERAL BLVD
SAN DIEGO, CA 92105
90-3868/1222

10/18/2005

PAY TO THE ORDER OF Mt. Hope Cemetery $ **35.36

Thirty-Five and 36/100********** DOLLARS

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

MEMO:
Oversized Liner; CHristine Nailon #182

H. H. Ragsdale III

⑈012421⑈ ⑆122238682⑆ 7003850480⑈

ANDERSON-RAGSDALE MORTUARY, INC. 12421

Mt. Hope Cemetery 10/18/2005

Oversized Liner; CHristine Nailon #182 35.36

Checking-San Diego Nati Oversized Liner; CHristine Nailon #182 35.36

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

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10-18-05, 20

From: Ragsdale Address: 5050 Federal Blvd

Thirty-Five 36/100 Dollars ($ 35.36)

In Full Payment of difference oversize vault For Christine Nailon

Div 12 Sec 2 Blk/Row Lot 235 Grave 6

Invoice No. E-19303

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

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

PAID
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	35	36
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	35	36

AC-212 (Rev. 4-04) #12421
This information is available in alternative formats upon request.

AT-need
3-weeks old
(RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Casket size 25-L 11 3/4 W 10 3/4 H Date 8-5-05

Pin# 229400

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yukio Sadeki - Sincere Pinnock

in a Liner BX Type of Burial Container Funeral, date, time Thurs. Aug 11th 05 10:00 Sheila

Church / Chapel / Graveside ; S.D. Memorial Mortuary.

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 780 Grave _____

Grave space & Care Fund	$110.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138.00
Burial Container Liner BX	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-59057	408.97
Balance due	

PAID
AUG 09 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.

229401

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

X Sade Butler
Signature

X Sade Butler
Print Name
X 3888 Beta St
Address
X Sandigo Ca, 92113
City Zip Code
X (619) 267-8364
Telephone

Invoice # _____

Work Order # E 19304

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19304

GRAVE BLIND CHECK FORM

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

		williams #779	#780 X	Keetch #781	#782	Ryan Black #783

Blind Check Initiated By: Sandra Date: 8-10-05

Interment space for: Zukio Sadeki - Pinnock Shrus

Interment Date: Aug 11, 05 Time: 10:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 780 Gr: ____

Grave Laid out by: ____

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Norman Ferguson Date: 8-10-05

Flagged


DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 09-10-08

A1879318

BARBARA ROCHELLE JOHNSON
4387 BETA ST
SAN DIEGO CA 92113

SEX:F HAIR:BRN
HT:5-08 WT:174 DOB:09-10-67

09/25/2002 613 A0 FD/08

E-19304

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19304

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YUKIO	SADEKI-SINCERE	PINNOCK	07/05/2005	08/04/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SADE BUTLER-MOTHER 2019 BLUEHAVEN CT. SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD-1575	Bonnie Diego	08/08/2005

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	08/08/2005 R. PRYOR	2512977

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: 8-11-05	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.

E-19304

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 8-8-05	From: Sandra
To: S.D memorial	Telephone #: (619) 527-3400
Telephone #:	Fax #: (619) 527-3403
Fax #	Pages (including this cover sheet): 1
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:	8-8-05 8:20
Burial fee amount due:	(?) I need measurements for casket
Burial service fee for:	In order to quote price
Date and time of burial service:	Yukio Pinnock / Thurs Aug 11, 05 10:00
Due date of burial fee to Mt Hope Cemetery:	48 hrs BY Service
Prepared by:	Sandra
Signature:	
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	
Comments:	(1) Mortuary To pay (25")
	(2) need San Diego Residents ID
	(3) Need measurement of casket

Casket 25 L
11 3/4 W
10 3/4 H
out side

OOA I think thank you

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3791 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Pre-Need
Turn
AT-Need
E19013

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tamara Parsegova 229398

in a TS Vault (Type of Burial Container) Funeral, date, time Weds Aug 10th 05 10:30

Church Chapel, Graveside _____ ; Mayer, Scott 281-7055 Mortuary.

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

Division 5 Section 4 Blk/Row _____ Lot 23 Grave 2

Grave space & Care Fund Balance after (4) Pre Need payments	$ 820.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container TS Vault	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	$ 1,783.31
Paid receipt number R-59448	$ 1,783.31
Balance due	0

PAID
AUG 0 8 2005
MOUNT HOPE CE

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.

228629

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

X Roman
Signature

X Roman Parsegou
Print Name

X 17436 Fairlie Rd
Address

X San Diego 92128
City Zip Code

X 1858 / 6759583
Telephone 811(619) 203 4801

Invoice # _____

Work Order # E 19305

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

(RES) PRENEED LOT + TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

E 19305

City of San Diego

Date 3-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF ROMAN PARSEGOV 228679

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division 5 Section 4 Blk/Row _____ Lot 23 Grave 2

Grave space & Care Fund	1,755.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container TS VAULT PAID	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees AUG 0 8 2005	50.00
Sales taxes	21.31
MOUNT HOPE	
Total Due	$ 2,718.31
Paid receipt number VISA	680.00
Balance due	2,038.31

8-8-05 R-59448 Bal Ø

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.

* _____
Signature

Sandra

* ROMAN PARSEGOV
Print Name

* 17436 Fairlie Rd
Address

* San Diego 92128
City Zip Code

* (619) 203-4801
Telephone

Work Order # E 19013

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19365

GRAVE BLIND CHECK FORM

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

		Beecher Paul				
		Susan Lee	X			

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

Interment space for: Tamara Parsegova

Interment Date: Wed Aug 10, 05 Time: 10:30 church

Div: 5 Sect: 4 Blk/Row: _ Lot: 23 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DAKLEY1 Date: 8-8-05

Flagged

E-19305

$176 Lot/Trust $953.31

Pin# 228629 E-19013

PARSEGOV, ROMAN 17436 Fairlie Rd SD, CA 92128 (619) 203-4801

DIV 5	SEC 4 LOT 23 GRAVE 2	DEBIT	CREDIT	BALANCE
03-21-05	Opened Pre-Need Lot & Trust W/ 25% dwn	2,718.00	680.00	2,038.31
5-[illegible]-05	pd by Visa, Trust to include O/C $413, R-58812 coupon #1		85.00	1953.31
	B/C TS Vault $275.00, H/F $204, R/F $50 R-58937 " #2		85.00	1868.31
7-13-05	Taxes $21.31 R-59355 20% 351.00	#3	85.00	178 31
	80% 1,404.00			
8-8-05	R-59448 No Coupons pd In Full		$1,783.31	0

Pre-Need Turned AT-Need
ON E-19305 8-8-05
For Tamara Parsegova

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-19305

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TAMARA	R.	PARSEGOVA	08/27/1931	08/05/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted] JOLLA	SAN DIEGO	MARAT PARSEGOV - SON 17436 [redacted] RD. SAN DIEGO, CA 92128

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1424		

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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	2513121 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
[redacted] ATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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
Dig Extra DEEP
P.I.P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(Double Interment Privilege) Date 8-8-05

(See attach Certified Documents)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brollini Family & Salinas Family

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 234 Grave 6

Grave space & Care Fund ..... LOT $985.00

Overtime/Late Arrival Fees ..... PAID

Opening/Closing & Setup..... _____

Burial Container ..... OCT 02 2006 _____

Handling Fees..... _____

Flower vases – Marker setting fee ..... MOUNT HOPE CEMETERY _____

Recording/Filing/Transfer Fees..... _____

Sales taxes ..... Pd IN FULL 10-02-2006

Total Due $985.00

Paid receipt number R-59447 $246.00

Balance due $739.00

Paulette

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

pin# 228652

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

Sandra Salinas Brollini
Signature

Executors / Co-Purchasers

Terrance J. Brollini

Selina Lavonne Brollini

pin# 228653 / Designated Executors

Sandra Salinas Brollini
Print Name

5004 Greenbrier Ave
Address

San Diego, CA. 92120-1113
City Zip Code

(619) 583-0538
Telephone

Work Order # E 19306

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

59447

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 8-8-05 , 20 05

From: Sandra Brollini Address: 5004 Greenbrier Ave San Diego, CA 92120

Two hundred & Forty-six dollars 00/100 Dollars ($ 246.00)

in PART Payment of Pre-Need LOT (Down-payment)

Div 12 Sec 2 Blk/Row Lot 234 Grave 6

Invoice No. E-19306

Acct. No.

W.O.

BALANCE DUE $739,00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

AC-212 (Rev. 4-04) # 2493

This information is available in alternative formats upon request.

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

AUG 0 8 2005

MOUNT HOPE

ISSUED BY pcrawford

CREDIT	67007	197	00
20% Sales Care	77184		
80% Sales	100	49	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77188		
Sales Tax	60101		
	78390		
TOTAL PAID	$	246	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59277

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10-6-05 , 20 05

From: Sandra Brollini Address: 5004 Greenbrier

Thirty-one dollars 00/100 Dollars ($ 31.00)

in PART Payment of Pre-Need lot coupon #1

Div 12 Sec 2 Blk/Row Lot 234 Grave 6

Invoice No. E-19306

Acct. No.

W.O.

BALANCE DUE $708.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

2543

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 0 6 2005

MOUNT HOPE

ISSUED BY Sandra Brollini

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

R- 59385

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11-8-05 ,2005

From: Sandra Brollini Address: 5004 Greenbrier Ave S.D. CA 92120

Thirty-one dollars 00/100 Dollars ($ 31.00)

in PART Payment of Pre-need lot coupon #2

Lot 234 Grave 6 Row ____ Section 2 (Division) Block 12

Invoice No. E-19306

Acct. No. ____

W.O. ____

BALANCE DUE #677.00

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

Pre-need Trust [ ] Cash [ ] Check [X] # 2568

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

PAID

NOV 08 2005

MOUNT HOPE

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	# 31	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 77186		
Sales Tax	60101 78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

R-59472

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 12-7-05, 20 05

From: Sandra Brollini Address: 5004 Greenbrier Ave S.D. CA. 92120

Thirty-one dollars 00/100 Dollars ($ 31.00)

in PART Payment of Pre-Need Lot Coupon # 3

Lot 234 Grave 6 Row ____ Section 2 Division Block 12

Invoice No. E-19306

Acct. No. ____

W.O. ____

BALANCE DUE $646.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

#2591

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

DEC 07 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	31	00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	31	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P 00026

Date: 1-3-06 , 20 06

From: Biollini Address: 5004 Greenbrier Ave SD 92120

Thirty-one dollars 00/100 Dollars ($ 31.00)

in Part Payment of Pre-need lot Coupon # 4

Div 12 Sec 2 Blk/Row _____ Lot 234 Grave 6

Invoice No. E-19306

Acct. No. _____

W.O. _____

BALANCE DUE 615.00

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

#2615 ☒ 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 - 3 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033		
Trust	77186	31	00
TOTAL PAID	$	31	00

OFFICIAL RECEIPT

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

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

P 00099

Date: 2-6-06 , 2006

From: Sandra Brollini Address: 5004 Greenbrier Ave S.D. 92120

Thirty-one dollars 00/100 Dollars ($ 31.00)

In PART Payment of Pre-need Lot Coupon #5

Div 12 Sec 2 Blk/Row _____ Lot 234 Grave 6

Invoice No. E-19306

Acct. No. _____

W.O. _____

BALANCE DUE # 584.00

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

2638 ☒ 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

FEB 06 2006

MOUNT HOPE

ISSUED BY paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	31	00
Trust	77166		
TOTAL PAID		$ 31	00

OFFICIAL RECEIPT

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

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

P 00178

Date: 3-15-06, 2006

From: Sandra Brollini Address: 5004 Greenbrier Ave S.D. 92120

Thirty-one dollars 00/100 Dollars ($ 31.00)

in Part Payment of Pre-need lot coupon #6

Div 12 Sec 2 Blk/Row ____ Lot 234 Grave 6

Invoice No. E-19306

Acct. No. ____

W.O. ____

BALANCE DUE $553.00

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

MAR 15 2006

MOU

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	31	00
Trust	77186		
TOTAL PAID		$ 31	00

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

#2671 ☑ Check

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 00208

Date: 4-4-06 , 20 06

From: Sandra Brollini Address: 5004 Greenbrier Ave S.D. CA. 9212

Thirty-one dollars 00/100 Dollars ($ 31.00)

in Part Payment of Pre-Need LOT Coupon #7

Div 12 Sec 2 Blk/Row Lot 234 Grave 6

Invoice No. E-19306

Acct. No.

W.O.

BALANCE DUE $522.00

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

APR 04 2006

MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	31	00
Trust	77186		

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check # 2683

ISSUED BY Sandra Paulette C

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 00256

Date: 5-1-06, 20 06

From: Sandra Brollini Address: 5004 Greenbrier Ave S.D. CA. 92120

Thirty-one dollars 00/100 Dollars ($ 31.00)

in PArT Payment of Pre-need lot coupon #8

Div 12 Sec 2 Blk/Row ____ Lot 234 Grave 6

Invoice No. E-19306

Acct. No. ____

W.O. ____

BALANCE DUE #491.00

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

#2697 ☒ 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

MAY 0 1 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	31	00
Trust	77186		
TOTAL PAID		$ 31	00

OFFICIAL RECEIPT

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

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

P 00322

Date: 6-5-06 , 20 06

From: Sandra Brollini Address: 5004 Greenbrier Ave S.D. CA. 92120

Thirty-one dollars ~~00/100~~ Dollars ($ 31.00)

in PART Payment of Pre-need LOT coupon # 9 (June payment)

Div 12 Sec 2 Blk/Row _____ Lot 234 Grave 6

Invoice No. E-19306

Acct. No. _____

W.O. _____

BALANCE DUE $460.00

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

PAID

JUN - 5 2006

MOUNT HOPE

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	31	00
Trust	77186		
TOTAL PAID		$ 31	00

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

2716 ☑ Check

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 00381

Date: 7-11-06 , 20 06

From: Sandra Brollier Address: 5004 Greenbrier Ave S.D. CA. 92120

Thirty-one dollars 00/100 Dollars ($ 31.00)

in PART Payment of Pre-Need lot Coupon #10

Div 12 Sec 2 Blk/Row _____ Lot 234 Grave 6

Invoice No. E-19306

Acct. No. _____

W.O. _____

BALANCE DUE $429.00

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

2736 ☑ 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

JUL 11 2006

MOUNT HOPE

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	$31	00
Trust	77186		
TOTAL PAID		$ 31	00

OFFICIAL RECEIPT

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

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

P 00424

Date: 8-2-06 , 20 06

From: Sandra Brollier Address: 5004 Greenbrier Ave

Thirty-one dollars 00/100 Dollars ($ 31.00)

in PART Payment of Pre-need lot coupon # 11 Aug payment

Div 12 Sec 2 Blk/Row _____ Lot 234 Grave 6

Invoice No. E-19306

Acct. No. _____

W.O. _____

BALANCE DUE #398.00

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

AUG 0 2 2006

MOUNT HOPE CEMETERY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	31	00
Trust	77186		

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

2744 ☐ Check

ISSUED BY Sandra Faulkner

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 00475

Date: 9-6-06 , 20 06

From: Sandra Beallin Address: 5004 Greenbrier Ave S.D. CA 92120

Thirty-one dollars 00/100 Dollars ($ 31.00)

in PART Payment of Pre-need lot coupon #12 Sept payment

Div 12 Sec 2 Blk/Row Lot 234 Grave 6

Invoice No. E-19306

Acct. No.

W.O.

BALANCE DUE $367.00

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

PAID

SEP 06 2006

MOUNT

ISSUED BY Maria D.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	31	00
Trust	77186		
TOTAL PAID		$ 31	00

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check #2767

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 00510

Date: 10-2-06 , 20 06

From: Sandra Brallier Address: 5004 Greenbrier Ave S.D. CA 92120

Three hundred & sixty-seven dollars 00/100 Dollars ($ 367.00)

in Full Payment of Pre-Need Lot Coupons 13 thru 24 OCT-2006 SEPT-2007 pd IN Full

Div 12 Sec 2 Blk/Row ____ Lot 234 Grave 6

Invoice No. E-19306

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

AC-212 (11-05) #125 ☒ Check

This information is available in alternative formats upon request.

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

Balance 0
pd PAID

OCT 02 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	367	00
Trust	77186		
TOTAL PAID		$ 367	00

Balance 0

Pin# 228652 CO-Purchasers Terrance & Selina Brollini Pin# 228653 E-19306

BROLLINI, SANDRA SALINAS 5004 Greenbrier Ave SD CA. 92120 (619) 583-0538

DIV 12	SEC 2	LOT 234	GRAVE 6	DEBIT	CREDIT	BALANCE
08-08-05	Opened Pre-Need Lot Only with 25% down			$985.00	$246.00	$739.00
	$197.00 20% $788.00 80%					
10-06-05	R-59277	Coupon # 1	Oct 2005		$31.00	$708.00
11-8-05	R-59385	Coupon # 2	Nov 2005		$31.00	$677.00
12-7-05	R-59472	Coupon # 3	Dec 2005		$31.00	$646.00
1-3-06	P-00026	Coupon # 4	Jan 2006		$31.00	615.00
2-6-06	P-00099	Coupon #5	Feb 2006		$31.00	$584.00
3-15-06	P-00178	Coupon #6	Mar 2006		$31.00	$553.00
4-4-06	P-00208	Coupon #7	April 2006		$31.00	$522.00
5-1-06	P-00256	Coupon #8	May 2006		$31.00	$491.00
6-5-06	P-00321	Coupon #9	June 2006		$31.00	$460.00
7-11-06	P-00381	Coupon #10	July 2006		$31.00	$429.00
8-2-06	P-00424	Coupon #11	Aug 2006		$31.00	$398.00
9-6-06	P-00475	Coupon #12	Sept 2006		$31.00	$367.00
10-2-06	P-00510	Coupons #13-24	Oct 2006 - Sept 2007		$367.00	0

Balance 0

PAID

OCT 02 2006

pd IN Full
10-02-2006

MOUNT HOPE

E-19306

E-19306

THE CITY OF SAN DIEGO

Date: 9-22-06

To: Cemetery Manager of MT. Hope Cemetery

From: Sandra Salinas Brollini, Brollini Family Trust

I Sandra Salinas Brollini, Brollini Family Trust, hereby authorize any family member of the Brollini or Salinas family to be interred in properties I own, namely Division 12 Section 2 Lot 235 Grave 1 and Division 12 Section 2 Lot 234 Grave 6. Any family member that wishes to be cremated or full body has my permission to be interred in any one of my lots.

This authorization is intended to be used by any family member existing now, or in the future, who may choose to be buried in the family plot on A first come, first serve basis. This plot may never be sold, only used as A family plot for family burials. This would include family members that marry into the Brollini or Salinas Family.

Signed: Sandra Salinas Brollini Date: 9-22-06

Witnessed: SEE ATTACHED NOTARY CERTIFICATE Date: 9-22-06

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E19306

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of SAN DIEGO } ss.

On 22 SEPTEMBER 2006 (Date) before me, D. J. HOLLAND, NOTARY PUBLIC, (Name and Title of Officer (e.g., "Jane Doe, Notary Public"))

personally appeared SANDRA SALINAS BROLLINI (Name(s) of Signer(s))

☐ personally known to me

☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/her/~~their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

D. J. HOLLAND
Commission # 1660778
Notary Public - California
San Diego County
My Comm. Expires Apr 25, 2010

Place Notary Seal Above

WITNESS my hand and official seal.

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: LETTER OF AUTHORIZATION

Document Date: 22 SEPTEMBER 2006 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: _____

☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

© 2004 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 Item No. 5907 Reorder: Call Toll-Free 1-800-876-6827

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot/trust

Date 8-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Jose E. Bonilla

in a P.D. 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 1 Blk/Row Lot 88 Grave 5

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 Visa Card	500.00
Balance due	1750.40

PAID AUG - 2 2005 MOUNT HOPE CEMETERY

FINAL F00196

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

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

Signature

22-9368

Jose Estrada
Print Name

4186 Wightman St
Address

San Diego Ca 92105
City Zip Code

(619) 280-3934
Telephone

Only RES. FEE

Work Order # E 19307

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

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

P00841

Date: 5/30, 20 07

From: Jose Estrada Address: on record

Dollars ($ 72.93)

in part Payment of PN lot / trust coupon #22

Div 12 Sec 1 Blk/Row Lot 88 Grave 5

Invoice No. E-19307

Acct. No.

W.O.

BALANCE DUE $145.94

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

PAID

MAY 30 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	72.93
Pre-Need	63033	
Trust	77186	
TOTAL PAID		$ 72.93

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1011

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 00003

Date: 12/19, 20 05

From: Jose Estrada Address: on record

Dollars ($ 72.93)

In part Payment of Pre-need

Div 12 Sec 1 Blk/Row Lot 88 Grave 5

Invoice No. E-19307

Acct. No.

W.O.

BALANCE DUE $ 1458.68

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

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

PAID

DEC 19 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72.93
Trust	77186	
TOTAL PAID	$	72.93

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

1178

OFFICIAL RECEIPT

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

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

P 00155
E19307

Date: 3/3, 20 06

From: Jose Estrada Address: on record

Seventy-two 93/ Dollars ($ 72.93)

in part Payment of Pre-need Lot, trust

Div 12 Sec 1 Blk/Row Lot 88 Grave 5

Invoice No. E-19307

Acct. No.

W.O.

BALANCE DUE $1277.89

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

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

1200

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

PAID

MAR - 3 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulett

CREDIT	67007	
20% Sales Care	77184	72.93
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 72.93

OFFICIAL RECEIPT

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

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

P 00280

Date: 5-10, 2006

From: Jose Estrada Address: on file

Seventy-Two and 93/00 Dollars ($ 72.93)

in part 12 Payment of Pre-need lot & trust.

Div Sec 1 Blk/Row Lot 88 Grave 5

Invoice No. E-19307

Acct. No.

W.O.

BALANCE DUE $ 1,094.03

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

PAID

MAY 0 9 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	72.93
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 72.93

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check # 1240

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 00443

Date: 8/15, 20 06

From: Jose Estrada Address: on record

Seventy Two and 93 Dollars ($ 72.93)

in part Payment of Pre-need Lot + Trust.

Div 12 Sec 1 Blk/Row ____ Lot 88 Grave 5

Invoice No. E-19307

Acct. No. ____

W.O. ____

BALANCE DUE $ 875.24

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

PAID

AUG 14 2006

MOUNT HOPE CEMETERY

ISSUED BY Paredes

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	72	93
Trust	77186		
TOTAL PAID		$ 72	93

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 6210

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 00529

Date: Oct 16, 20 06

From: Jose Estrada Address: on record

Dollars ($ 72.93)

in part Payment of Pre-need lot, trust

Div 12 Sec 1 Blk/Row Lot 88 Grave 5

Invoice No.

Acct. No. E-19307

W.O.

BALANCE DUE $ 729.38

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1319

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

PAID

OCT 16 2006

MOUNT HOPE CEMETERY

ISSUED BY Pearl Ford

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72.93
Trust	77186	
TOTAL PAID	$	72.93

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 00573 .

Date: 11-13 , 20 06

From: Jose Estrada Address: on record

Seventy Two 93 Dollars ($ 72.93)

in part Payment of Pre-need Lot, Cust.

Div 10 Sec 1 Blk/Row _____ Lot 88 Grave 5

Invoice No. E 19307

Acct. No. _____

W.O. _____

BALANCE DUE $ 656.45

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

PAID

NOV 13 2006

MOUNT HOPE CEMETERY

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72.93
Trust	77186	
TOTAL PAID	$	72 93

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1335

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 00607

Date: 12-6, 20 06

From Jose Estrada Address: On Record

Beverly Two and 93 Dollars ($ 72.93)

in part Payment of Pre-need lot, trust.

Div 12 Sec 1 Blk/Row Lot 88 Grave 5

Invoice No. E 19307

Acct. No.

W.O.

BALANCE DUE $ 583.52

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

PAID

DEC 0 6 2006

MOUNT HOPE CEMETERY

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

72.93

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 1355 ISSUED BY Paulette C.

TOTAL PAID $ 72.93

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 00648

Date: 1-8 , 20 07

From: Jose Estrada Address: on record

Dollars ($ 72.93)

in Jart Payment of Pre-need lot, trust, coupon # 17

Div 12 Sec 1 Blk/Row _____ Lot 88 Grave 5

Invoice No. E-19307

Acct. No. _____

W.O. _____

BALANCE DUE $ 510.59

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

PAID

JAN 0 8 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72 93
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 1372

ISSUED BY paulette

TOTAL PAID $ 72 93

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 00683

Date: - - 2/5 , 2007

From: Jose Estrada Address: on record

Seventy-Two - 93/00 Dollars ($ 72 93)

in part Payment of Pre-need lot, trust. Coupon #18

Div 12 Sec 1 Blk/Row ~ Lot 88 Grave 5

Invoice No. E-19307

Acct. No.

W.O.

BALANCE DUE $ 437.66

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

PAID

FEB - 5 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72 .93
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1395 ISSUED BY paulette c.

TOTAL PAID $ 72 .93

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

P00736

Date: 3/8 , 2007

From: Jose Estrada Address: on record

Dollars ($ 72.93)

in part Payment of pre-need lot, trust. Corp # 19

Div 12 Sec 1 Blk/Row Lot 88 Grave 5

Invoice No. E- 19307

Acct. No.

W.O.

BALANCE DUE $ 364.73

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 411

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

PAID

MAR - 7 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	72 93
Trust	77186	

TOTAL PAID $ 72 93

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 00335

Date: 6-12 , 20 06

From: Jose Estrada Address: on record

Seventy-Two and 93 Dollars ($ 72.93)

in Part 12 Payment of Pre-need Lot, trust

Div Sec 1 Blk/Row Lot 88 Grave 5

Invoice No. E - 19307

Acct. No.

W.O.

BALANCE DUE $ 1021.10

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	72 93
Trust	77186	
TOTAL PAID	$	72 93

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1259

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

P00807

Date: 5-1 .2007

From: Jose Estrada Address:

Dollars ($ 72.93)

in part Payment of PN - lot, trust, coupon #21

Div 12 Sec 1 Blk/Row Lot 88 Grave 5

Invoice No. E - 49307

Acct. No.

W.O.

BALANCE DUE $ 218.87

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

PAID

MAY - 1 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	57007	
20% Sales Care	77184	
Pre-Need	63033	72.93
Trust	77186	
TOTAL PAID		$ 72.93

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 1452

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

P00884

Date: 7/6 , 20 07

From: Jose Estrada Address: Onfile

Dollars ($ 73.01)

in ____ Payment of Pre-need LOT & TRUST

Div 12 Sec 1 Blk/Row ____ Lot 88 Grave 5

Invoice No. ____

Acct. No. ____

W.O. E-19307

BALANCE DUE ____

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

PAID

JUL - 6 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	53033	73 01
Trust	77186	

[X] Pre-Need Lot
[X] Pre-Need Trust
[ ] Money Order
[ ] Charge
[X] Check 1628

ISSUED BY Maria

TOTAL PAID $ 73 01

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

P00916

Date: 8-2, 2007

From: JOSE ESTRADA Address: 4186 WIGHTMAN ST. SD; CA 92105

SEVENTY THREE & 01/100 Dollars ($ 73.01)

in FULL Payment of PRE NEED LOT & TRUST

Div 12 Sec 1 Blk/Row _____ Lot 88 Grave 5

Invoice No. _____

Acct. No. E-19307

W.O. _____

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 1647 ISSUED BY [signature]

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

PAID

AUG - 2 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	- 73 01
TOTAL PAID	$	73 01

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

PIN# 229368 CONTRACT EXPIRES Aug 2007 MONTHLY $72.93 E-19307
DUE THE 8th OF EACH MONTH

Estrada, Jose c/o Jose E. Bonilla 4186 Wightman St. SD CA 92105 619-280-3934

DIV 12 SEC 1 LOT 88 GR 5

				DEBIT	CREDIT	BALANCE
8/8/05 Opened pre-need lot/trust. Trust includes: o/c $413, b/c $418, h/f $352, r/f fee $50, tax on DD Crypt $32.40 Down payment pd by visa card.				985.00 1265.40		985.00 2250.40
					500.00	1750.
9/19/05	Coupon #1				72.93	1677.47
11-01-05	R-5562	Coupon 2+3	Oct + Nov 2005		$145.86	1,531.61
12-19-05	P-00003	" 4	Dec 05		72.93	1,458.68
2-7-06	mailed Dealing letter					
02-7-06	P-00104	Coupons 5+6	Jan 06 Feb 2006		145.86	1312.82
3-3-06	P-00155	" 7	Mar 06		72.93	1239.89
4-11-06	P-00229	# 8	April 06		72.93	1,166.96
5-9-06	P-00280	#9	May 06		72.93	1,094.03
6-12-06	P-00335	#10	June 06		72.93	1,021.10
7-13-06	P-00387	#11	July 06		72.93	948.17
8-15-06	P-00443	#12	Aug. 06		72.93	875.24
9-7-06	P-00480	#13	Sept 06		72.93	$802.31
10/10/06	P-00529	#14	Oct 06		72.93	729.
11-13-06	P-00573	#15	Nov 06		72.93	656.75
12-6-06	P-00607	#16	Dec 06		72.93	583.52
1-8-07	P-0648	#17	Jan 07		72.93	510.59
2-5-07	P-00683	#18	Feb 07		72.93	437.66
	— over —		— over —	— over —		

PN - Lot/Trust

E-19307

DIV 12 Sec 1 Lot 88 Gr S

			Debit	Credit	Balance
3/8/07		Balance forwarded			457 66
3/8/07	P-00736	Coupon # 19		72 93	384 73
4/10/07	P-00777	Coupon # 20		72 93	291 80
5/1/07	P-00807	Coupon #21		72 93	218 87
5/30/07	P-00841	Coupon #22		72 93	145 94
7/5/07	P-00884	Coupon # 23		73 01	72 93
8/2/07	P-00916	" # 24		73 01	(0)

PAID

AUG - 2 2007

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot/trust D.I.P. #229652

Date 09-30-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Angela E. McNeill / or Paulette Crawford

pin # 256

in a T.S. Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 169 Grave 10

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R-59247	243.53
Balance due	1704.78

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

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

Signature _____

See attached for signature

Work Order # E 19308

229652

ANGELA E. MCNEILL
Print Name

4036 IOWA ST
Address

SAN DIEGO CA 92104
City Zip Code

619) 584-2248
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 D.I.F. #229652

Date 09-30-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Angela Elizabeth McNeill/for Paul Clyde Crawford in a T.S. Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 169 Grave 10

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R-91247	243.53
Balance due	1704.78

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

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

Angela E. McNeill
Signature

ANGELA E. MCNEILL
Print Name

4036 IOWA ST
Address

SAN DIEGO CA 92104
City Zip Code

(619) 584-2248
Telephone

Work Order # E 19308

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude Holt #29362

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

Church, Chapel, Graveside _____ : Rasdale Mortuary.

All Funeral cars must arrive 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 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	0
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$1,833.20
Paid receipt number R-59055	$1,833.20
Balance due	0

PAID

AUG 08 2005

MOUNT HOPE CEME

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

Pin #691

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

X Doris Turner
Signature

X DORIS TURNER
Print Name

X 5082 Ocean View Blvd
Address

X San Diego 92113
City Zip Code

X (619) 262-2133
Telephone

Invoice # _____

Work Order # E 19309

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19309


DMV CALIFORNIA DMV
DRIVER LICENSE
CLASS:C
EXPIRES 11-20-08
N5580345
DORIS MARIE TURNER
5082 OCEAN VIEW BLVD
SAN DIEGO CA 92113
SEX:F
HAIR:BLK
EYES:BRN
HT:5-06
WT:130
DOB:11-20-57
10/17/2003 235 RB FD/08

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 8-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna Marie Anderson 229404

in a Liner (Type of Burial Container) Funeral, date, time Friday Aug 12 1:00

Church, Chapel, Graveside _____ ; Protected 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 240 Grave 4

PAID

AUG 10 2005

MOUNT HOPE CEMETERY

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-590693	1833.20
Balance due	0

lot + address verified
rec. fee
MORT. 2-pay

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

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

Signature

Print Name

Address

City Zip Code

Telephone

See attachments

Paulette
Fax 619 584 7030

Invoice # _____

Work Order # E 19310

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

8 graves up from Levon

MT HOPE CEMETERY E-19310

GRAVE BLIND CHECK FORM

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

Rivas			X			Wearter
Olson		James		Carmichael		

Blind Check Initiated By: Paulette Date: 8-10

Interment space for: Edna M. Anderson

Interment Date: Friday 8-12 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 240 Gr: 4 macadam markets

Grave Laid out by: Norman Ferry

Agrees with Legal Card: ☑ Yes ☐ No

Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Joe Date: 8-10

E 19310

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Edna	Marie	Anderson	03/11/1926	08/06/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Charlene Anderson - Daughter 4918 Lise Avenue San Diego, California 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Preferred Cremation and Burial 6163 University Avenue San Diego, California 92115	FD-1746	▶	

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	08/11/2005 Mark Jenkins	▶ 2513254

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-9-05

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

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

Church, Chapel, Graveside Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 MY

will be applied and billed to undersigned

Division 12 Section 2 Blk/Row Lot 240 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

Balance due

Id & address verified res. fee MORT. 2-pay

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

family to sign & relationship

229405

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

Signature

Paulette Fax 619 584 7030

Charlene Anderson
Print Name

4918 Lisa Ave
Address

San Diego CA 92102
City Zip Code

619-269-3398
Telephone

Invoice #

Acct. #

Work Order # E 19310

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-Need
1st + 2nd Burial LOT + Trust
RES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teresa Jane Hom 229363

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 4

Grave space & Care Fund	$ 1,755.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup 2 @ $413.00	826.00
Burial Container DD CrypT	418.00
Handling Fees PAID JAN 31 2008 MOUNT HOPE CEMETERY	352.00
Flower vases – Marker setting fee	0
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 in Full

I hereby certify I am the X HOM 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 Teresa Jane Hom
Signature

CO purchaser
Jon Hom pin # 229200

X TERESA JANE HOM
Print Name

X 4178 FALCON ST
Address

X SAN DIEGO CA 92103
City Zip Code

X (619) 298-2207
Telephone

Invoice # _____

Work Order # E 19311

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Teresa Hom - new address
302 Calle De Arboles
Redondo Beach, Ca. 90277

(310) 378-7871

E-19371

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

DATE: 01/31/00 TIME: 10:17:06
MEW#: 322156565644 STR#: 4381 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 407
CD TYPE: VISA
TR TYPE: MP

TOTAL: $541.40M

ACCT: **********9629 EXP: ****
AP: 031770 AVS: ZIP MATCH
V-CODE MATCH

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

THANK YOU
PLEASE COME AGAIN

Phone payment

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

OFFICIAL RECEIPT

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

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

P 01042

Date: Jan 31, 20 08

From: Theresa J. Hom Address: on file

Dollars ($ 541.40)

in _____ Payment of Pre-need Lot & trust

Div MAS Sec 7 Blk/Row _____ Lot 9 Grave 4

Invoice No. _____

Acct. No. E-19311

W.O. _____

BALANCE DUE ~~0~~

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

PAID

NOV 14 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	541 40
Trust	77186	
TOTAL PAID	$	541 40

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☒ Charge

☐ Check

ISSUED BY Maria D.

AC-212 (11-05)

This information is available in alternative formats upon request.

(over) For new address Due 10th each month monthly payments $109.00

Pin#229363 Ord's CO-Purchaser Jon Hom Pin# 229200 310 378-7871 or E-19311

HOM, TERESA JANE address 4178 ~~Falcon~~ St. ~~San Diego~~, CA 92103 (619) ~~298-2207~~

DIV	MAS	SEC	T	LOT	9	GRAVE	4	DEBIT	CREDIT	BALANCE
08-10-05	Opened Pre-Need Lot & Trust 1st & 2nd Burial with 25% down							$3,483.40	$871.00	$2,612.40
10-19-05	mailed Cert. Delinquent letter							#351.20 o/o		
11-08-05	pd by phone/visa Coupons 1-8 mailed pd thru MAY 2006							#404.80 o/o	#872.00	#1,740.40
05/22/06	pd by phone/visa NOCO upon 9-11 pd thru Aug. 2006								#327.00	#1,413.40
11/1/2007	pd by phone/VISA for Sept, OCT, NOV, DEC, Jan Feb, March & April								872.00	541.40
1/31/2007									541.40	0

E-19311

(310) 378-7871 Pin # 229363

Teresa Hom

302 Calle De Arboles

Redondo Beach, CA. 90277

Mt Hope Cemetery
Contract Entry Verification
08/10/2005

E-19311

Contract Number: E-19311-F

Contract Date: 08/10/2005
Purchaser: Hom, Teresa Jane And/Or Hom, Jon
4178 Falcon St.

San Diego ,CA 92103

Purchaser 229363 / 229200
Phone: 619-298-2207

Counselors: 5 SANDRA BROLLINI

Qty	Category	Description of Contract Items	Price	Tax Allowance	Addl. Desc.
1	Graves-Resident	Division 1 SD Resident	1,755.00	0.00	
1	O/C - Resident	1st Dbl Depth SD Resident	413.00	0.00	
1	O/C - Resident	2nd Dbl Depth SD Resident	413.00	0.00	
1	OBC - Resident	Dbl/D Crypt SD Resident	418.00	32.40	
1	Hndl Fee- Resid	Crypt Hndl SD Resident	352.00	0.00	
2	Misc Fees-Resid	Recording Fee SD Resident	100.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth
Masonic	T		9	4	

BASE PRICE	3,451.00		**NUMBER OF INSTALLMENTS**	24
SALES TAX	32.40		**REGULAR PAYMENT OF**	109.00
TOTAL CASH PRICE	3,483.40		**ODD PAYMENT OF**	105.40
DOWNPAYMENT	871.00 -		**DATE FIRST PAYMENT DUE**	09/10/2005
TRANSFER ALLOWANCE	0.00 -		**PAYMENT**	MONTHLY
DISCOUNT OR ALLOWANCE	0.00 -			
			SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000%	AMORTIZE	
TOTAL OF PAYMENTS	2,612.40			
DEFERRED PAYMENT PRICE	3,483.40			

	ACCOUNT CONTRIBUTIONS	**AMOUNT**	**FRACTION**
R L	Perp. Care	351.00	
I V	P/N Trust	1,696.00	1.0000
R S	**Equity**	1,404.00	
A	**Interest**	0.00	
R S	**Tax Recovery**	32.40	
R V	**Late Charge**	0.00	

CONTRACT ENTERED BY: _____

PRE-NEED PAYMENT
(DOWN- PAYMENT, MONTHLY PAYMENT, FINAL PAYMENT)

Total $3,483.40

Multiply by 25% = $870.85

Round off $871.00 **(This is your down payment)**
So you will have
No cents

Take your total Again $3,483.40

Subtract your Down payment (-) $871.00 = $2,612.40 **(Balance)**
(This balance you will use to subtract for your final payment)

Take balance $2,612.40 **Divide it by 24 =** $108.85

Round off $109.00 **(This is what customer will pay for 23 months)**
So you will have
No cents

$109.00 $2,507.00

Now take the round off amount and multiply by 23 = ____ **(Balance)**
(This balance you will use to subtract for your final payment)

Take the balance From 24 months $2,612.40

Subtract the balance From 23 months 2,507.00

This will equal Final payment $105.40

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Priscilla B. Ritchey 216647

in a Liner (Type of Burial Container) Funeral, date, time Sat. August 13, 2005 1100

(Church) Chapel, Graveside : Rayedale Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 2 Blk/Row _____ Lot 12 Grave 8

Grave space & Care Fund E-03168	0
Overtime/Late Arrival Fees SATURDAY	660.00
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1508.20
Paid receipt number R-59071	1508.20
Balance due	0

PAID

AUG 12 2005

MOUNT HOPE CEMETERY

SD resident Verified

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

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

_____
Signature

Print Name _____

Address _____

City _____ Zip Code

Telephone _____

See attached

Invoice # _____

Acct. # _____

Paulette

Work Order # E 19312

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19312

GRAVE BLIND CHECK FORM

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

			Pena	Estrada		
			x	Hernandez	meza	
			Valetine			

Blind Check Initiated By: Paulette C. Date: 8/11

Interment space for: Priscilla B. Ritchey

Interment Date: 8-13-05 Time: ~~10:00 AM~~ 1:00 pm

Div: 7 Sect: 2 Blk/Row: ____ Lot: 12 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

CASKET GALLERY.

OFFICIAL RECEIPT

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

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

IN NEXUS E-19312

61390

23207H

Date: 01/27/09 1-12, 20 09

From: WILLIAM CARTER Address: 270 Terol Ct SD CA 92114-4244

one hundred eighty five and 36/00 — Dollars ($ 185 36)

in FULL Payment of MONUMENT FDN 36X12 RITCHEY, PRISCILLA BERNICE

Div 7 Sec 2 Blk/Row + Lot 12 Grave 8

Invoice No. 2-166647

Acct. No. E019312

W.O. W06724

BALANCE DUE 0

☐ Money Order
☒ Charge V84 061610
☐ Check

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

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

PAID

JAN 26 2009

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

.43/SQIN

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	185.	36 MISC
Sales Tax	60101		
	78390		
TOTAL PAID	$	185.	36

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-19312

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PRISCILLA	BERNICE	RITCHEY	05/22/1919	08/09/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HAYWARD	ALAMEDA	TIM WEBB SON 1222 VIEW DRIVE SAN LEANDRO, CALIFORNIA 94577

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
THOMPSON FUNERAL HOME 9900 INTERNATIONAL BLVD., OAKLAND, CA.94603	FD-1219	▶	08/11/2005

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	08/11/2005	▶ 27653

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
1000 BROADWAY SUITE # 5120 OAKLAND, CALIFORNIA 94607	3851 ROSE CRANS ST., SAN DIEGO, CA., 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA.,92102	11B. DATE BURIED 8-13-05	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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 8-10-05

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

in a Liner (Type of Burial Container) Funeral, date, time Sat. August 13, 2005 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 7 Section 2 Blk/Row _____ Lot 12 Grave 8

Grave space & Care Fund	⊖
Overtime/Late Arrival Fees SATURDAY	660.00
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1508.20

SD Resident Verified

Paid receipt number _____

Balance due _____

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

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

Signature

Paulette

Tim Webb 229409
Print Name

5158 Solola Avenue
Address

San Diego, CA 92114
City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 19312

REA-104 (3-04)

This information is available in alternative formats upon request

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 8-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lynn Goode 229414

in a liner (Type of Burial Container) Funeral, date, time Tues. August 16 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 214 Grave 1

Grave space & Care Fund	1310.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container	278.00
Handling Fees	213.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	2437.54
Paid receipt number R-59065	2437.54
Balance due	0

PAID

AUG 11 2005

MOUNT HOPE CEMETERY

MORT. 2 PAY NON-RES

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.

229415

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

Signature

MARVIN K HUTCHINSON
Print Name

2127 Honey Dr #67
Address

San Diego Ca 92139
City Zip Code

Telephone

Paulette

Work Order # E 19313

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

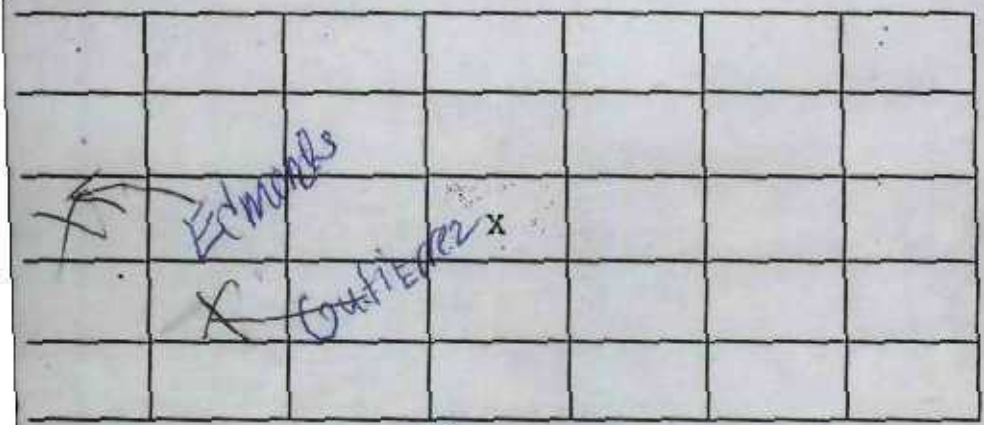
Printed on recycled paper

Sentra daughter 479-478-4223

MT HOPE CEMETERY E-19B13

GRAVE BLIND CHECK FORM

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



Blind Check Initiated By: Paulette Date: 8-15

Interment space for: Lynn Goode

Interment Date: Tues. Aug. 16th Time: 11:00 AM 6.S

Div: 12 Sect: 2 Blk/Row: ____ Lot: 214 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 8-15-05

E19313
age 53

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LYNN	Y.	GOODE	10/22/1951	08/08/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MACON	GA	SONCERIRE WILLIAMS-DAUGHTER 5244 REYNOLDS 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	▶ Claudette Russ	08/15/2005

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	08/15/2005 C. RUSS	▶ 2513387

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

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
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-16-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY 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 8-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IKE GORDON 229390

in a Liner (Type of Burial Container) Funeral, date, time Tues. Aug. 16 1:00

Church, Chapel, Graveside : Rogsdale Mortuary. Leggett

All Funeral cars must arrive 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 154 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 8%	16.20
Total Due	1833.20
Paid receipt number R-59078	1833.20
Balance due	0

PAID

AUG 12 2005

MOUNT HOPE CEMETERY

mark 2 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

Print Name

Address

City Zip Code

Telephone

See attached signature

Invoice # _____

Work Order # E 19314

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19314

GRAVE BLIND CHECK FORM

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

Powell	Shoate		X			
Cabrera		Salazar				

Blind Check Initiated By: Paulette Date: 8/15

Interment space for: IKE GORDON

Interment Date: 8/16 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 154 Gr: 9

Grave Laid out by: Norman Taylor

Agrees with Legal Card: ☒ Yes ☐ No Flag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: A Dawn Date: 8-15 DS

F-19314

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 81

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

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
IKE	-	GORDON	04/14/1924	08/10/2005	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	THADO GORDON: BROTHER 5042 THORNWOOD PLACE JACKSON, MD 39206

7A. TYPED NAME AND ADDRESS OF 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	▶ Vunnika Pryor	08/15/2006

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	S.PRYOR 08/15/2005	2513433 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-16-05	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 8-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IKE GORDON in a Liner (Type of Burial Container), Funeral, date, time Tues. Aug. 16 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 $ Cogsell will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row ____ Lot 154 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	
Balance due	

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

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

Signature

Thado Gordon 129391
Print Name

1611 49th Street
Address

San Diego, CA 92102
City Zip Code

(619)264-2088
Telephone

paulette

Work Order # E 19314

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 8-11-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID BOWIE 206820

in a TS VAULT (Type of Burial Container) Funeral, date, time THURS. AUG. 18 11:00

Church (Chapel) Graveside ____ ; CA BURIAL Mortuary. not in city

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

Division 12 Section 2 Blk/Row ____ Lot 106 Grave 11

Grave space & Care Fund R-16817 (2001)	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup "	0
Burial Container "	0
Handling Fees "	0
Flower vases — Marker setting fee From case R-59069	
Recording/Filing/Transfer Fees "	0
Sales taxes "	0
Total Due	0
Paid receipt number ____	—
Balance due	0

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

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

Cynthia Bowie
Signature

Paulette

Cynthia Bowie
Print Name

5513 Creston DR
Address

San Diego 92114
City Zip Code

619-527-1940
Telephone

Work Order # E 19315

Invoice # ____

Acct. # ____

This information is available in alternative formats upon request.

Printed on recycled paper

8-18-05 WO # 4528
to install Orion Vase

MT HOPE CEMETERY E-19315

GRAVE BLIND CHECK FORM

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

	Sevilla			Wilcox		
	Medina	Collard	X	Mary Bowie	Sullivan	Stubbs
			Amaro	Jones		

Blind Check Initiated By: Paulette Date: 8-15

Interment space for: David Bowie

Interment Date: 8/18/05 Thurs Time: 11:00 AM C

Div: 12 Sect: 2 Blk/Row: ____ Lot: 106 Gr: 11

Grave Laid out by: Norma Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: David Noriega Date: 8-17-05

E-19315

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
DAVID	-	BOWIE	09/21/1934	08/10/2005	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	CYNTHIA BOWIE-DAUGHTER 5513 CRESTON DR. SAN DIEGO CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE NATIONAL CITY CA 91950	FD-1889	▶ [signature]	08/15/2005

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	08/16/2005 V MITCHELL	▶ 2513452

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 CA 92102	11B. DATE BURIED: 8-18-05	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 Pin # 296
ESTATE CASE
RES. FEE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-12-05

Pin # 229421

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

of PETER ANDERSON # 2006 0017 PA#

in a T.S. VAULT Funeral, date, time Tues Aug 23 930 G.S.

Type of Burial Container

Church, Chapel, Graveside WITNESS ; MAYER Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 69 Grave 12

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	276.00
Handling Fees	204.00
Flower vases – Marker setting fee	138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	2086.31
Paid receipt number R-590294	2086.31
Balance due	0

PAID
AUG 19 2005
MOUNT HOPE CEMETERY

GREGG BROWN P.A.
858-499-0186
694-3508

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

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

Pin # 296
Print Name

Address

City Zip Code

Telephone

See attached

Signature

Fax 858-495-5127
Dec. Address. 3794 BALTIMORE ST.
SAN DIEGO CA 92117

Invoice # _____

Work Order # E 19316

Acct. # _____

This information is available in alternative formats upon request.

Printed on recycled paper

858 495 5129

MT HOPE CEMETERY E19316

GRAVE BLIND CHECK FORM

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

		Clark				
	Huff		X		Oliver	

Blind Check Initiated By: Paulette Date: 8/19

Interment space for: Peter Anderson

Interment Date: Tues 23 Aug 2005 Time: Witness

Div: 12 Sect: 1 Blk/Row: ____ Lot: 69 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: DARREY/ Date: 8-22-0

REFILE

E-19316
pg 76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
PETER	A.	ANDERSON	05/17/1929	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
[redacted] DIEGO	SAN DIEGO	ANDREW ANDERSON - BROTHER 902 CYPRESS POINT DR. TOMS RIVER, NJ 08753

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE.,SAN DIEGO,,CA 92116	FD-1424	▶	

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/16/2005	2513486 R.MARTINEZ ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'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 [redacted] OSITION OTHER [redacted] IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-NEED
ESTATE CASE
RES. FEE

Date 8-12-05

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Tues Aug 23 930 G.S.

Church, Chapel, Graveside WITNESS MAYER Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 109 Grave 12

Grave space & Care Fund	955.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	276.00
Handling Fees	204.00
Flower vases – Marker setting fee	138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	2086.31
Paid receipt number R-59094	2086.31
Balance due	0

PAID
AUG 19 2005
MOUNT HOPE CEMETERY

GREGG BROWN P.A.
858-694-3508

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

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

Signature

Fax 858-495-5127
Dec. Address 3794 BALTIMORE ST
SAN DIEGO CA 92117

Work Order # E 19316

Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____
Invoice # _____
Acct. # _____

This information is available in alternative formats upon request.

E-19316

- 1 -Created by kwhitepa

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
JEAN M. SHEPARD, DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

ELLEN SCHMEDING
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

**********FAX COVER SHEET**********

8/17/2005

PLEASE DELIVER TO:

Name: Paulette

Agency: Mt Hope

Fax Number: (619) 527-3403

FROM:

GREGORY A. BROWN
DEPUTY PUBLIC ADMINSTRATOR/GUARDIAN

Telephone Number: (858) 694-3508

Fax Number: (858) 495-5127

SUBJECT:

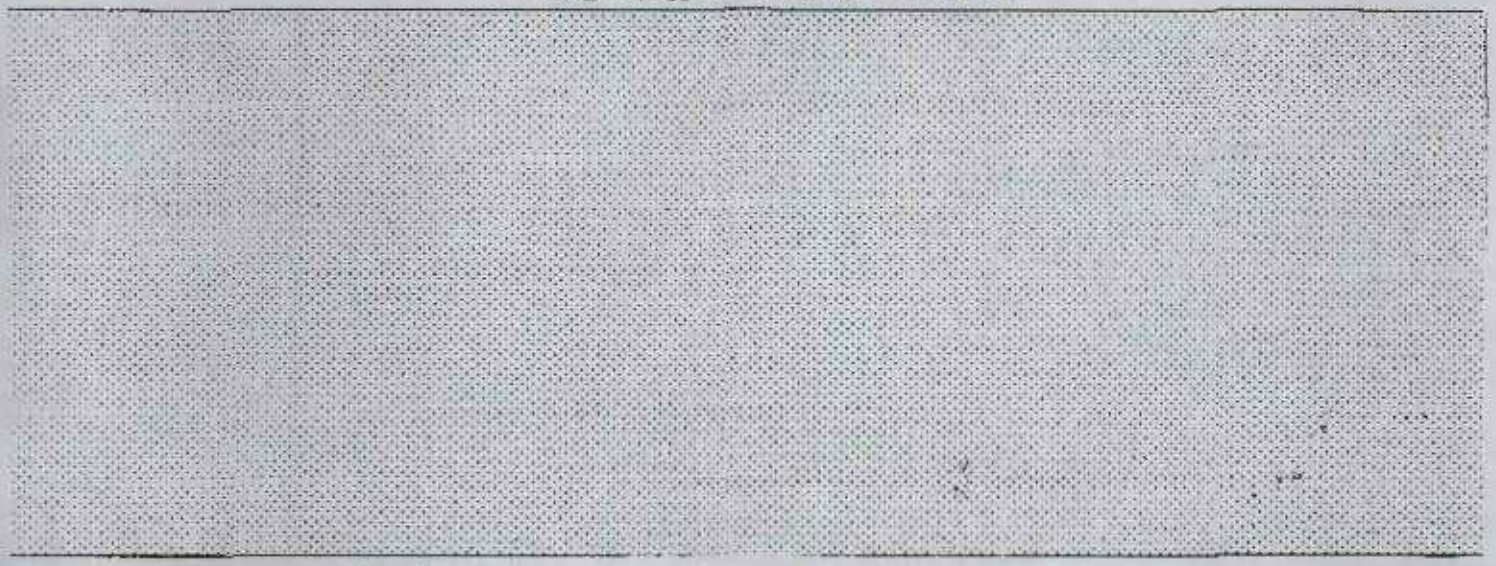
Number of pages (including cover sheet): 3

MESSAGE: Peter Anderson, Decedent

GREGORY A. BROWN

E-19316

To Open - Slide Finger Under Edge



Department of Veterans Affairs

P.O. Box 42954
Phila., PA 19101-2954

4-4-05

PRESORTED FIRST CLASS

PHILADELPHIA PA 19131 05

U.S. OFFICIAL MAIL
U.S. POSTAGE
PENALTY FOR PRIVATE USE $300
00.29²
METER 708601

Address Service Requested

IMPORTANT VA INFORMATION

083803191
PETER A ANDERSON
3394 BALTIMORE ST
SAN DIEGO CA
92117-6164

AADSMS 92117

E-19316

THIS IS NOT A BILL

Department of Veterans Affairs

ANNUAL INSURANCE POLICY STATEMENT

POLICYHOLDER	FILE NUMBER	POLICY NUMBER	MAILING DATE
PETER A ANDERSON	F V 319 38 08	V 319 38 08	03/29/05

2005 POLICY INFORMATION

PLAN

20 PAYMENT LIFE — Effective Date 04/03/50
Basic $ 2,000
Paid-Up Additions - Whole Life - $12,795

TOTAL COVERAGE $ 14,795

CASH/LOAN VALUES

Values As Of 05-02-05

Basic Policy	$ 1,669.52
Paid-Up Additions	$ 8,565.48
TOTAL NET CASH VALUE	$ 10,235.00
TOTAL NET LOAN VALUE	$ 9,620.90

The current estimated amount to be paid to survivors is shown below:

Survivor Benefit $ 14,795.00

PREMIUMS

	Premium	Mode	How Paid
Basic	None	None	Paid-up

PREMIUMS PAID-UP — TOTAL PREMIUM NONE

OTHER DATA

DIVIDEND OPTION

Current option: PAID-UP ADDITIONS

Your 2005 dividend of $261.33 paid 03/29/05 was used to purchase Paid-Up Additions (PUA) of $391 increasing your Paid-Up Additions (Whole Life) balance from $12,404 to $12,795.

INSURANCE DIVIDENDS ARE NOT SUBJECT TO FEDERAL INCOME TAX

We added new features to our web site, www.insurance.va.gov. You may now view your beneficiary designation and apply for a policy loan online. You may also access current information about your policy. Click on the link, "Online Policy Access". You may obtain the Personal Identification Number (PIN), which is needed to log on, at this web site. The PIN will be mailed to you.

The current interest rate for new loans, and existing variable rate loans is 5%. This rate will remain in effect until October 1st, when it is subject to change. To apply for a loan, send a request over your signature to: P.O. Box 7327, Philadelphia, PA 19101-7327.

Please tell us promptly of any change of address for you or your beneficiary/ies.

BENEFICIARY INFORMATION

Your last beneficiary designation of record was made in 2000.

If you have any questions, call 1-800-669-8477 or visit us at www.insurance.va.gov

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/12/2005

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy Cardenas 229412

in a Liner (Type of Burial Container) Funeral, date, time Sun. aug 16, 05 11:30

(Church) Chapel, Graveside _____ : AZTLAN 337-8100 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned. J F C

Division 12 Section 2 Blk/Row _____ Lot 118 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	Credit Card
Balance due	-0-

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. 229413

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

Jose F Cardenas
Signature

Jose Felix Cardenas Navarro
Print Name

3838 35th AVE # 9
Address

San Diego CA 92104
City Zip Code

(619)563-5362
Telephone

Work Order # E 19317

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

Printed on recycled paper

E-19317

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 11-20-05

C2820295

CLASS:C



JOSE FELIX CARDENAS NAVARRO
3838 35TH AVE APT 9
SAN DIEGO CA 00000



SEX:M HAIR:BLK EYES:BRN
HT:5-07 WT:190 DOB:11-20-56

Jose F Cardenas N

10/26/2000 235 RB FD/05

MT HOPE CEMETERY E19317

GRAVE BLIND CHECK FORM

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

	#1 Anna Bales		#3 X			
			#8 Barnett Blackwell			

Blind Check Initiated By: Sandra Date: 8-15-05

Interment space for: Nancy Cardenas

Interment Date: Tues Aug 16, 05 Time: 11:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 118 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Warren Date: 8 15 05

Flagged

F19377

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Nancy	-	Cardenas	02/23/1985	08/11/2005	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	Jose Cardenas - Father 3838 35th Street, Apt.9 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 items	8B. DATE SIGNED
Funeraria Aztlan Mortuary 7856 La Mesa Blvd., La Mesa, CA 91941	FD-1558	▶	08/15/2005

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	Leon A. Mates 08/15/2005	▶ 2513375

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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	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 IN Grave with James Dehope

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Margaret Dehope 229416

in a DD Crypt "B" (Type of Burial Container) Funeral, date, time Thurs. Aug 18th, 05 10:30

Church, Chapel, Graveside Trinity Lutheran Church 5837 Mt. Elmer Featheringill 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 Gar Section 2 Blk/Row _____ Lot 230 Grave 1

Grave space & Care Fund A-3404 (1951)	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

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 19318

Acct. # _____

REA 104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

08:29 SD MT HOPE CEMENTERY → FEATHERINILL

AT-need

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-15-05

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

in a DD Crypt "B" (Type of Burial Container) Funeral, date, time ?

Church, Chapel, Graveside _____ Featheringill Elmer 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 Gar Section 2 Blk/Row _____ Lot 230 Grave 1

Grave space & Care Fund	R-3404 (1951)	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

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 W J DeHope
Signature

X William J. DeHope
Print Name

X 1828 Paseo del Cajon
Address

X Pleasanton, CA 94566
City Zip Code

X 925-484-3827, 925-989
Telephone

Invoice # _____

Work Order # E 19318

Acct # _____

This information is available in alternative formats upon request.

MT HOPE CEMETERY E19318

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 In Grave with James Dehope

			Alice patton	Bert price		
			Dehope X	mayer minnie william		

Blind Check Initiated By: Sandra Date: 8-16-05

Interment space for: Margaret Dehope

Interment Date: Aug 18, 05 Time: 10:30

Div: Gar Sect: 2 Blk/Row: ____ Lot: 230 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: 8-17-05

7 flags

F19312

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 83

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

1A. NAME OF 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	H.	DeHope	04/22/1922	08/15/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	William DeHope (Son) 1828 Paseo Del Cajon Pleasanton, CA 94566

7A. TYPED NAME AND ADDRESS OF 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[illegible]	08/17/2005

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/17/2005 M. Dominguez	2513559 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 1st + 2nd Burial (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARTin Solis Cardenas 229410

in a DD crypT "A" (Type of Burial Container) Funeral, date, time Weds aug 17, 05 12:00

Church (Chapel) Graveside _____ : SD memorial 6930 3090 Joseph 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 Solorio.

Division 12 Section 2 Blk/Row _____ Lot 222 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 setting fee		$138.00
Recording/Filing Transfer Fees	2 @ $50.00	100.00
Sales taxes		32.40
	Total Due	$2,851.40
	Paid receipt number R-59083	2,851.40
	Balance due	0

PAID

AUG 15 2005

MOUNT HOPE CEMETERY

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

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

x Maria Solorio
Signature

c/o purchasers. Diana Solis. Priscilla Solis pin 229442

229411

x Maria Solorio
First Name

x 3076 Lincoln Ave Apt #3
Address

x San Diego, CA. 92104
City Zip Code

x (619) 584-4518
Telephone

Invoice # _____

Work Order # E 19319

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

S.B. memorial
619 691-3090

mailed Deed 8-19-05

E19319


DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 08-11-10

C3755197

CLASS:C

MARTIN SOLIS CARDENAS
8374 LAKE ADLON DR
SAN DIEGO CA 92119

SEX:M HAIR:BLK EYES:BRN
HT:5-02 WT:175 DOB:08-11-63

06/08/2005 586 18 FD/10

MT HOPE CEMETERY E-19319

GRAVE BLIND CHECK FORM

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

	#1 Sergio Nolasco		#3 X	Scott Lit		

Blind Check Initiated By: Sandra Date: 8-15-05

Interment space for: MArTin Solis Cardenas

Interment Date: weds Aug 17, 05 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 222 Gr: 3

Grave Laid out by: C Dawson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8-16-05

Flores

E-19319

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 42

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

1A. NAME OF 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	SOLIS	CARDENAS	08/11/1963	08/11/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARIA SOLORIO-SPOUSE 3076 LINCOLN AVE. #3 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 making permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD-1575	▶ [signature]	08/15/2005

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	08/16/2005 J. LEMON JR.	▶ 2513496

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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: 8-16-05	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 for 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-15-05

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

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 79 Grave 7

Grave space & Care Fund E-19293	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-59082	$116.00
Balance due	$347.00
	Bal 0

PAID
FEB 10 2006
MOUNT HOPE CEMETERY

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

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

X Maria C. Torres
Signature

Related order E-19293

X MARIA Del Carmen Torres
Print Name

X 5423 Santa Margarita St #24
Address

X San Diego CA 92124
City Zip Code

X (619) 266-5154
Telephone

Work Order # E 19320

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pin# 229344 CO-Purchaser Maria Del Carmen Torres Monthly #14.00 Due 15th of each month E-19293

TORRES, ROSELIA 4232 46 ST. SD CA 92115 (619) 563-1668

DIV 12 SEC 2 LOT 79 GR 7

				DEBIT	CREDIT	BALANCE
08-15-05	Opened Pre-Need Trust on 2nd Burial trust to include O/C, R/F, R-59087			$413.00	$116.00	$347.00
9-13-05	R 59176	NO COUPON	SEPT payment 2005		14.00	333.00
10/05	R 59400	"	OCT payment 2005		14.00	319.00
11/14/05	R-59400	"	NOV payment 2005		14.00	305.00
1-24-06	marked cert letter				305.00	000.00
2/10/06	P-00120					

PAID

FEB 10 2006

MOUNT HOPE CEMETERY

Paid

OFFICIAL RECEIPT

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

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

P 00120
E-19320

Date: Feb. 17, 20 06

From: Ma Del Carmen Torres Address: 4232 46th St. SD, CA 92115

Three hundred 00/00 Dollars ($ 300.00)

in MONEYGRAM CK # 7-757203457 0 Payment of Pre-Need Trust 2nd Burial

Div 12 Sec 2 Blk/Row ____ Lot 79 Grave 7

Invoice No. ____

Acct. No. E-19293

W.O. ____

BALANCE DUE #5

☐ 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.

FEB 10 2006

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	300. 00
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
*TOTAL PAID		$ 300. 00

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT DATE LINE AND

TRAVELERS EXPRESS COMPANY, INC. ISSUER DRAWER
P.O. BOX 9476, MINNEAPOLIS, MN 55480

THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

DATE

TravelersExpress. MoneyGram.

7-757203457 0

75-53 919

PAY TO THE ORDER OF: Mount Hope Cemetery

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE.

IMPORTANT - SEE BACK BEFORE CASHING

**300DOLS00CTS

Maria C. Torres
PURCHASER, SIGNER FOR DRAWER

4232 46th St SD CA 92115
PURCHASER'S ADDRESS

**THREE HUNDRED

**DOLS & 00CTS

TO AUTHENTICATE RUB HERE

Payable Thru
Wf National Bank South Central
Faribault, MN

NOT GOOD OVER

INTERNATIONAL MONEY ORDER

⑆091900533⑆775 72034573⑈ 90

Maria C. Torres.

Balance due for 2nd Burial of Trust E-19293 Division Sec 2 Lot 79 Gr 7

2-10-06

$5.00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

59082

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

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-15-05 , 20 05

From: Carmen Torres Address: 5423 Santa Margarita ST. #29 S.D.

one hundred & sixteen dollars 00/100 Dollars ($ 116.00)

in Part Payment of Pre-Need Trust For 2nd Burial

Div 12 Sec 2 Blk/Row _____ Lot 79 Grave 7

Invoice No. E-19320

Acct. No. _____

W.O. _____

BALANCE DUE 347.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

0 75 35655600

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 15 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 77186	116	00
Sales Tax	60101 78390		
TOTAL PAID	$	116	00

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT DATE LINE AND

TRAVELERS EXPRESS COMPANY, INC. ISSUER DRAWER
P.O. BOX 9476, MINNEAPOLIS, MN 55480

THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

DATE 8/15/05

TravelersExpress. MoneyGram.

7-7535655600 75-53 919

PAY TO THE ORDER OF: MT Hope Cemetery

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE. IMPORTANT - SEE BACK BEFORE CASHING

Maria E. Torres
PURCHASER, SIGNER FOR DRAWER

**116DOLS00CTS

5423 Santa Margarita St #29
S.D. 92114
PURCHASER'S ADDRESS

**ONE HUNDRED SIXTEEN DOLS & 00CTS

Payable Thru
WF National Bank South Central
Faribault, MN

NOT GOOD OVER

TO AUTHENTICATE RUB HERE

180422611800002560

INTERNATIONAL MONEY ORDER

⑆091900533⑆775 35655604⑈ 90

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59176
E-19320

Date: 9-13-05, 2005

From: Torres Address: 4232 46 ST. SD. CA. 92115

Fourteen dollars 00/100 Dollars ($ 14.00)

in PART Payment of Pre-Need Services on 2nd Burial

Div 12 Sec 2 Blk/Row Lot 79 Grave 7

Invoice No. E-19293

Acct. No.

W.O.

BALANCE DUE $333.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

MO - 7535656403

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.

SEP 13 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	$	14 00

1st payment

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT DATE LINE AND

TRAVELERS EXPRESS COMPANY, INC. ISSUER DRAWER
P.O. BOX 9476, MINNEAPOLIS, MN 55480

THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

DATE

TravelersExpress. MoneyGram.

7-7535656403

75-53
919

PAY TO THE ORDER OF: MT Hope Cemetery

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE.

IMPORTANT - SEE BACK BEFORE CASHING

***14DOLS00CTS

Mª Del Carmen Torres
PURCHASER, SIGNER FOR DRAWER

5423 Santa Margarita St
PURCHASER'S ADDRESS
S.D. CA 92115 #29

****
****
FOURTEEN******
*DOLS & 00CTS

Payable Thru
WF National Bank South Central
Faribault, MN

NOT GOOD OVER

⑆091900533⑆775 35656407⑈ 90

INTERNATIONAL MONEY ORDER

AT-need (NON-RES) In Grave with Russell Rogge

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deborah mae Rogge (X) 217083

in a Ash Vault (Type of Burial Container) Funeral, date, time August 30 Tues. AYD

~~Church, Chapel, Graveside~~ ; Delivery Only! Mortuary.

All Funeral cars 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 1488 Grave _____

Grave space & Care Fund D-625 (1971)	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-59094	395.28
Balance due	0

PAID
AUG 19 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

Rec. cremains by postal service on 8/30/05 10:45 AM

Work Order # E 19321

X Print Name
X Address
X City Zip Code
X Telephone

See attached for signature

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

North Carolina
(828) 675-9438
Russell Rogge

Russell & Mary Rogge
586 Plum Branch Road
Burnsville, NC 28714

8/21/05
Ashes to be shipped from
Yancey funeral mkt.
828-678-9962

AT-need (NON-Res) In Grave with Russell Rogge

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deborah Rogge (K)

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

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 1488 Grave _____

Grave space & Care Fund D-625 (1971)	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-59094	395.28
Balance due	0

PAID
AUG 19 2005
MOUNT HOPE CEMETERY

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

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

Signature

X Russell W. Rogge
Print Name

X 585 Glen Branch Rd
Address

X Burnsville NC 28714
City Zip Code

X 828 675 9438
Telephone

Invoice # _____

Work Order # E 19321

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19321

GRAVE BLIND CHECK FORM

in the name of the deceased for which the grave is for in the marked with "X". Place the name's, lot # and grave # of all ng marker's in the appropriate space(s) that are adjacent to urial space. In grave of Russell Rogge (husband)

		Emrace	Williams	Davis		
	Austin	Gonzalez	x			
			Jackson		Beeler	

Check Initiated By: Paulette Date: 8/30

ent space for: Deborah Rogge

ent Date: AYD Time: ——

10 Sect: ____ Blk/Row: ____ Lot: 1488 Gr: ____

Laid out by: Norman Ferguson

s with Legal Card: ☒ Yes ☐ No

s with Map: ☒ Yes ☐ No Flag

Check & Verified By: Joe Date: 8-30-05

E-19321

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DEBORAH	MAE	ROGGE	06/15/1943	08/13/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BURNSVILLE	YANCEY CO. NC	RUSSELL W. ROGGE, SON 586 PLUM BRANCH RD. BURNSVILLE, NC 28714

7A. TYPED 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
YANCEY FUNERAL SERVICE, INC 378 CHARLIE BROWN RD BURNSVILLE, NC 28714	—	▶ Russell W Rogge	08-23-2005

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	08/24/2005	▶ 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
	SAN DIEGO COUNTY HEALTH DEPT. PO BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need Res. fee

Date 8/16/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES A. MORELAND 229419

in a D.D. CRYPT "A" (Type or metal Container) Funeral, date, time SATURDAY AUGUST 20 11:00

Church, Chapel, Graveside : Featherings Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 15 Blk/Row _____ Lot 54 Grave 5

Grave space & Care Fund C-4600	0
Overtime/Late Arrival Fees SAT. R-59088	660.92
Opening/Closing & Setup E-19006	—
Burial Container chg from T.S. Vault to DD CRYPT. E-19006	143.00
Handling Fees "	148.00
Flower vases – Marker setting fee "	—
Recording/Filing/Transfer Fees "	—
Sales taxes "	11.09
Total Due	302.09
Paid receipt number R-59087	302.09
Balance due	0

PAID
AUG 16 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.

229420

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

Signature

Sheri Purry
Print Name
4250 W. Observation Dr
Address
San Diego CA 92115
City Zip Code
(619) 501-6306
Telephone

Paulette

Work Order # E 19322

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper


Transit
Travel
I.D.
JAMES, MORELAND A
5602 ADELAIDE AVE.
SAN DIEGO, CA 92115
Exp. 10/04/05
MTS NCTD

E/9300

MT HOPE CEMETERY E19322

GRAVE BLIND CHECK FORM

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

			Jones		Bolton	
Boyd	Potter	Cox	X	Williams		
Baker	Gibson		Parks	Moreland		

Blind Check Initiated By: Paulette Date: 8-19-05

Interment space for: James A. Moreland

Interment Date: 8-20-05 Sat. Time: 11:00 GS.

Div: 7 Sect: 15 Blk/Row: ____ Lot: 54 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: [signature] Date: 8-17-05

E-19322

age 39

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
James	Arthur	Moreland, Jr.	04/20/1966	FD 08/14/2005	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	Sheri Purry (Sister) 4250 W. Overlook Dr. 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
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M Dorris	08/17/2005

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	08/17/2005 N. Dominguez	2513560 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8.23.05	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 POSITION OTHER N IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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 & 2nd Burial

Navy

15 Chairs

arrival time 3:20 p.m

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Lee Williams 229417

in a DD CryPT A (Type of Burial Container) Funeral, date, time mon Aug 22nd, 05 1:00

(Church), Chapel, Graveside St. Paul United (M.C.T.) : Rossdale Mortuary.

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

Division MAS Section C Blk/Row _____ Lot 3 Grave 11

Grave space & Care Fund	1,755.00
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	# 3,483.40
Paid receipt number R-59058	3,483.40
Balance due	0

mort To pay AUG 19 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.

229418

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

X Mildred L. Williams
Signature

X Mildred L. Williams
Print Name

X 1005 Bollenbacher ST
Address

X San Diego 92114
City Zip Code

X (619) 263-1842
Telephone

Late Fees Paid 8-29-05

R-59117

Work Order # E 19323

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19323

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 11-05-07

H0358798

CLASS:C



RICHARD LEE WILLIAMS
1005 BOLLENBACHER ST
SAN DIEGO CA 92114



SEX:M HAIR:BLK EYES:BRN
HT:5-08 WT:190 DOB:11-05-38

Richard L Williams

11/01/2002 506 BS FD/07

MT HOPE CEMETERY

\# 15 Chairs IF Possible * E-19323

GRAVE BLIND CHECK FORM

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

		Zarate Araceli	X			
			Howard Harper			

Blind Check Initiated By: Sandra Date: 8-19-05

Interment space for: Richard Lee Williams

Interment Date: Mon. Aug 22nd, 05 Time: 1:00 p.m.

Div: MAS Sect: C Blk/Row: ____ Lot: 3 Gr: 11

Grave Laid out by: Norm Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-17-05

7 logged

E-19323

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
RICHARD	LEE	WILLIAMS	11/05/1938	08/15/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MILDRED L. WILLIAMS : WIFE 1005 BOLLENBACHER 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	Jennifer Pryor	08/22/2005

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

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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 08/22/2005	2513768

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 8 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
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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-19323

A9

LEGEND: Insert N/A in the items below which are not applic

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3. SOCIAL SECURITY NO.	4. GRADE, RATE OR RANK	5. DATE OF RANK (Day, Month, Year)
WILLIAMS, Richard Lee	455 72 75		AK3	16 February 19[illegible]

6. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	7. PLACE OF BIRTH (City and State or Country)	8. DATE OF BIRTH			
NAVY - USN	Gary, Indiana	DAY: 5	MONTH: NOV	YEAR: 1938	

9. RACE	10. SEX	11. COLOR EYES	12. COLOR HAIR	13. HEIGHT	14. WEIGHT	15. U.S. CITIZEN	16. MARITAL STATUS
Negroid	Male	Black	Brown	5'7"	163	☒ YES ☐ NO	Married

17. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	18. MAJOR COURSE OF FIELD
High School - 2	Academic

TRANSFER OR DISCHARGE DATA

19. TYPE OF TRANSFER OR DISCHARGE	20. STATION OR INSTALLATION AT WHICH EFFECTED
Release from active military service	Aircraft Ferry Squadron THIRTY-TWO, NAS, North Island, San Diego, Calif.

21. REASON AND AUTHORITY	22. EFFECTIVE DATE	DAY	MONTH	YEAR
BuPers Instruction 1910.17 - 205 - Release from active duty and transfer to Naval Reserve		1	OCT	1959

23. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	24. CHARACTER OF SERVICE	25. TYPE OF CERTIFICATE ISSUED
Aircraft Ferry Squadron THIRTY-TWO	HONORABLE	DD Form 217N

SELECTIVE SERVICE DATA

26. SELECTIVE SERVICE NUMBER	27. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	28. DATE INDUCTED		
		DAY	MONTH	YEAR
Not Registered	Not Available	Not	Applicable	

29. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED
Commandant NINTH Naval District

SERVICE DATA

30. TERMINAL DATE OF RESERVE OBLIGATION			31. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION			32. TERM OF SERVICE (Years)	33. DATE OF ENTRY		
DAY	MONTH	YEAR	a. SOURCE OF ENTRY				DAY	MONTH	YEAR
23	February	1963	☒ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED ☐ OTHER			4 Minority	31	JAN	1956

34. PRIOR REGULAR ENLISTMENTS	35. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	36. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
None	SR	Chicago, Illinois

37. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)
Gary, Lake, Indiana

38. PRIMARY SPECIALTY NUMBER AND TITLE	39. RELATED CIVILIAN OCCUPATIONS AND D. O. T. NUMBER
None	Sheet-Metal Worker Apprentice, Aircraft (aircraft mfg) 7-97.045

40. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	08	01
	(2) OTHER SERVICE	00	11	07
	(3) TOTAL (Line (1) + line (2))	04	07	08
b. TOTAL ACTIVE SERVICE		03	08	01
c. FOREIGN AND/OR SEA SERVICE		01	01	20

41. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
First Good Conduct Award for service ending 30 January 1959.

42. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
None

43. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

a. SCHOOL OR COURSE	b. DATES (From - To)	c. MAJOR COURSES
X	X	X
X	X	X
X	X	X
X	X	X
X	X	X

44. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
GTC for PO
Aircraft Structur
Maintenance
Aircraft Welding
Aircraft Structur
Mechanic
Mil. Reqr for PO

VA DATA

45a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
☐ YES ☒ NO	Not Applicable	Not Applicable

46. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
None	C-Not Applicable

AUTHENTICATION

47. REMARKS
RECOMMENDED FOR REENLISTMENT
Nonpay status - NONE
DO US NAS NORIS, SDIEGO, CALF.
PAID $70.03 for 11 days unused leave.
[illegible] G. E. HILLER, [illegible]SC, USNR
K. SCHOOL B5193

48. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)	49. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
2506 East 23rd Ave., Gary, Indiana	Richard L. Williams

50. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
W. COX, LCDR, USN, Administrative Officer By direction of the Commanding Officer	W. Cox

DD FORM 214 REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

1

AT-need cremation male 18-week old

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christian Guerrero (X) 229810

In a Ash vault (Type of Burial Container) Funeral, date, time Tues Nov 22, 05 1:00 GS

Church, Chapel, Graveside : Aztlan 234-3307 Mortuary.

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

Division 9 Section 1 Blk/Row ____ Lot 1131 Grave ____

Grave space & Care Fund	$ 110.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138.00
Burial Container Ash vault	61.00
Handling Fees	28.00
Flower vases - Marker setting fee PAID	88.00
Recording/Filing/Transfer Fees	50.00
Sales taxes AUG 19 2005	4.73
Total Due	$ 479.73
Paid receipt number R-59098	$ 479.73
Balance due	0

MOUNT HOPE CEMETERY

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

229811

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

X Cristina Jaimes
Signature

X Cristina Jaimes
Print Name

X 3776 Tstreet
Address

X San Diego Ca. 92113
City Zip Code

X (619) 262-4388
Telephone

Work Order # E 19324

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19324

DMV CALIFORNIA DMV

DRIVER LICENSE
C5745288

CLASS:C

EXPIRES 07-24-09



MARIA CRISTINA JAIMES
3776 T ST
SAN DIEGO CA 92113



SEX:F HAIR:BLK EYES:BRN
HT:5-03 WT:115 DOB:07-24-68

06/11/2004 23S RB FD/09

MT HOPE CEMETERY E19324

GRAVE BLIND CHECK FORM

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

			Chante Laster			
		#1130 Diego Hernandez	#1131 X			

Blind Check Initiated By: Sandra Date: 11-16-05

Interment space for: Christian Guerrero (X)

Interment Date: Tue. Nov 22, 05 Time: 1:00 (G-S)

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1131 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-17-05

Teagarden

CERTIFICATE OF FETAL DEATH

STATE OF CALIFORNIA

F 19329

STATE FILE NUMBER

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

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS FETUS

1A. NAME—FIRST (GIVEN): Christian | 1B. MIDDLE: — | 1C. LAST (FAMILY): Guerrero

2. SEX: M | 3A. THIS FETUS, SINGLE, TWIN, ETC.: Single | 3B. IF MULTIPLE THIS FETUS 1ST, 2ND, ETC. | 4A. DATE OF EVENT—MONTH, DAY, YEAR: 08/16/2005 | 4B. HOUR—24 HOUR CLOCK TIME: 1326

PLACE OF DELIVERY

5A. PLACE OF EVENT—NAME OF HOSPITAL OR FACILITY: Paradise Valley Hospital | 5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION: 2400 E. 4th

5C. CITY: National City [redacted] San Diego | 5D. COUNTY: Paradise Valley | 5E. PLANNED PLACE OF DELIVERY: # Paradise Va[redacted]

FATHER

9A. NAME OF FATHER—FIRST (GIVEN): Christopher | 9B. MIDDLE: — | 9C. LAST (FAMILY): Guerrero | 7. STATE OF BIRTH: CA | 8. DATE OF BIRTH—MONTH, DAY, YEAR: 11/03/89

MOTHER

9A. NAME OF MOTHER—FIRST (GIVEN): Erika | 9B. MIDDLE: Natalie | 9C. LAST (MAIDEN): Jaimes | 10. STATE OF BIRTH: CA | 11. DATE OF BIRTH—MONTH, DAY, YEAR: 2/18/88

CERTIFICATION

I CERTIFY THAT THIS FETUS WAS BORN DEAD AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | 12A. SIGNATURE OF PHYSICIAN, CORONER, OR DEPUTY CORONER ▶ | 12B. DEGREE OR TITLE AND TYPED NAME | 12C. DATE SIGNED | 12D. LICENSE NUMBER

FUNERAL DIRECTOR AND LOCAL REGISTRAR

13A. DISPOSITION(S) | 13B. PLACE OF DISPOSITION—NAME AND ADDRESS | 13C. DATE MO, DAY, YEAR | 14A. SIGNATURE OF EMBALMER | 14B. LICENSE NUMBER

15A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 15B. LICENSE NUMBER | 16. SIGNATURE OF LOCAL REGISTRAR ▶ | 17. REGISTRATION DATE

CAUSE OF DEATH

18. FETAL DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A): Stillborn - Premature

DUE TO (B):

DUE TO (C):

19. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☐ YES ☐ NO

20A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

20B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

21. OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER—CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN 18.

FATHER

22. RACE: Mexican | 23. HISPANIC SPECIFY: ☒ YES ☐ NO | 24A. USUAL OCCUPATION: student | 24B. USUAL KIND OF BUSINESS OR INDUSTRY: — | 24C. EDUCATION—YRS. COMPLETED: high school—1 yr.

MOTHER

25. RACE: Mexican | 26. HISPANIC SPECIFY: ☒ YES ☐ NO | 27A. USUAL OCCUPATION: student | 27B. USUAL KIND OF BUSINESS OR INDUSTRY: — | 27C. EDUCATION—YRS. COMPLETED: high school—3 yr

28A. RESIDENCE—STREET, NUMBER, OR LOCATION: 3776 T[redacted] | 28B. CITY: San Diego | 28C. STATE: CA | 28D. ZIP: 92113 | 28E. COUNTY: San Diego

MEDICAL DATA (ENTER THE APPROPRIATE CODE(S) FOR ITEMS 29D AND 32A–35 FROM THE VS 12A SUPPLEMENTAL WORKSHEET.)

29A. DATE LAST NORMAL MENSES BEGAN MONTH/DAY/YEAR: 02/25/05 | 29B. MONTH PRENATAL CARE BEGAN (1ST, 2ND...9TH): 0 | 29C. NUMBER OF PRENATAL VISITS: 0

29D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE CODE: — | 30. FETAL WEIGHT: 625 GRAMS | 32A. METHOD OF DELIVERY CODE(S): NATURAL

32B. EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY CODE: 6 | 33. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES CODE(S):

34. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY CODE(S): | 35. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE F[redacted] CODE(S):

31. PREGNANCY HISTORY (COMPLETE EACH SECTION)

LIVE BIRTHS		OTHER TERMINATIONS (EXCLUDE INDUCED ABORTIONS)	
NOW LIVING (NUMBER)	NOW DEAD (NUMBER)	BEFORE 20 WKS (NUMBER)	AFTER 20 WKS (NUMBER)
A 0	B 0	D —	E —

C. DATE OF LAST LIVE BIRTH MONTH/DAY/YEAR: —

F. DATE OF LAST OTHER TERM. MONTH/YEAR: —

CONFIDENTIAL HEALTH AND MEDICAL INFORMATION

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS 12 (REV 7/91) PENALTY FOR UNAUTHORIZED RELEASE, $500 FINE OR SIX MONTHS IMPRISONMENT. OSP 00 36252

OK to use in lieu of Burial Permit.

11/28/05

Dave Mugs

Cemetery Mgr.

E1934

Under the provisions of the recent Public Law 93-282, regarding alcohol and/or the confidentiality provisions of Section 400, Public Law 92-255, regarding drugs, as applicable and Public Law 93-579, release of medical information cannot be given without this special consent, including all Psychiatric Records for this period.

I, Erika Jaimes, hereby authorize

(Name of Hospital, Physician, Clinic, Other) Paradese Valley Hosp

to disclose and/or photocopy records obtained in the course of my diagnosis and treatment for:

☒ Medical Care ☐ Psychiatric Care ☐ Drug/Alcohol Abuse ☐ HIV Test

to (Name of Hospital, Physician, Clinic, other) Funeraria Azteca Mortuary

Address 7856 La Mesa Blvd. Phone No. 619 337-8100

Patient name Erika Jaimes

Patient address 3776 T St San Diego Ca Phone No. 619-262-4386

Social Security Number _____ Date of Birth 2-18-1988

This authorization is limited to the following medical records and type of information:

☐ All Medical Records ☐ H&P ☒ Discharge Summary ☐ Lab Reports ☐ X-Ray Reports ☐ EKG

☐ Consultations ☐ Progress Notes ☐ Other (please specify) _____

The requester may use the medical records and type of information only for the following purposes:

Physician OB Discharge Summary - 18 week delivery.

This authorization shall become effective immediately and shall remain in effect until (date) _____

I understand that the requester may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

I further understand that I have a right to receive a copy of this authorization upon my request.

Copy requested and received: ☒ Yes ☐ No Initial EJ

Signature X Erika Jaimes Date 8-17-05

(Patient/Representative/Spouse/Financially Responsible Party)

If signed by other than patient, indicate relationship _____

Witness _____ Date 8-17-05

ParadiseValley HOSPITAL
2400 E. 4th St. National City, CA 91950
Tel. (619) 470-4205

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

F.O. 516-53 (1/17/97)

JAIMES, ERIKA
F 017Y 2/18/1988
Acct: 26955732
MR # 749588
ADM46185 HARDER, ELMER REF

OBS I 0010
ADMIT: 8/16/2005
PARADISE VALLEY HOSPITAL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED DON DURBIN BROTHER IN LAW

Date 8-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Durbin (X) 127918

in a ASH Burial Vault Funeral, date, time Fri 9/2 11:00 P.S.
Type of Burial Container

Church, Chapel, Graveside ~~Witness~~ AJD : Telephase Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1892 Grave 1

Grave space & Care Fund E-8805	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	83.88
Sales taxes	
Total Due	83.88
Paid receipt number R-59099	83.88
Balance due	0

PAID AUG 19 2005 MOUNT HOPE CEMETERY

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.

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

Donald A Durbin
Signature

DONALD A DURBIX
Print Name

3001 W FLORIDA #220
Address

HEMET CA 92545
City Zip Code

951 658-4805
Telephone

Paulette/PAM

Work Order # E 19325

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

E19325

City of San Diego

pre-need
to ~~lot~~ trust

Date 6/25/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Barbara Durbin* 227918

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 10 Section _____ Blk/Row _____ Lot 1892 Grave 1

Grave space & Care Fund E-13374	~~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	473
Total Due	29773
Paid receipt number R-5746	74.00
Balance due	223.73

PAID
AUG 19 2005 R-59099
MOUNT HOPE CEMETERY

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

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

Signature 1/2/05 mailed coupon back

Paulette

Work Order # E 18554

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct # _____

See the attached signature

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

PIN# 227914

E-19325 E-18554

DURBIN, BARBARA (Chase Care Ctr., 1201 Orange El Cajon Blvd CA 92020)

DIVISION 10 LOT 1892			DEBIT	CREDIT	BALANCE
6/23/04 Opened pre-need trust for cremation burial on existing grave. Down Payment			297.73		297.73
6-23-04	R-57717			74.00	223.73
7-14-04	R-57785			9.37	214.36
2-4-05	R-58476	1+2		18.64	195.72
3-9-05	R-58607	3+4		18.64	177.08
3-23-05	R-58663	5		9.32	167.76
4-19-05	R-58758	6+7		18.64	149.12
6-7-05	R-58917	8+9		18.64	130.48
7-7-05	R-59033	10, 11, 12		18.64	111.84
8-9-05	R-59160	13+14		27.96	83.88
8-19-05	R-59099	Paid in Full		83.88	0

PAID

AUG 19 2005

MOUNT [illegible] CEMETERY

Cremains to be placed on her husbands grave James Durbin

MT HOPE CEMETERY E19325

GRAVE BLIND CHECK FORM

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

			Mary Lee Ware			
			X	#1893 Dwight Durbin	#1894 Charles Mattson	

Blind Check Initiated By: Sandra Date: 8-29-05

Interment space for: Barbara Durbin (X)

Interment Date: 9/2 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1892 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: 8-29-05

Flagged

E-19325

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 64

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

1A. NAME OF 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	RUTH	DURBIN	02/07/1941	08/17/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JUDITH DURBIN-SISTER-IN-LAW 5001 S FLORIDA AVE #220 HEMET, CA 92545

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
TELOPHASE CREMATION SOCIETY 7851 MISSION CENTER CT #104 SAN DIEGO CA 92108	FD-1272		08/22/2005

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	08/22/2005 SDEITCHMAN	2513806

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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. SHIPPED TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 9/2/05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kenneth Collins
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC., 14065 HWY 8 BUSINESS EL CAJON CA 92021	12B. DATE CREMATED 8/24/05	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.

AT Need
Res
1st Burial
E-19326
2nd Burial
E-19329

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martha Mercedes Escobar 229422

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Wed Aug 24, 05 10:00

Church, Chapel, Graveside St Joseph : Artman Mortuary.

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

Division MAS Section C Blk/Row ____ Lot 3 Grave 9

Grave space & Care Fund	$1,755.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container DD Crypt	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.40
Total Due	$3,020.40
Paid receipt number R-59102	3,020.40
Balance due	0

PAID
AUG 22 2005
MOUNT HOPE CEMETERY

I hereby certify I am the daughter 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.

229423

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

X Minerva
Signature

X MINERVA ESPESO
Print Name

X 3737 47th ST.
Address

X SAN DIEGO, 92105
City Zip Code

X (619) 283-4124
Telephone

Invoice # ____

Work Order # E 19326

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19326

GRAVE BLIND CHECK FORM

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

			X	#10 Zarate	#11 Williams	
			INF Harper		Howard Harper	

Blind Check Initiated By: Sandra Date: 8-23-05

Interment space for: MARTHA ESCOBAR

Interment Date: Weds Aug 24, 05 Time: 10:00

Div: MAS Sect: C 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: DARRELL Date: 8.23.05

Flag set

E19326

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 46

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
[redacted] Martha	-	Escobar	07/02/1958	08/19/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Minerva Espejo - Daughter 3737 42nd Street San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Funeraria Aztlan Mortuary 7356 La Mesa Blvd., La Mesa, CA 91941	FD-1658	▶ [signature]	08/23/2005

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	08/23/2005	▶ 2513823

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 8-24-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

E-19326

TOTALS:	19.14	22.40	0.95

Effective July 1, 2005, your sewer charge is $ 22.40 per monthly billing period.

THE CITY OF SAN DIEGO
WATER & WASTEWATER SERVICES
SAN DIEGO, CA 92187-0001 (619) 515-3500

Mailed on Aug 10 2005

U07-20736-29-7
ACCOUNT NUMBER

3735 42ND ST
SERVICE ADDRESS

Aug 24 2005
PAYMENT DUE DATE

MARTA ESCOBAR
3735 42ND ST
SAN DIEGO CA 92105-2514

RETURN THIS PORTION

MAKE CHECK PAYABLE TO CITY TREASURER

0720736297 0000084145

$84.14
TOTAL AMOUNT DUE

PERMANENT RESIDENT CARD

NAME CONDE DE ESPEJO, MARTHA MERCEDES E



INS A# 077-592-659
Birthdate 07/02/58
Category F26
Sex F
Country of Birth Mexico
CARD EXPIRES 11/27/11
Resident Since 10/24/01

C1USA0775926595WAC0120954281<<
5807020F1111271MEX<<<<<<<<<<<4
CONDE<DE<ESPEJO<<MARTHA<MERCED

At Need
Non-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John E. Vandertuin Jr 229702

in a ash vault (Type of Burial Container) Funeral, date, time Thurs Oct. 6 AYD

Church, Chapel, Graveside Delivery Only : Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 3 Section B Blk/Row _____ Lot 16 Grave 6 B

Grave space & Care Fund D-523	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 R-59238	395.28
Balance due	0

PAID
SEP 28 2005
MOUNT HOPE CEMETERY

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

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

Signature

Paulette family was in David did NOT have them sign

Work Order # E 19327

Print 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

- over -

David Lugo took payment from family but did not have them sign. We have ashes but missing one of the permits. Per David she is to mail walk them in.

818-353-3969
Joan Vandertuin

MT HOPE CEMETERY E19357

GRAVE BLIND CHECK FORM

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

	NAUD					
	NAUD					
	BURNS		X			

Blind Check Initiated By: Paulette Date: 10-6

Interment space for: John E. Vandertarin

Interment Date: 10/6/05 Time: AM

Div: 3 Sect: 8 Blk/Row: ____ Lot: 16 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Jeeg

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/5/05

E-19307

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 42159

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
JOHN	E.	VANDERTUIN	08/03/1918	08/20/2005	MALE

5A. [redacted] OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SUNLAND	LOS ANGELES	JOAN S. VANDERTUIN, DPOA 6361 BLANCHARD CANYON ROAD TUJUNGA, CA 91042

7A. TYPED NAME AND ADDRESS OF 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 4312 WOODMAN AVE,3RD FL,SHERMAN OAKS,CA 91423	FD-1359	▶ [signature]	08/26/2005

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	08/26/2005 C. SIMPSON	▶ 195/2486

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. FIGUEROA ST,L.A., CA 90012	P.O. BOX 85222, SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] 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 10-6-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY HERITAGE CREMATORY 3223 E. PICO BLVD,L.A.,CA 90023	12B. DATE CREMATED 9/30/05	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 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 [redacted]OSITION OTHER [redacted] IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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
Non-Res.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/22/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Constance Gay Cheney @ 229701

in a Ash Vault (Type of Burial Container) Funeral, date, time Thurs. Oct 6 AYD

Church, Chapel, Graveside Delivery Only : Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 3 Section 8 Blk/Row _____ Lot 16 Grave 6 A

Grave space & Care Fund D-523	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup Open W/E - 19387	—
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	241.28
Paid receipt number R-59238	241.28
Balance due	0

PAID
SEP 28 2005
MOUNT HOPE CEMETERY

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

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

Print Name _____

Signature _____

Address _____

City _____ Zip Code

Telephone _____

Paulette family was in but David did not have them sign.

Invoice # _____

Work Order # E 19328

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

– over –

See Back of E-19327

MT HOPE CEMETERY E-19328

GRAVE BLIND CHECK FORM

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

	Nazro					
	Nazro					
	Burns		x			

Blind Check Initiated By: Paulette Date: 10/5

Interment space for: Constance G. Cheney

Interment Date: 10/6/05 Time: AYD

Div: 3 Sect: 8 Blk/Row: ____ Lot: 16 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No F Cook

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/5/05

-Refile-

E-19328

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CONSTANCE	GAY	CHENEY	08/07/1944	08/07/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	LOS ANGELES	JOAN S VANDERTUIN, COUSIN 6361 BLANCHARD CANYON RD TUJUNGA CA 91042

7A. TYPED NAME AND ADDRESS OF 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 4312 WOODMAN AVE 3RD FLR SHERMAN OAKS CA 91423	FD-1359	▶ [signature]	09/07/2005

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	09/08/2005	▶ Thomas L Gallucci MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N FIGUEROA ST L.A. CA 90012	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 MT. HOPE CEMETERY 3731 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10-6-05	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 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 (Res)
2nd Burial E-19329
1st Burial E-19326

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Espejo Family 229423

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 C Blk/Row _____ Lot 3 Grave 9

Grave space & Care Fund	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	$ 413.00
Burial Container	0
Handling Fees	0
Trien Flower vases - Marker setting fee $51.63 + upright $214.00	265.63
Recording/Filing/Transfer Fees OK by Maria Saunders	50.00
Sales taxes	0
Total Due	$ 728.63
Paid receipt number R-59102	182.00
Balance due	546.63

5/22-06
pd in full pre-need P-00300
PC/M.D.

I hereby certify I am the Family 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.

229423

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

X [signature] X
Signature

X MINERVA, ESPEJO
Print Name

X 3737 42nd ST.
Address

X SAN DIEGO, 92105
City Zip Code

X (619) 283-4124
Telephone

bottom of monument 42" x 12"

Invoice # _____

Work Order # E 19329

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pin# 229423 Contract Expires Aug. 2007 payments $23.00 monthly
payment Due 23 rd of each month E-19329
ESPEJO, MINERVA 3737 42nd St. SD CA 92105 (619) 283-4124
Div MAS SEC C LOT 3 GR 9

		DEBIT	CREDIT	BALANCE
08-22-05	Opened Pre-need on 2nd Burial W/ 25%	$728.63	$182.00	$546.63
10/10/05	down, Pre-need also to include Trion R-59289		46-	500.63
	Vase & marker setting fee for upright, o/c & R/F			
12-2-05	R-59459 coupon# 3,4 Nov, Dec 05		46-	454.63
2-3-06	mailed Reling. Cert. letter			
3/9/06	P-00115 coupon 5,6 Jan 06/Feb 06		46-	408.63
4-10-06	mailed Reling Cert letter			
4-18-06	P-00241 coupon 7+8 Mar & April		46-	362.63
5/22/06	P-00300 Paid off		362.63	-0-

Paid in Full

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59102

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 8-22-05 , 20 05

From: Minerva Esqueto Address: 3737 41st St. S.D. 92105

Three Thousand & Two hundred & Two dollars 40/100 Dollars ($ 3,202.40)

in Full-For AT-Need Payment of AT-Need For Martha Escutar & Pre-need on 2nd Burial

Div MAS Sec C Blk/Row ____ Lot 3 Grave 9

Invoice No. E-19326-AT Need

Acct. No. E-19329 Pre-Need

W.O. ____

BALANCE DUE 0 on AT-Need
$546.63 on Pre-need

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #674

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 2 2 2005

MOUNT HOPE CEM...

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	$	3202	40

MARCO A. RAMIREZ
3737 - 42ND ST.
SAN DIEGO, CA 92105-2514

90-7162/3222
3513122634

674

DATE 8/22/05

PAY TO THE ORDER OF MT. HOPE CEMETERY — $3,202.40

Three thousand Two hundred-Two 40/00

Washington Mutual

Washington Mutual Bank, FA
San Diego-Kensington Financial Center 1249
4078 Adams Avenue
San Diego, CA 92116
1-800-788-7000
24 hour Customer Service

NOTES CEMENTERIO

MP

E-19326 1st Burial 3,020.40 - AT-Need
E-19329 2nd Burial 182.00 - Pre-Need down-payment
$3,202.40

PT deed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/22/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ronald Christian 229433

in a Liner (Type of Burial Container) Funeral, date, time Weds Aug 24 9:00

Church, Chapel, Graveside Delivery Only : AZTLAN Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 9D Grave 16

Grave space & Care Fund	1310.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	278.00
Handling Fees	213.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	16.00
Sales taxes	21.54
Total Due R-59103	2437.54
Paid receipt number	2437.54
Balance due	Ø

PAID
AUG 22 2005
MOUNT HOPE CEMETERY

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

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

Signature

John A Rodriguez
Print Name
7856 La Mesa Blvd
Address
La Mesa Ca. 91941
City Zip Code
619 337-8100
Telephone

Invoice # _____

Work Order # E 19330

Acct. # _____

REA-104 (3-04)

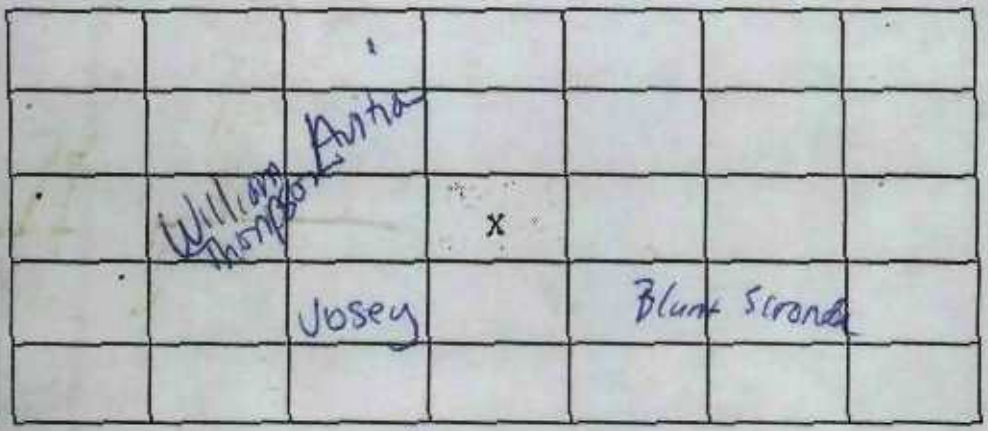
This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19330

GRAVE BLIND CHECK FORM

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



Blind Check Initiated By: Paulette Date: 8-23

Interment space for: Ronald Christian

Interment Date: 8/24/05 (weds) Time: 9:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 91 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8-23-05

E-19330

age 59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Fd

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ronald	-	Christian	07/13/1947	06/03/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	San Diego County Medical Examiner 5555 Overland Avenue San Diego, California 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED
Funeraria aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658		08/17/2005

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	08/17/2005	Leah A. Mata ▶ 2513573

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED 12 chairs

Date 8-23-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Mae Mason 229434

in a Liner (Type of Burial Container) Funeral, date, time Fri. Aug. 26

Church, Chapel, Graveside : CA BURIAL Mortuary. El Cajon

All Funeral cars must arrive 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 147 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 Visa Card	1833.20
Balance due	Ø

PAID AUG 23 2005 MOUNT HOPE CEMETERY

I hereby certify I am the [signature] 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.

Samuel Monia
Signature

Res Verified to Paulette Samuel Monia (Son)

Ernie M Mont
Print Name

1485 Lasque #312
Address

SF CA. 94124
City Zip Code

Telephone

Invoice # _____

Work Order # E 19331

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19331

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Paulette Date: 8/24

Interment space for: Annie Mae Mason

Interment Date: Friday Aug 26 Time: ?

Div: 12 Sect: 2 Blk/Row: ____ Lot: 147 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Tdad

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-24-05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19331

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

1A. NAME OF 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	MAE	MASON	08/24/1919	08/21/2005	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	MYRA WILSON-DAUGHTER 5003 FIR 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
CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	▶ [signature]	08/24/2005

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	08/24/2005 V MITCHELL	▶ 2613939

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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	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 FACIL ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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-19331
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
ANNIE	MAE	MASON	08/24/1919	08/21/2005	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	MYRA WILSON-DAUGHTER 5003 FIR 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
CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	▶ [signature]	08/24/2005

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	08/24/2005 V MITCHELL	▶ 2513939

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 8-26-5	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.

E-19331

1-800-MEDICARE [redacted]

NNIE M MASON

[redacted] FEMALE

OSPITAL (PART A) 08-01-1984
EDICAL (PART B) 08-01-1984

FOR IDENTIFICATION ONLY



ANNIE MAE MASON

9410 HILTON AVE.

SAN DIEGO, CA 92113

State of California

Benefits Identification

ID No. [redacted]

ANNIE M MASON

[redacted] Issue Date 05 23 05

pre-Need
Res
Trust pd IN Full

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-23-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elenora Johns Gilmore 208123

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 27 Grave 10

Grave space & Care Fund E-7159	0
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	$ 963.31
Paid receipt number R-59104	963.31
Balance due	0

PAID
AUG 23 2005
MOUNT HOPE

I hereby certify I am the Self 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.

Elenora J. Gilmore X
Signature

X Elenora J. Gilmore
Print Name
X 436 Kingswood St
Address
X S.D. 92114
City Zip Code
X 479-4892
Telephone

Work Order # E 19332

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19332

CALIFORNIA

DRIVER LICENSE CLASS: C

B1367243

EXPIRES 03-07-01

This license is issued as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.



ELENORA JOHNS GILMORE
436 KINGSWOOD ST
SAN DIEGO CA 92114

SEX: F HAIR: BRN EYES: BRN
HT: 5-05 WT: 172 DOB: 03-07-28

Elenora J. Gilmore

09/29/97 614 42/ FD/01 1096

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot trust

Date 8/23/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn A. Jones 229441

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 88 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-59105	1833.20
Balance due	0

PAID
AUG 23 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.

229441

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

X Evelyn A. Jones (Signature)

X Evelyn A Jones (Print Name)

4058 Hamilton St (Address)

San Diego CA 92104 (City, Zip Code)

(619) 574-5807 (Telephone)

Paulette CDL verified address

Invoice # _____

Work Order # E 19333

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Disinterment (Non Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-23-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James R. Wilson 173551

in a Liner size #3 Funeral, date, time Weds Sept. 7th 10:30

Type of Burial Container

Church, Chapel, Graveside Anderson Ragsdale Mortuary.

for transfer to Dearborn Memorial Park

All Funeral cars 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 137 Grave 3

PAID

AUG 23 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 Disinterment	1,463.00
Sales taxes moved to Pomerado Cemetery District	
Total Due	$1463.00
Paid receipt number pd by M/C	$1,463.00
Balance due	Ø

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

229480

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

X James Wilson
Signature

X JAMES T. WILSON
Print Name

X 1999 Harrison St
Address

X Oakland CA 94612
City Zip Code

X 510-466-6757 WK #
Telephone

Invoice # _____

Work Order # E 19334

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

DISINTERMENT NORM & JOSE

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Liner size #3 VA Marker on grave

	Gladney	Gladney	X			
			Hallas			

Blind Check Initiated By: Paulette Date: 9-6

Interment space for: James R. Wilson (disinterment)

Disinterment
Interment Date: 9/7 Time: 10:30 AM

Div: 11 Sect: 1 Blk/Row: ____ Lot: 137 Gr: 3

Grave Laid out by: KEN & JOSE

Flag

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-6-05

E 19334

X-DEEP D-5814

Name WILSON, James Richard
LAST FIRST MIDDLE ASHES

Buried 137 3 1 11
LOT GRAVE ROW SECTION BLK. DIV.

DOA 5/8/1975 8/13/1975 Age 60 (9/17/1914)
DATE OF DEATH DATE OF BURIAL YRS. DATE OF BIRTH

San Diego, Calif. W M
PLACE OF DEATH RACE SEX

Removed

Remarks Janet Wilson, Wife 229479

PW-972

E-19334

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF James R. Wilson

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

The burial site for James R. Wilson is identified as:

Division 11 Section 1 Lot 137 Grave 3

We acknowledge that we have been advised that the remains of (insert name) may not be present and/or intact.

SIGNATURE(S)	RELATION TO DECEASED
X Janet H. Wilson	X wife

Jose Paes Jimenez Jr
WITNESSED BY

Aug 19, 2005
DATE

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E 19334

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of San Diego } ss.

On August 19, 2005 (Date) before me, Jose Ynes Jimenez Jr. Notary Public (Name and Title of Officer (e.g., "Jane Doe, Notary Public"))

personally appeared Janet L. Wilson (Name(s) of Signer(s)),

☐ personally known to me

☑ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

OFFICIAL SEAL
JOSE YNES JIMENEZ JR.
NOTARY PUBLIC-CALIFORNIA
COMM. NO. 1326032
SAN DIEGO COUNTY
MY COMM. EXP. OCT. 19, 2005

Place Notary Seal Above

WITNESS my hand and official seal.

Jose Ynes Jimenez Jr
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: letter of approval for Desinterment of Janet Wilson

Document Date: August 19, 2005 Number of Pages: 1

Signer(s) Other Than Named Above: By witness Jose Ynes Jimenez Jr

Capacity(ies) Claimed by Signer(s)

Signer's Name: Janet

☑ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: Herself

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: _____

☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

© 2004 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 Item No. 5907 Reorder: Call Toll-Free 1-800-876-6827

E19334

James R Wilson
disinterment and
transfer to

Pomerado Cemetery District
Dearborn Memorial Park
www.dearborncemetery.com

Joyce Pelkey
District Secretary
Phone (858) 748-5760
joyce @ dearborncemetery.com

14361 Tierra Bonita Rd.
Poway, CA 92064
Fax (858) 748-5824

by Ragsdale Mortuary

Contact

Jim Wilson
(w) 510-466-6757
(h) 925-943-7186

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
SD RESIDENT
4676 CHARLENE AVE
SD CA 92114

Date 08/24/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHERYL A. WALKER 229436

in a D.D. CRYPT "A" Type of Burial Container Funeral, date, time Monday August 29th 11:00

Church Chapel, Graveside BAYVIEW : SD Memorial Mortuary.

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

Division 12 Section 2 Blk/Row ____ Lot 241 Grave 5

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	419.00
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 R59112	2250.40
Balance due	-0-

PAID
AUG 25 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

Paulette

Work Order # E 19335

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-1933S

GRAVE BLIND CHECK FORM

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

		Harris	X			
			Neely	Jones	Farmer	

Blind Check Initiated By: Paulette Date: 8/24

Interment space for: CHERYL A. WALKER

Interment Date: Mon Aug 29 Time: 11 AM

Div: 12 Sect: 2 Blk/Row: ____ Lot: 241 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 Noriega Date: 8-24-0

E-19335

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
CHERYL	ADRENNE	WALKER	03/28/1964	08/19/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]OLTVILLE	IMPERIAL	EMMETT W. WALKER-FATHER 6676 CHARLENE 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
WMS. SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Ronnie Pryor	08/24/2005

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	08/24/2005 R. PRYOR	▶ 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
IMPERIAL COUNTY HEALTH DEPT. VITAL RECORDS 925 BROADWAY EL CENTRO, CA 92243	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 CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 8-29-05	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.

E-19335

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/03)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
CHERYL	ADRENNE	WALKER

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

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	IF UNDER ONE YEAR: Months / Days	IF UNDER 24 HOURS: Hours / Minutes	6. SEX
03/28/1964	41			F

8. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	9. HOUR (24 Hours)
VA	557-19-6698	YES [ ] NO [X] UNK [ ]	NEVER MARRIED	08/19/2005	1740

13. EDUCATION — Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back)	16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
SOME COLLEGE	YES [ ] NO [X]	BLACK

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
CNA NURSE	HOSPICE HEALTH INDUSTRY	3

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)
6676 CHARLENE AVE.

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SAN DIEGO	SAN DIEGO	92114	40	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
EMMETT W. WALKER-FATHER	6676 CHARLENE AVE. SAND IEGO, CA 92114

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)	
-	-	-	
31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
EMMETT	W.	WALKER	TN
35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE
ADA	BEE	LITTLEJOHN	MS

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)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
BU		8321
44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR / 47. DATE mm/dd/ccyy
WMS. SAN DIEGO MEMORIAL CHAPEL	FD 575	

TERMINAL USE ONLY

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
Open Highway	IP [ ] ER/OP [ ] DOA [ ]	Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other [ ]

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106. CITY
Imperial	Interstate 8 & East Highline Canal	Holtville

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused the 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) Multiple Traumatic Injuries	(AT) Seconds
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	(B)	(BT)
	(C) Paulette - as deceased before	(CT)
	(D) Her personal effects are in Brawley	(DT)

108. DEATH REPORTED TO CORONER? X YES [ ] NO — REFERRAL NUMBER: 05-163

109. BIOPSY PERFORMED? [ ] YES [X] NO

110. AUTOPSY PERFORMED? [X] YES [ ] NO

111. USED IN DETERMINING CAUSE? X YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
None & are very mild to no.

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 [ ] 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	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since: (A) mm/dd/ccyy / Decedent Last Seen Alive: (B) 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	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
MANNER OF DEATH: Natural [ ] Accident [X] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined [ ]	YES [ ] NO [X] UNK [ ]	08/19/2005	1650

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
Open Highway

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
Decedent was involved in a single vehicle rollover and was ejected.

125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)
Interstate 8 & East Highline Canal GPS: N:32.76525 W:115.27016 Holtville CA 92250

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
	08/23/2005	Michael Mistriel, Deputy Coroner

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
SD RESident
4676 CHARLENE AVE
SD CA 92114

Date 08/24/05

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

in a DD CRYPT "A" Funeral, date, time Monday August 29th 11:00
Type of Burial Container

(Church) Chapel, Graveside SD Memorial Mortuary
BAYVIEW

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

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

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	
Balance due	

MOLT TO PAY

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

229437

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

Emmett N. Walk
Signature

Emmett N. Walk
4676 CHARLENE AVE
SAN DIEGO, CA 92114
619-339-3187

Boulette

Work Order # E 19335

Invoice # _____

Acct. # _____

PEA 104 (3-04)

This information is available in alternative formats upon request.

AT-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alveria Johnson 229439

in a Liner (Type of Burial Container) Funeral, date, time Tues Aug. 30, 05 11:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 X

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row Lot 105 Grave 5

Grave space & Care Fund	E-2617	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		413.00
Burial Container	Liner	209.00
Handling Fees		160.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		50.00
Sales taxes		16.20
Total Due		$ 848.20
Paid receipt number	Visa	848.20
Balance due		0

PAID
AUG 25 2005
MOUNT HOPE CEMETERY

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

229440

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

X

Signature

X Alvee Johnson
Print Name

X 5530 San Mateo Dr
Address

X S.D 92114
City Zip Code

X 287-6602
Telephone

Invoice #

Work Order # E 19336

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

San
Alee Johnson
619 287-6602
5530 San mateo Dr.
S.D. 92114

MT HOPE CEMETERY E-19336

GRAVE BLIND CHECK FORM

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

		Robinson				
	Moore	Johnson	X	Edwards		
		Houston	Thompson			

Blind Check Initiated By: Pam Date: 8/25

Interment space for: Alveria Johnson

Interment Date: Tues Aug 30th, 05 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 105 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 8-28-05

E19336
pg 84

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALVERIA	ELLEN	JOHNSON	08/05/1916	08/22/2005	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	ALEE JOHNSON: SON 5530 SAN MATEO 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	▶ Jennifer Page	08/29/2005

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 08/29/2005	2514195 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY; 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-30-05	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 8-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOIS JONES 210167

in a Liner (Type of Burial Container) Funeral, date, time Weds Sept. 14. 10:30

~~Church, Chapel, Graveside~~ Delivery Only! ; Poway Bernardo Mortuary. David

All Funeral cars must arrive 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 252 Grave 5

Grave space & Care Fund 7-24-1995 E-13031	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	—
7-24-1998 Balance due	Ø

fax # 858-748-4069

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

_____
Telephone

Paulette

Work Order # E 19337

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-29-05

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

in a Liner (Type of Burial Container) Funeral, date, time No date yet!

Church, Chapel, Graveside _____ : Poway Bernardo Mortuary, David

All Funeral cars must arrive 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 252 Grave 5

Grave space & Care Fund	7-24-1995 E-13031	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	—
	7-24-1995 Balance due	0

fax #858-748-4069

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

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

(2) Darnell Price
Signature

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
1221 A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699
Address

City Zip Code

858 694 3507
Telephone

Paulette

Invoice # _____

Work Order # E 19337

ACCL # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Pre-need Lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

E-9337

City of San Diego

Date 7-25-96

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

In a Liner (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 252 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup 7-24-98	375.00
Burial Container IN FULL	190.00
Handling Fees PAID	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,564.73
Paid receipt number R-47633	391.00
Balance due	1,173.73

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

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

_____
Signature of recorded holder of deed

X Lois Jones
Signature

X 2105 ½ Van Ness
Address

X National City 91950
City Zip Code

X 479-0796
Telephone

Invoice # _____

Work Order # E 13031

Acct. # _____

PY-593 (Rev. 8-92)

MT HOPE CEMETERY E-19337

GRAVE BLIND CHECK FORM

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

Hubbard		Wilkins	X			
			Martin			

Blind Check Initiated By: Paulette Date: 9/12

Interment space for: Lois Jones

Interment Date: 9/14/05 Woods Time: Delivery Only 10:

Div: 12 Sect: 2 Blk/Row: ____ Lot: 252 Gr: 5

Grave Laid out by: Norman Ferguson

Trees with Legal Card: ☐ Yes ☐ No

Trees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: ____ Date: ____

E-19357

use 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
Lois	Enk	Jones	11/22/1915	08/21/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Darnell Price-Public Administrator 5201 A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Poway Bernardo Mortuary 13243 Poway Road, Poway, CA 92064	FD-1195	▶	08/30/2005

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	08/30/2005 E. Vigney	▶ 2514230

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-14-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

COPY 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 8-30-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus Rivera 229445

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs. Sept. 1, 10:00

Church, Chapel, Graveside : Guadalupano Mortuary, David

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

Division 12 Section 2 Blk/Row _____ Lot 163 Grave 7

*Grave space & Care Fund	1310.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.-
Burial Container	366.-
Handling Fees	271.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.-
Sales taxes	28.37
Total Due	2590.37
Paid receipt number R-59122	2590.37
Balance due	0

PAID
AUG 30 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.

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

Signature

Francisco J. Rivera
Print Name

308 E. 22nd St Apt# 107
Address

National City, CA 91950
City Zip Code

619-474-6953
Telephone

Invoice # _____

Work Order # E 19338

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19338

GRAVE BLIND CHECK FORM

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

	Buchardt		Muhlewirth	Kelley		
		Durant	x	Vallejos		Goodo
				Yung		

Blind Check Initiated By: Paulette C. Date: 8/30/0

Interment space for: Jesus Rivera

Interment Date: 9-1-05 Time: 10:00 church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 163 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 8-31-0

E-19338

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS age 45

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JESUS	-	RIVERA-BARRON	09/13/1959	08/27/2005	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	FRANCISCO JAVIER RIVERA-SON 308 E 22nd ST.#107 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
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD01425		08/31/2005

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/31/2005	Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 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 9-1-05	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need
Disinterment & interment
Of Frankie Gillins

Date 8/31/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alma M. Gillins Pin# 184624

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 3 Blk/Row _____ Lot 76 Grave 4

Grave space & Care Fund	0
Overtime/Late Arrival Fees Disinterment	1100.00
Opening/Closing & Setup	—
Burial Container for Frankie Gillins burial	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1535.20
Paid receipt number R-59147	350.00
Balance due	1,185.20

PAID

PAID

OCT 12 2005

paid in full R-59301

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.

PIN# 208120

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

audit copy of signed interment from frankie

David Paulette

Invoice # _____

Work Order # E 19339

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need trust for Frankie/Disinterment of Alma Gillins E-19339

Pin #208120 to have grave D.I.P in the future. Per Manager Lugo

GILLINS-GREEN, FRANKIE

		DEBIT	CREDIT	BALANCE
8/31/05 Opened pre-need disinterment of Alma Gillins/ a		1100.00		1100.00
pre-need trust for Frankie Gillins-Green.		435.20		1535.20
division 12 section 3 lot 76 grave 4 R-59147			350.00	1185.20
9/5/05	R-59243 NO coupon		100.-	1085.20
10/12/05	R-59301 " "		1085.-	(-.20)

PAID

OCT 12 2005

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59301

E-19339

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 10/12, 20 05

From: Frankie Gillins-Green Address: 4620 Nogales, Apt G SD CA 92102-6027

One Thousand Eighty five Dollars ($ 1085.—)

in full Payment of Pre-need trust paid in full pre-need disinterment + frankie Burial.

Div 12 Sec 3 Blk/Row Lot 76 Grave 4

Invoice No. E-19339

Acct. No.

W.O.

BALANCE DUE .20¢

Pre-Need Lot At Need On Acct

Pre-need Trust X Cash Check X

AC-212 (Rev. 4-04) 1077, 1057, 1058, 1059

This information is available in alternative formats upon request.

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

OCT 12 2005

ISSUED BY Jacquette Cuyod

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	1085.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	1085.—

AT-Need (RES) 1st + 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-31-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angela Elizabeth Boyce 229477

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time Wed Sept 7, 05 1:00p.m

(Church) Chapel, Graveside Church of Christ 6971 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. Amory V Boyce X

Division 12 Section 2 Blk/Row _____ Lot 210 Grave 2

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 pd by Visa	2,713.40
Balance due	0

PAID AUG 31 2005 MOUNT HOPE CEMETERY

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

229478

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

X Amory V Boyce
Signature

X Amory V. Boyce
Print Name
X 162 Buccaneer Dr
Address
X San Diego CA 92114
City Zip Code
X 619-263-9361
Telephone

Invoice # _____

Work Order # E 19340

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19340

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 09-17-09

A6516738

CLASS: C



ANGELA ELIZABETH BOYCE
4272 VAN DYKE AVENUE
SAN DIEGO CA 92105

SEX:F HAIR:BLK
HT:5-03 WT:168

DOB:09-17-74

RSTR: CORR LENS

Angela E Boyce

09/28/2004 212 OL FD/09

MT HOPE CEMETERY E19340

GRAVE BLIND CHECK FORM

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

			#2 X		Maxine Bennett	
				#9 Zenobia Carter		

Blind Check Initiated By: Sandra Date: 9-6-05

Interment space for: Angela E. Boyce Weds

Interment Date: Sept 7, 05 Time: 1:00 p.m (church)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 210 Gr: 2

Grave Laid out by: KEN & JOSE

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-6-05

7 lagged

E 19340

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 30

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

1A. NAME OF 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	ELIZABETH	BOYCE	09/17/1974	08/30/2005	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	VETA BOYCE: MOTHER 162 BUCCANEER 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	▶ Sonnya Pryor	09/02/2005

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	S. PRYOR 09/02/2005	2514499 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-7-05	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.

Pre-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mestre Family Branch of Service Marines

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 C Blk/Row _____ Lot 5 Grave 1

Grave space & Care Fund		$1,755.00
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	24X12 upright Foundation + borders	178.00
Recording/Filing/Transfer Fees	2 @ $50.00	100.00
Sales taxes		32.40
	Total Due	$3,661.40
	Paid receipt number R-59128	$1,000.00
	Balance payments	Balance due $2,661.40
	Pd Bal P-00174	2,106.40

PAID

MAR 14 2006

MOUNT HOPE CEMETERY

I hereby certify I am the family 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.

229455

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

Lillian Rodriguez de Mestre X
Signature

c/o purchaser 229456
Pedro Mestre

X Lillian Rodriguez de Mestre
Print Name

X 7723 Jamacha Rd
Address

X San Diego, Ca. 92114
City Zip Code

X 619-698-1949
Telephone

Invoice # _____

Work Order # E 19341

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper


DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 11-03-09

N9586274

CLASS:C

LILLIAN RODRIGUEZ DE MESTRE
7723 JAMACHA RD
SAN DIEGO CA 92114

SEX:F HAIR:BRN EYES:BRN
HT:5-01 WT:155 DOB:11-03-48

10/29/2004 S06 36 FD/09

E-19341

Due 15th each month — monthly -$111.00

Pin# 229455 C/O Purchaser Pedro Mestre Pin# 229456 E-19341

(MESTRE) Rodriguez De Mestre, Lillian 7723 Jamacha Rd SD CA 92114 619-698-1949

DIV Mas SEC C LOT 5 GR 1

				DEBIT	CREDIT	BALANCE
09-01-05	Open Pre-Need Lot & Trust for 1st & 2nd burial (DD Crypt) & marker setting fee 24x12 upright foundation & border Trust to include (2) O/C, B/C, H/F, (2) R/F Taxes, marker setting fee		20% of $351.00 80% of $1,404.00	$3,661.40	$1,000.00	$2,661.40
10-13-05	R-59308	Coupon 1			$111.00	$2,550.40
11-15-05	R-59406	Coupon 2	NOV 05		$111.00	$2,439.40
12/16/05	R-59506	no Coupon #3	Dec 05		$111.00	$2,328.40
1-18-06	P-00068	Coupon #4	Jan 06		$111.00	2,217.40
2-15-06	P-00129	Coupon #5	Feb 06		111.00	2,106.40
3-14-06	P-00174	Coupon #6	Mar 06		$2,106.40	0

PAID

MAR 14 2006

MOUNT HOPE CEMETERY

Pre-need (Res)
At-need 9/6/05

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-2-05

Pin 229464 Reserved For

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Geraldine Noel Pre-need

in a TS Vault (Type of Burial Container) Funeral, date, time Tues. Sept. 13th 1:00

(Church) Chapel, Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 89 Grave 8

* Grave space & Care Fund	$985.00
Overtime/Late Arrival Fees	
* Opening/Closing & Setup	413.00
Burial Container TS Vault	275.00
Handling Fees $138.00	204.00
wo#4591 Flower vases + Marker setting fee Trion Vase $1.63	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes SEP 0 2 2005	21.31
Total Due	$2,137.94
MOUNT HOPE CEMETERY Paid receipt number R-59138	2,137.94
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.

229463

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

Glenda Watts X (Signature)

Glenda Watts X (Print Name)

6327 Las Lidia Ct. X (Address)

San Diego Ca. 92114 X (City, Zip Code)

1.619.263.9111 X (Telephone)

Invoice # _____

Work Order # E 19342

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19342

GRAVE BLIND CHECK FORM

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

		DAVENPORT		LOUIS		
		JOE L WILLIAMS	X		MARSHAL	
			BURTON	SNEAD		

Blind Check Initiated By: KEVIN Date: 9/10/05

Interment space for: Geraldine Noel

Interment Date: 9-13-05 Time: 1:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 89 Gr: 8

Grave Laid out by: DALLEYL & JOSE

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: KEVIN Date: 9/10/05

UNION BANK OF CALIFORNIA

E 19342

STATEMENT OF ACCOUNTS

UNION BANK OF CALIFORNIA
EUCLID & FEDERAL 015
PO BOX 512380
LOS ANGELES CA 90051-0380

CY09Z 0B 0230

GERALDINE NOEL
404 47TH ST APT 31
SAN DIEGO CA 92102-4739

■ *Enjoy the convenience of receiving your statement online*
fast and free. We'll send you an email when your stateme
Plus, online statements won't get lost, stolen or delayed in
just sign on to online banking at banking.uboc.com. Then
of the screen and activate online statements today.

E19342

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GERALDINE	WATTS	NOEL	10/31/1936	09/03/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GLENDA WATTS: DAUGHTER 6727 LAS LIDIA COURT 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	Glenda Watts	09/08/2005

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	S.PRYOR 09/09/2005	2514803

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59138

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9-2-05, 20 05

From: Glend Watts Address: 6727 Las Lidia ct. S.D 92114

Two Thousand one hundred Thirty-seven 94/100 Dollars ($ 2,137.94)

in Full Payment of Pre-need For Geraldine Noel w/Trion vase & marker setting Fee

Div 12 Sec 1 Blk/Row ____ Lot 89 Grave 8

Invoice No. E-19342

Acct. No. ____

W.O. ____

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

#000308868

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID

SEP 02 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184	197	00
80% Sales	100		
of Lots	77184	788	00
Opening/	100		
Closing	77181	413	00
Burial	100		
Containers	77182	302	50
	100		
Handling Fee	77185	226	00
Recording &	100		
Misc. Fees	77183	188	00
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390	23	44
TOTAL PAID	$	2,137	94

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

San Diego Metropolitan Credit Union

Post Office Box 719099
San Diego, California 92171-9099
619-297-4835

DATE
08-24-05

90-8154
3222

CHECK NO: 000308868

CASHIER'S CHECK

AMOUNT
********2,137.94

VOID AFTER 180 DAYS

PAY THE SUM OF TWO THOUSAND ONE HUNDRED THIRTY SEVEN DOLLARS AND 94 CENTS

PAY TO THE ORDER OF MT. HOPE CEMETERY
RE: GLENDA G WATTS

REF

Adele Sandberg
AUTHORIZED SIGNATURE

REQUIRES TWO SIGNATURES OVER $5,000

⑈000308868⑈ ⑆322281549⑆000008000020 2⑈

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT ANGLE TO VIEW

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 9-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Timothy Mitchell 225487

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Sept. 8 11:00 Ruton

(Church) Chapel, Graveside Cypress View Mortuary 619 264-3108

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.-

will be applied and billed to undersigned.

*Division 11 Section 2 Blk/Row ____ Lot 85 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-59140	1833.20
Balance due	0

PAID
SEP 06 2005
MOUNT HOPE CEMETERY

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

228482

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

Liddell M. Mitchell
Signature

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

Paulette

Work Order # E 19343

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19343

UCSD Medical Group
File # 54332
Los Angeles, CA 90074-4332
(619) 543-3000
(888) 543-0999

RESPONSIBLE PARTY NAME

TIMOTHY NNN MITCHELL
3942 NEWTON AVE
SAN DIEGO CA 92113-3304

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT BY DETAC
SEE REVERSE SIDE FOR IMPORTANT INFORMATION. IMPORTANTE

MT HOPE CEMETERY E-19343

GRAVE BLIND CHECK FORM

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

				Wallace		
Jones				Norwood		Cooper
			X			

Blind Check Initiated By: Paulette Date: 9-6

Interment space for: Timothy Mitchell

Interment Date: 9-8-05 Time: 11:00

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

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: 9/7/05

E 19343

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 45

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

FD

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TIMOTHY	-	MITCHELL	10/04/1959	08/29/2005	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	BOOKER MITCHELL-FATHER 3942 NEWTON AVE. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ECH-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶	09/07/2005

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	C CRIER	▶ Nancy L Bowen

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

no handles
Casket H-13" L-26" W-14"

Date 9-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Josue MArroquin, 229573

in a Liner O (Type of Burial Container) Funeral, date, time Fri Sept 9, 11:00 GS

Church, Chapel (Graveside) ; Guadalupana David 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 Res OR $219.00 Non Res

Division 9 Section 1 Blk/Row ____ Lot 1168 Grave ____

Grave space & Care Fund	$110.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138.00
Burial Container Liner O	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-59149	$408.97
Balance due	0

PAID
SEP 0 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.

Signature X

Print Name X
Address X
City X Zip Code
Telephone X

see attach for signatures

Invoice # ____

Work Order # E 19344

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

per David Guadalupana casket size
H-13" L-26" W-14"

MT HOPE CEMETERY E19394

GRAVE BLIND CHECK FORM

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

			Tree			
			#1168 X	#1169 Deshawn Andre Booker		

Blind Check Initiated By: Sandra Date: 9-6-05

Interment space for: Josue Marroquin

Interment Date: Fri. Sept 9 05 Time: 11:00 GS

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1168 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

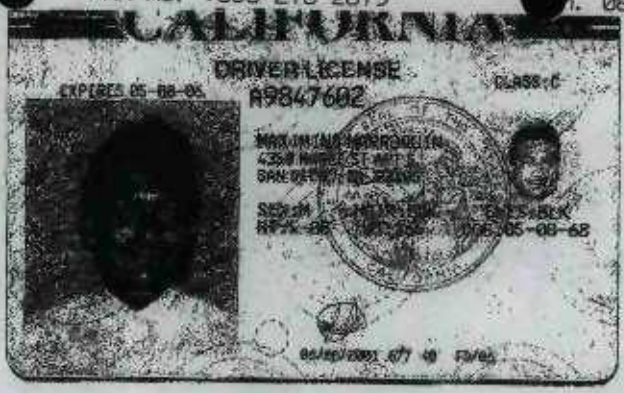
Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 9-8-05

7 flagged

E 19394

FAX NO. :858 278 2879 . 08 2003 11:



Father of baby

6195449334

09/08/2005 06:02 6195449334 GUADALUPANA MORTUARY

AT-Need
6 months
pre-mature

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

No handles
Casket H-13" L-26" W-14"

Date 9-6-05

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

In a Liner O (Type of Burial Container) Funeral, date, time Fri Sept 9, 11:00 GS

Church, Chapel (Graveside) : Guadalupana David 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 Res OR $219.00 Non Res

Division 9 Section 1 Blk/Row ____ Lot ____ Grave ____

Grave space & Care Fund	$110.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138.00
Burial Container Liner O	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
SEP 06 2005
MOUNT HOPE CEMETERY

Paid receipt number ____

Balance due ____

I hereby certify I am the Mother 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.

229574

I hereby authorize the interment in lot I hold under deed

Signature X

Sandra Vera X
Print Name

4648 F St X
Address

San Diego CA 92102 X
City 2ip Code

619 527 8134 X
Telephone

Work Order # E 19344

Invoice # ____

Acct. # ____

REA 104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19344

6 month pre-mature

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSUE	-	MARROQUIN	08/31/2005	08/31/2005	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	SANDRA VERA-MOTHER 4648 F 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
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	▶ [signature]	09/06/2005

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	09/06/2005	▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 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 MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 9-9-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

At Need
In Grave of
Minnie R. Booker
f.n #137420

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leroy Booker SR (fn 22596)

in a D.D. CRYPT "B" (Type of Burial Container) Funeral, date, time Mon. Sept 12th 11:00

Church, Chapel, Graveside Bayview : Rogodale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165- will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row ____ Lot 115 Grave 2

Grave space & Care Fund E-5828 / E-16599	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2nd OC	413.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2nd r/f	50.00
Sales taxes	
Total Due	463.00
Paid receipt number R-59170	463.00
Balance due	Ø

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

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

_____
Signature

Print Name _____

Address _____

City _____ Zip Code

Telephone _____

Invoice # See attached

Acct. # _____

Paulette

Work Order # E 19345

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19 345

GRAVE BLIND CHECK FORM

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

	Menson	Graves	x	Blackman	Brady	
			Kline			

Blind Check Initiated By: Paulette Date: _____

Interment space for: Leroy Booker Sr. 2nd burial

Interment Date: 9-12-05 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 115 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

F19345

age 85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LEROY	-	BOOKER, SR.	11/03/1919	09/02/2005	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	PATRICIA TIMS: DAUGHTER 5012 ELM STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	Jennika Pryor	09/08/2005

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	S.PRYOR 09/08/2005	2514788

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY 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 9/12/05	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 Ne'd in Grave of Minnie R. Booker

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-05

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

in a D.D. CRYPT "B" (Type of Burial Container) Funeral, date, time Mon. Sept. 12th 11:00

Church, Chapel, Graveside Ragsdale Mortuary, Fairview

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165-

will be applied and billed to undersigned

Division 12 Section 2 Blk/Row ____ Lot 115 Grave 2

Grave space & Care Fund E-5828 / E-16599 0

Overtime/Late Arrival Fees ____

Opening/Closing & Setup 2nd OC 413.00

Burial Container ____

Handling Fees ____

Flower vases – Marker setting fee ____

Recording/Filing/Transfer Fees 2nd r/f 50.00

Sales taxes ____

Total Due 463.00

Paid receipt number ____

Balance due ____

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

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

Patricia Tims
Signature

Patricia Tims
Print Name

3012 Elm Street
Address

San Diego, CA 92102
City Zip Code

(619) 262-8169
Telephone

Paid #-

Invoice # ____

Work Order # E 19345

Acct. # ____

RRA- 06 (3-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 9-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bobby Greer Sr. 229497

in a DDCrypt "B" Type of Burial Container Funeral, date, time Fri. Sept. 9 1000

Church, Chapel, Graveside Witness : Pacific View Mortuary.

St. Rita's

All Funeral cars 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 4551 Grave 1

Grave space & Care Fund E-9042	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-59153	463.00
Balance due	0

PAID

SEP 07 2005

MOUNT HOPE CEMETERY

Arrival 11:15

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

229498

Claudia Osorio
Print Name

721 S. Cedros Ave #1
Address

Solana Beach CA 92075
City Zip Code

953-967-6402
Telephone

Paulette

Work Order # E 19346

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

E-19346

City of San Diego

Date 10-26-90

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

in a Double Depth Crypt (Vault/Liner) Funeral, date, time Wed, 10/31, 11:00 AM

Church, Chapel, Graveside Chapel & Grave-Side; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 4551 Grave _____ Row _____ Section _____ Division/[redacted] 10

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.93
Total Due	1723.93
Paid receipt number 39962	723.93
Balance due	1000.00

PAID
DEC 17 1990
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 Day 7 Date

12/17

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

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

Signature of recorded holder of deed

Signature: [signature]

Address: 4984 PALIN SAN DIEGO CALIF 92113

State / Zip Code

Telephone: 262-1995

Invoice # 137776

Acct. # 061917

Work Order # E 9042

PY-593 (REV. 8-85)

MT HOPE CEMETERY E-19346

GRAVE BLIND CHECK FORM

UPRIGHT HEADSTONE ON Grave

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

		Shvartsman	x		Henderson	
			Chapin			

Blind Check Initiated By: Paulette Date: 9/7

Interment space for: Bobby Greer Sr.

Interment Date: Fri. 9th 9th Time: 10:00

Div: 10 Sect: — Blk/Row: — Lot: 4551 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: 9/7/0

E19346

age 73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BOBBY	JOSEPH	GREER, SR.	06/17/1932	09/01/2005	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	MARIA GREER: WIFE 4984 PALIN 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	Sunnilla Pryor	09/08/2005

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	S. PRYOR 09/08/2005	2514778

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 9-9-05	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
REQ. fee

Date 9-6-05

15 CHAIRS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DR. Howard H. Carey 229575

in a DD CRYPT A (Type of Burial Container) Funeral, date, time SAT. SEPT. 10 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 538 Grave 1

* Grave space & Care Fund	1095.00
Overtime/Late Arrival Fees SAT. FEE	660.00
*Opening/Closing & Setup 2 @ 413.00	826.00
Burial Container	418.00
Handling Fees ✓	352.00
WO# 45901 TRION VASE Flower vases - Marker setting fee 51.63 + 138.00	189.63
Recording/Filing/Transfer Fees PAID 20.50.00	100.00
Sales taxes	32.40
Total Due	3,673.03
Paid receipt number Visa Card	3,673.03
Balance due	0

SEP 0 6 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.

229576

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

Melba Y. Tolbert
Signature

Melba Y. Tolbert
Print Name

19738 Septo St
Address

Chatsworth, CA 91311
City Zip Code

818 349-3674
Telephone

Paulette
Work Order # E 19347

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19347

GRAVE BLIND CHECK FORM

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

			Fowler	Holman		
	McArdle	Derman	X			
	Padgett	Simak	Whitman			

Blind Check Initiated By: Paulette Date: 9/6

Interment space for: DR. Howard H. Carey

Interment Date: SAT. 9/10 Time: 11:00 Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 538 Gr: 1

Grave Laid out by: Norman Fenton

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARREL Date: 9-8-09

F-19347

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HOWARD	HAWKINS	CAREY	01/06/1937	09/04/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	YVONNE A. CAREY: WIFE 8097 HILLANDALE 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	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	▶ Sunnilea Pryor	09/08/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S.PRYOR 09/08/2005	2514796 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-10-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

GAS	#00099841	08-02-2005	08-31-2005	13 Therms
ELECTRIC	#00687395	08-02-2005	08-31-2005	946 kWh

E-19347

Next Meter Read Date: 09-30-2005
Circuit: 0381 Block: 081B Curtailment status subject to change without notice.

ENERGY USAGE HISTORY

	This Month	Last Month	Percent Change	This Month Last Year	Percent Change
Therms/day	0.4	0.5	- 20.0%	0.6	- 33.3%
kWh/day	32.6	28.3	+ 15.2%	33.8	- 3.6%
Billing Days	29	32		31	

Please return this portion with payment. Favor de devolver esta parte con su pago.

Service Address: 8097 HILLANDALE DR SD

Account Number	Cycle	Date Mailed	Due Date	Please Pay This Amount
8817 264 107 9	21	Sep 2 2005	Sep 21 2005	$184.53

Bill Becomes Past Due
After Above Date

Make Payment To

3600.7.201.44051 1 AV 0.278 02 0.890

DR HOWARD H CAREY
8097 HILLANDALE DR
SAN DIEGO CA 92120-1512

San Diego Gas & Electric
PO Box 25111
Santa Ana, CA 92799-5111

9 2 5000088172641070000018453000018453

E-19347

To: Paulette Crawford

From: Melba Tolbert

RE: Howard H. Carey
Residency Proof

Paulette,

Please see the attached SDG&E
Bill for Residency verification

Thank You

Melba Tolbert
619 287-3710

2 pages (including cover)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED Res. Fee

Date 9/6/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EZARINE CARTER 229495

in a T.S. VAULT (Type of Burial Container) Funeral, date, time FRI. Sept. 9th 1:30

Church, Chapel, Graveside _____ : Rogerdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.- will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 85 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	2137.94
Paid receipt number R- 59151	2137.94
Balance due	0

PAID

SEP 0 6 2005

MOUNT HOPE CEMETERY

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

229496

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

Genera R. Belving
Signature

Genera R. Belving
Print Name
3996 Market St.
Address
San Diego CA 92102
City Zip Code
(619) 264-7779
Telephone

Paulette

Work Order # E 19348

Invoice,# _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E193428

DMV **CALIFORNIA** DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 09-02-11

N9421760



EZARINE CARTER
3996 MARKET ST
SAN DIEGO CA 92182

SEX:F HAIR:BLK EYES:BRN
HT:5-00 WT:095 DOB:09-02-16



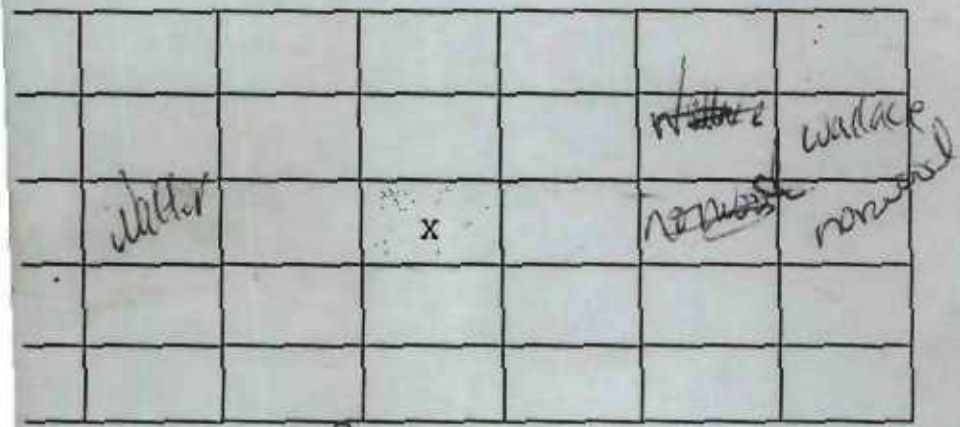
Bonnie Carter

11/21/2001 613 18 FD/11

MT HOPE CEMETERY E-19348

GRAVE BLIND CHECK FORM

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



Check Initiated By: Paulette Date: 9/7

ıent space for: EZARINE CARTER

ıent Date: Fri Sept 9 Time: 130 pm

11 Sect: 2 Blk/Row: ____ Lot: 85 Gr: 4

Laid out by: Norman Cooper

s with Legal Card: ☑ Yes ☐ No Paulette

s with Map: ☑ Yes ☐ No

Check & Verified By: Kenneth Collins Date: 9/8/05

E19348

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 89

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EZARINE	-	CARTER	09/02/1916	09/02/2005	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	GENEVA BELVING: NIECE W/DPOA 3996 MARKET 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 obtaining permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	Jennilla Pryor	09/09/2005

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PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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$11.00	S.PRYOR 09/09/2005	2514807

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MEMETERY: 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED ABANDONED BURIAL

Date 9-7-05

Pin # 229592

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OLORUNYOMI ~~ANOPUNA UN~~ AwoTundun

in a DDCRYPT "B" (Type of Burial Container) Funeral, date, time Weds. Sept. 14 1:00

Church, Chapel, Graveside Delivery Only! SNDIEGO MEMORIAL Mortuary Rally

All Funeral cars 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 6087 Grave 1

Grave space & Care Fund	131.—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	454.—
Burial Container	132.—
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 phone	776.23
Balance due	0

PAID

OCT 20 2005

MOUNT HOPE CEMETERY

P.A. DARNEL PRICE

858-694-3507

pd by Tim Thompson by phone 10-20-05

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

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

Signature _____

Billed 9-23-05

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # See attached 426968 ~~426594~~

Acct. # 000952

Paulette

Work Order # E 19349

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19349

GRAVE BLIND CHECK FORM

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

		Nicholson	Frederick	Baker		
	Haslam	Hanson	X			

Blind Check Initiated By: Paulette Date: 9/13/05

Interment space for: Olo Runyoma Anchinau

Interment Date: Delivery 9/14 Time: 1:00

Div: 8 Sect: 1 Blk/Row: ____ Lot: 687 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth [illegible] Date: 9/13/0

F19349
age 35

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
OLORUNYOMI	-	AWOTUNDUN	03/06/1970	08/10/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	DARNELL PRICE-DPA 5201-A RUFFIN RD. SANDDIEGO, CA 92123-1699

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
WMS. SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SANDDIEGO, CA 92104	FD-1575	Bonnie Pry	09/13/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/14/2005 R. PRYOR	2515056

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 9-14-05	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.

ACR07I INVOICE INQUIRY E-19349 PG 1

INVOICE: 426968

INV DATE: 09/23/05 INV TYPE: GA TYPE CHG: TREAS-REFERRAL: Y
DUE DATE: 10/23/05 NOTICES: Y ENCLOSURE: N EXCEPTION CODE:

CUSTOMER DATA

ACCT: 000952 NAME: COUNTY OF SAN DIEGO SHORT NAME: SANDIEGOCO
ADDRESS:
1) PUBLIC ADMINISTRATOR 2) 5201 RUFFIN ROAD A
3) 4)
CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY:
BILLING DEPT: 072 CONTACT: SANDRA BROLLINI
REFER NO: E-19349 PHONE: 619 527 5400 PREPARED BY:

DESCRIPTION OF CHARGE	AMOUNT
OLORUNYOMI AWOTUNDUN	
DIV 8 SEC 1 LOT 687 GR 1	131.00
OPEN/CLOSE	454.00
BURIAL CONTAINER	132.00
RECORDING FEE	49.00
TAX	10.23

TOTAL DUE: 776.23

DEPRESS PA1 KEY FOR NEXT SCREEN

PAID
OCT 2 0 2005
MOUNT HOPE CEMETERY

E19349

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322158665644

DATE: 10/20/05 TIME: 13:42:12
MERH: 302158665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0009
BATCH: 020
CD TYPE: VISA
TR TYPE: MP
ENTER INVOICE : 426594

TOTAL: $776.23M

ACCT: XXXXXXXXXXXX6019 EXP: XXXX
AP: 057492
EDIT 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

TOP COPY MERCHANT BOTTOM COPY-CUSTOMER

PAID
OCT 2 0 2005
MOUNT HOPE CEMETE

pd IN Full FOR
olorunyomL
AwoTundun
INVOICE #
~~426594~~
426968

E19349

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-7-05

AT NEED
ABANDONT
[illegible]

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of [illegible] AWOTUNDUN

in a DOCRYPT B Funeral, date, time [illegible] 1:00 Monday

Church, Chapel, Graveside Delivery Only! SAN DIEGO MEMORIAL Mortuary

All Funeral cars must arrive before [illegible] of regular work day or [illegible]

will be applied and billed to undersigned

Bk/Row	[illegible]	1
		131 —
Grave space & Cars [illegible]		—
Overtime [illegible]		454 —
Opening/Closing & Setup		132 —
[illegible]		—
Handling Fees		—
Flower [illegible]		49.00
Recording/Filing Trans [illegible]		10.23
Sales Tax		776.23
	Total Due	

[illegible]

Bal. [illegible]

I hereby certify [illegible] to make disposition of [illegible] and I agree to hold Mt. Hope Cemetery [illegible] that I have the right to make this authorization and interment. [illegible] any liability on account of said authorization and interment.

DARNELL PRICE

Print name

I hereby authorize [illegible] hold under [illegible]

Darnell Price

Signature

Address

Date

Signature

PUB ADMINISTRATOR
PUB GUARDIAN
[illegible]
SAN DIEGO, CALIFORNIA 92123-1699

Acct

Rulette

Work Order # E19349

This information is available [illegible] alternative formats upon request

09/12/2005 15:26 Mt. Hope Cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-7-05

AT USED
AB NDE T
B RIA

[illegible] hereby authorize [illegible] subject to [illegible] and regulations, to inter the remains of Bloomington Anonymous

[illegible] Group "B" [illegible] date, time Weds. Sept. 14 1:00

Church [illegible] Chapel, Gravesite 7 Drive [illegible] Only SAN DIEGO MEMORIAL Mortuary

All Federal [illegible] regulations [illegible] large [illegible]

[illegible] and [illegible] to [illegible]

Division 8 Section 1 Bldg/Row ____ Lot 687 Grave 1

[illegible] Fund	131.—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	454.—
Bulb Container	132.—
Handling Fees	—
Flower Vases – Marker setting fee	—
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23

F.A. DARNELL PRICE

Rate receipt number ____

Balance due ____

858-694-3507

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

I hereby authorize the interment in [illegible] under deed.

Darnell Price

Signature

DARNELL PRICE

Signature

Address

City

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699

Physical #

Fax #

Paulette

Work Order # E 19349

This information is available in alternative formats upon request.

REA-104 (9-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need O/C+R/F

Date 9-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Emmet W. WALKER III Print# 229482

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 241 Grave 5

Grave space & Care Fund E- 19335 0

Overtime/Late Arrival Fees PAID —

Opening/Closing & Setup 413-

Burial Container NOV 01 2005

Handling Fees

Flower vases – Marker setting fee MOUNT HOPE CEMETERY

Recording/Filing/Transfer Fees 50-

Sales taxes —

Total Due 463.-

Paid receipt number R- 59156 116.-

Balance due 347- Bal 0

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.

Print# 229437

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

E. W. Walker
Signature

EMMETT W. WALKER
Print Name

6676 CHARLENE AVE
Address

SAN DIEGO, CA 92114-1615
City Zip Code

E. W. Walker
Signature

619-583-6086
Telephone

Paulette

Work Order # E 19350

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

R-59361

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Nov. 1, 20 05

From: Emmett W. Walker Address: 6676 Charlene Ave. SD 92114

One hundred seventy nine ——— Dollars ($ 179.00)

in Cht 5024 Payment of Pre-need trust for 2nd burial

Lot 241 Grave 5 Row / Section 2 Division Block 12

Invoice No. ———

Acct. No. E-19350

W.O. ———

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #5024

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

PAID

NOV 0 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	179.	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	179.	00

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E-19350

Pre-need trust for son Emmet W. Walker III Pin#229482

Walker, Emmett W. 6676 Charlene Ave. SD CA 92114 Pin#229437 619)583-6086

DIV 12 Sec 2 Lot 241 Gr 5

	DEBIT	CREDIT	BALANCE
9/8/05 Opened pre-need trust. Trust includes: o/c $413/	413.00		413.00
r/ ee $50.00 Pd by R-59156. 25% down	50.00		463.00
For a the opening/clesing for second burial.		116.00	347.00
9-28-05 R-59233 1-12 Coupon		168-	179-
11-1-05 R-59361 Balance pd IN Full		#179.00	0

PAID

NOV 0 1 2005

MOUNT HOPE CEMETERY

AT-Need (Res) 1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAKENO Hayashi 229510

in a DD CrypT A (Type of Burial Container) Funeral, date, time mon SepT 12 05 12:00

Church, Chapel (Graveside) ; Community (MARY-ELLEN BURKS) 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. Gene Hayashi X

Division 10 Section ____ Blk/Row ____ Lot 5213 Grave ____

Grave space & Care Fund C-5277 (1968) 0

Overtime/Late Arrival Fees ..... ____

Opening/Closing & Setup ..... $ 413.00

Burial Container ..... DD CrypT 418.00

Handling Fees 352.00

Flower vases – Marker setting fee ..... SEP 08 2005 ____

Recording/Filing/Transfer Fees 50.00

Sales taxes ..... MOUNT HOPE CEM 32.40

Total Due ..... $ 1,265.40

Paid receipt number pd by Visa $ 1,265.40

Balance due 0

PAID

I hereby certify I am the SON X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 229511

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

Gene Hayashi X
Signature

X GEORGE HAYASHI
Print Name

X 750 CAMINO DE LA REINA #24
Address

X SAN DIEGO 92108
City Zip Code

X (619) 297-5824
Telephone

Invoice # ____

Work Order # E 19351

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Community Mortuary
Cons - Mary Ellen Burke
619 426-2006
Fax 619 426-3616

E-19351

CALIFORNIA

EXPIRES ON BIRTHDAY

1982

IDENTIFICATION CARD

. U3011127
. Takeno Hayashi
. 2085 Logan Ave
. San Diego CA 92113

SEX	HAIR	EYES	HEIGHT	WEIGHT	DATE OF BIRTH
F	Gry	Brn	5-1	107	12-20-07

SENIOR CITIZEN



OTHER ADDRESS

THIS CARD IS NOT A LICENSE TO DRIVE

x Takeno Hayashi
12-16-83 snd mp

DMV

DO NOT LAMINATE

E-19351


DMV CALIFORNIA DMV
DRIVER LICENSE
CLASS: C
EXPIRES 05-02-08
F0807181
GEORGE HAYASHI
780 CAMINO DE LA REINA UNIT 241
SAN DIEGO CA 92108
SEX:M
HAIR:BLK
EYES:BRN
HT:5-02
WT:156
DOB:05-02-37
03/21/2003 519 20 FD/BB

Pre-Need (Res) - 2nd Burial pd IN Full

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E19351

Date 9-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF Hayashi

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 10 Section _____ Blk/Row _____ Lot 5213 Grave _____

Grave space & Care Fund C-5277	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup PD	$413.00
Burial Container	0
Handling Fees SEP 09 2005	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees MOUNT HOPE	$50.00
Sales taxes	0
Total Due	$ 463.00
Paid receipt number pd by VISA	463.00
Balance due	0

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

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

X George Hayashi
Signature

X GEORGE HAYASHI
Print Name

X 780 CAMINO DE LA REINA #29
Address

X SAN DIEGO 92108
City Zip Code

X (619) 297-9829
Telephone

Work Order # E 19353

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E1935

GRAVE BLIND CHECK FORM

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

D1) Crypt (1st Burial)

	Yamamoto NOBORU	Side TOM Hayashi	by side X	Hayashi HIROKO		

Blind Check Initiated By: Sandra Date: 9-8-05

Interment space for: Taketo Hayashi

Interment Date: MON Sept 12, 05 Time: 12:00 (65)

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5213 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Jane Haggard Date: 9-9-05

F19351

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 97

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Takeno	-	Hayashi	12/20/1907	09/07/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	George Hayashi - Son 780 Camino De La Reina #241 San Diego, CA 92108

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 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — Person taking permit ▶	8B. DATE SIGNED 09/09/2005

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
		$11.00	09/09/2005	N. DePina 2814864

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 11-2	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.

A Prud (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/26/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John G. Paolino 229443

in a liner (Type of Burial Container) Funeral, date, time Wed. Aug 31 9:00

~~Church, Chapel, Graveside~~ delivery only; featheringsill Mortuary.

All Funeral cars must arrive 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 78 Grave 12 ~~985~~ -

Grave space & Care Fund	985- F.
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413-
Burial Container	209-
Handling Fees	160-
Flower vases - Marker setting fee	138-
Recording/Filing/Transfer Fees	50-
Sales taxes	16.20
Total Due	1971.20
Paid receipt number R-59116	1971.20
Balance due	0

PAID
AUG 29 2005
MOUNT HOPE CEMETERY

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

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

Signature

x Ric Condon
Print Name
x
Address
City Zip Code
x
Telephone

Pam Hetzel

Invoice # _____

Work Order # E 19352

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E19352

GRAVE BLIND CHECK FORM

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

	Hogue	Jackson	Espinza	Prosperi		
Reese			X		Williams	
				Jones	Dennis	

Blind Check Initiated By: Paulette Date: 8/29/05

Interment space for: John G. Paolino

Interment Date: Weds Aug 31 Time: 9:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 78 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREL Date: 8/29/05

E-19352

age 70

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	-	Paolino	03/11/1935	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
Los Angeles	Los Angeles	Good Samaritan Hospital 1225 Wilshire Blvd. Los Angeles, CA 90017

7A. TYPED NAME AND ADDRESS OF 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[illegible]	08/26/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/26/2005 M. Dominguez	2514134 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313-N. Figueroa St. Room L-1 Los Angeles, CA 90012	P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-31	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.

E19352

FORETHOUGHT GROUP INSURANCE ENROLLMENT FORM

FORETHOUGHT LIFE INSURANCE COMPANY • FORETHOUGHT CENTER • BATESVILLE, INDIANA 47006 *Please Print*

1 PROPOSED INSURED

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss *First Name / Middle Initial / Last Name:* John G. Paolino ■ Male ☐ Female

Social Security Number: 556 - 44 - 3052

Date of Birth: 4 / 11 / 1935

CERTIFICATEHOLDER — COMPLETE ONLY IF OTHER THAN INSURED

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss *First Name / Middle Initial / Last Name:* Sara Traver APSI

Social Security Number: — —

2 MAILING ADDRESS FOR INSURED OR CERTIFICATEHOLDER — WHERE TO SEND INFORMATION ABOUT THIS INSURANCE

Street Address: 2840 Adams Ave #103

City: San Diego *State:* CA *Zip Code:* 92116-1404

Telephone Number: (619) 283 5231 *Area Code*

3

FUNERAL PRICE	FACE AMOUNT	SINGLE PREMIUM
800.00	6 mon 840.00 804.00	800.00

PAYMENT PLAN

☐ 3 yr. Pay
☐ 5 yr. Pay
☐ 10 yr. Pay
☐ Flex
☐ Other SPI

PAYMENT MODE

☐ Monthly ☐ Annual ☐ Semi ☐ Quarterly
☐ Coupon Book ☐ APA*-Automatic Payment Authorization
** Attach completed authorization form and voided check if APA is selected*

Make check payable to Forethought Life Insurance Company and write certificate number on check.

INITIAL PREMIUM	+ MULTI-PAY PREMIUM	= TOTAL PREMIUM AMOUNT
800.00		800.00

4 REPLACEMENT *Is the insurance applied for intended to replace or change any existing life insurance or annuity policy?*

☐ Yes ■ No — If yes, please provide name of the insurance company(s), policy number(s), and replacement form(s), if required by your state.

5 DIRECTIONS FOR PAYMENT OF PROCEEDS

To secure the Funeral Firm guarantees stated in the Funeral Planning Agreement, proceeds are to be paid to the Funeral Firm in an amount not to exceed the retail price of the funeral provided. These directions may be changed any time before the funeral is provided by giving written notice to Forethought Life Insurance Company.

Any remaining proceeds are to be paid to the Beneficiary which is the estate of the insured. If another Beneficiary is desired, provide the information below. (Beneficiary should be other than the funeral home.)

PA

First Name / Middle Initial / Last Name

3a OPTIONAL HEALTH QUESTIONS - FOR UNDERWRITTEN PLANS ONLY

TO BE COMPLETED *ONLY* BY THE PROPOSED INSURED. INSURED'S SIGNATURE IS REQUIRED IN SECTION 6.

Please answer each question to the best of your knowledge and belief.

1. Are you currently confined to a hospital, hospice, nursing home (including custodial care) or other such facility; or, within the past twelve months, have you been told by a medical practitioner that you should be confined but have chosen not to follow that instruction?

   ☐ Yes ☐ No

2. During the last five years have you been diagnosed as having, or have you received active treatment from a medical practitioner for any of the following:

   ☐ Yes ☐ No

AIDS/ARC	Cancer	Kidney Disorder
Blood Disorder	Circulatory Disorder	Liver Disorder
Brain Disorder	Heart Disorder	Lung Disorder

If the answer to both health questions is "No," a certificate which provides full coverage will be issued. If either answer is "yes," or if the Proposed Insured is physically or mentally unable to answer the questions, a certificate with limited death benefits during the first one or two years (depending on age and plan) will be issued.

AUTHORIZATION By completing the Health Questions and signing this Enrollment Form, any medical practitioner or facility, or other person is authorized to give Forethought Life records or information regarding the Proposed Insured's health. This authorization is limited to matters related to the Health Questions.

6

The above information is true and complete to the best of my knowledge and belief. No insurance will take effect until the premium has been paid and a certificate has been issued while the Insured is living.

Signature of Proposed Insured: X Sara Traver APSI

Signature of Certificateholder - ALWAYS needed if other than Insured:

2719-02 If signed by legal representative or guardian, please attach legal documentation.

7 AGENT'S STATEMENT *Is the insurance applied for intended to replace or change an existing life insurance or annuity policy?* ☐ Yes ■ No

If the Health Questions are completed, I certify that the information was provided directly by the Proposed Insured.

Signature of Agent: Edward Feezell

Printed Name of Agent: Edward Feezell

Agent Number: 35792 *Date:* 4-4-05

2 WHITE COPIES - Forethought YELLOW COPY - Funeral Home PINK COPY - Family

© 1996 Forethought 0996

thanks - Ric Condon (Featheringill) 619-583-9511

Pre-need (Res) 2nd Burial pd IN Full

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 Family OF Hayashi

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 10 Section _____ Blk/Row _____ Lot 5213 Grave _____

Grave space & Care Fund C-5277 (1968)	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup PAID	$413.00
Burial Container	0
Handling Fees SEP 09 2005	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees MOUNT HOPE	$50.00
Sales taxes	0
Total Due	$ 463.00
Paid receipt number pd by visa	463.00
Balance due	0

I hereby certify I am the X FAMILY of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 229511

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

X Grace Hayashi
Signature

X GEORGE HAYASHI
Print Name

X 780 CAMINO DE LA REINA #29
Address

X SAN DIEGO 92108
City Zip Code

X (619) 297-9829
Telephone

Invoice # _____

Work Order # E 19353

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19353


DMV CALIFORNIA DMV
DRIVER LICENSE
CLASS: C
EXPIRES 05-02-08
F0807181
DONOR
GEORGE HAYASHI
780 CAMINO DE LA REINA UNIT 241
SAN DIEGO CA 92108
SEX:M HAIR:BLK EYES:BRN
HT:5-02 WT:156 DOB:05-02-37
03/21/2003 $19 28 F0/08

AT-Need (Res) 1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-19353

Date 9-8-05

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

in a DD CrypT A Type of Burial Container Funeral, date, time Mon Sept 12, 05 12:00

Church, Chapel (Graveside) ; Community MARY-ELLEN BURKS 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 10 Section ____ Blk/Row ____ Lot 5213 Grave ____

Grave space & Care Fund C-5177	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$ 413.00
Burial Container DD 1 CrypT	418.00
Handling Fees	352.00
Flower vases – Marker setting fee SEP 08 2005	
Recording/Filing/Transfer Fees	50.00
Sales taxes MOUNT HOPE	32.40
Total Due	$ 1,265.40
Paid receipt number pd by Visa $ 1,265.40	
Balance due	0

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

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

X George Hayashi
Signature

X GEORGE HAYASHI
Print Name

X 750 CAMINO DE LA REINA #2??
Address

X SAN DIEGO 92108
City Zip Code

X (619) 297-5824
Telephone

Work Order # E 19351

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT-need
8 months preg.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego SC

casket size 32"L x 15"W x 11"H Date 9-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nathaniel Barrios 279579

in a Liner O (Type of Burial Container) Funeral, date, time Tues Sept 13, 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 $#165.00 will be applied and billed to undersigned.

Division 9 Section 1 Blk/Row ____ Lot 913 Grave ____

Grave space & Care Fund	#110.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138.00
Burial Container Liner O	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-59158	408.97
Balance due	-0-

PAID
SEP 09 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
X ____
Telephone
Zip Code

See attached for signature

Invoice # ____

Work Order # E 19354

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19354

DMV **CALIFORNIA** DMV

DRIVER LICENSE
B9675735

CLASS:C



DANYA SORIANO
5714 BATES ST APT 5
SAN DIEGO CA 92115

SEX:F
HT:5-02
HAIR:BRN
WT:125
EYES:BRN
DOB:05-27-81

Danya Soriano
05/24/2004 013 48 FD/89

AT-Need
8 months prog.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Casket size 32"L x 15"W x 11 h" Date 9-9-05

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

of Nathaniel Barrios

in a Liner O (Type of Burial Container) Funeral, date, time Sep 13, 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 $ $165.00

will be applied and billed to undersigned.

Division 9 Section 1 Blk/Row Lot 913 Grave

Grave space & Care Fund	$110.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138.00
Burial Container Liner O	77.00
Handling Fees	28.00
Flower vases – Market setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.97
Total Due	$408.97
Paid receipt number R-59158	408.97
Balance due	0

SEP 0 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.

229580

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

X Danya Soriano
Signature

X DANYA SORIANO
Print Name

X 4790 LANTANA DR #3
Address

X SAN DIEGO, 92105
City Zip Code

X (619) 723 1542
Telephone

Invoice #

Work Order # E 19354

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY E-19354

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. casket size 32"L x 15 w" x 11 h". Liner O infant

			913 X			Clinton cox # 838
			1066 Stephanie Hammond			

Blind Check Initiated By: _____ Date: _____

Interment space for: Infant Barrios

Interment Date: Tues 9/13 Time: _____

Div: 9 Sect: 1 Blk/Row: _____ Lot: 913 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 9-13-05

E19354

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age still born

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NATHANIEL	-	BARRIOS	09/02/2005	09/02/2005	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	DANYA SORIANO-MOTHER 4790 LANTANA DR. #3 SAN DIEGO, CA. 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	▶	09/09/2005

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	09 / 12 / 2005	▶ Nancy L Bowen RD 51

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 9/13/05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth C Price
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

ownership Deed transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/12/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of transfer to ALDEN J. FULKERSON 229520

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 3 Blk/Row _____ Lot 11 Grave 1-12

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing Transfer Fees PAID deed processing	130.00
Sales taxes	
Total Due	130.00
Paid receipt number Visa Card	130.00
Balance due	0

SEP 12 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

Lugo/Padilla 10/19/05 Mailed deed 10/24/05 of to Mr. Fulkerson

Work Order # E 19355

_____
Print Name

_____
Address

_____
City Zip Code

_____
Telephone

see attached for signature

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19355 PAID

SEP 0 9 2005

MOUNT HOPE CEMETERY

Fred Fulkerson - #1 son- is deceased. His son Walter F. Fulkerson has given a quitclaim *(enclosed). No other living children.*

Harold G. Fulkerson - #2 son- is deceased and has no living children. He is buried in the family plot.

Floyd Fulkerson - #3 son- is deceased. His son, Edward Floyd Fulkerson, has given a quitclaim (enclosed).

Edward Fulkerson - #5 son- is deceased. His son, Gene L. Fulkerson, has given a quitclaim deed (enclosed).

Alden Fulkerson - #4 son- is deceased. The undersigned, Alden Joseph Fulkerson, is the claimant and only child of Alden Fulkerson.

Sincerely,

Alden J. Fulkerson

ALDEN J. FULKERSON

E-19355

Alden J. Fulkerson
3862 Armstrong Street
San Diego, CA 92111
858-576-2006

September 9, 2005

Mount Hope Cemetery
3751 Market
San Diego, CA

RE: Fulkerson Family Plot
Division 6; Section 3; Lot 11;
Graves 1 thru 12
Mount Hope Cemetery

Dear Sir:

The undersigned, Alden J. Fulkerson, seeks to establish responsibility for and controlling rights to the Fulkerson Family Plot referred to above. The "Plot" was purchased by Fannie Frances Cadigan Fulkerson Hinke in the early 1900's. Family heritage is as follows.

Ezra B. Fulkerson and Francis Cadigan were married on 1/10/1869 in St. Joseph's Church, San Jose, California. Both are buried in the family plot. They had four children, namely, Walter J. Fulkerson (1-9-1870), Clara Fulkerson (9-23-1871), Ezra W. Fulkerson (3-29-1873) and Edward L. Fulkerson.

Edward died in 1902 with no children. He is buried in the family plot.

"Clara"/Corinda Comparet died in 1946. She, her husband, only son and his wife (no children) are in the family plot.

Ezra W. died in 1939. His wife, Hope, died in 1918. Both are buried in the family plot. They had three sons, George, Claude, and Milton (I believe all are deceased) and two daughters, Frances and Lauretta (both deceased). I had met Frances and knew her son, Allen Kendall (now deceased). I have spoken with his widow in Arizona and they have no interest in the family plot. I met Lauretta's great-grandson some years back. I have spoken with the great-grandson who lives in Oregon and he knows of no relative interested in the family plot.

Walter Joseph Fulkerson, eldest son of Frances and E. B. Fulkerson, married Maggie L. Fulkerson. They are buried in the family plot. They had five sons as follows:

Paid by Vet Card

ORIGINAL

E19355

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

I Walter F Fulkerson

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: **Alden J. Fulkerson**

Street Address: 3862 Armstrong St. Apt / Unit #:

City: San Diego ST: CA Zip-Code: 92111

Telephone #: 858-576-2006

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: 6 Section: 3 Blk / Row: "N/A"

Lot(s): 11 Grave(s): 1 thru 12

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my hand this 2 day of June, 2005.

Walter F. Fulkerson

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO)ss.

On 2 June 2005 before me, personally appeared WALTER F FULKERSON personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Bill S. Walls
Notary Public

OFFICIAL SEAL
BILL S. WALLS
NOTARY PUBLIC-CALIFORNIA
COMM. NO. 1439108
SAN DIEGO COUNTY
MY COMM. EXP. SEPT. 12, 2007

E 19355

Send to Mr. Fulkerson deed signed by David also add on legal description on Nexus.

ORIGINAL

E-19355

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

I EDWARD FLOYD FULKERSON

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Alden J. Fulkerson

Street Address: 3862 Armstrong St. Apt / Unit #:

City: San Diego ST: CA Zip-Code: 92111

Telephone #: 858-576-2006

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: 6 Section: 3 Blk / Row: "N/A"

Lot(s): 11 Grave(s): 1 thru 12

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my hand this 18 day of May, 2005.

E. F. Fulkerson

STATE OF CALIFORNIA
COUNTY OF MARIN)ss.

On 18th MAY, 2005 before me, personally appeared EDWARD FLOYD FULKERSON ~~personally known to me~~ (or proved to me on the basis of satisfactory evidence) to be the person who name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public TANWEER SHEIKH

TANWEER SHEIKH
Commission # 1390241
Notary Public - California
Marin County
My Comm. Expires Dec 15, 2006

ORIGINAL

E 19355

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

I Gene L. Fulkerson

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Alden J. Fulkerson

Street Address: 3862 Armstrong St. Apt / Unit #:

City: San Diego ST: CA Zip-Code: 92111

Telephone #: 858-576-2006

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: 6 Section: 3 Blk / Row: "N/A"

Lot(s): 11 Grave(s): 1 thru 12

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my hand this 5 day of August, 2005.

Gene L Fulkerson

STATE OF CALIFORNIA
COUNTY OF San Diego)ss.

On August 5, 2005 before me, personally appeared Gene L Fulkerson personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Erica Stewart
Notary Public

ERICA STEWART
Commission # 1458426
Notary Public - California
San Diego County
My Comm. Expires Dec 23, 2007

E19355

Deed & transfer fee
$65.00 $65.00

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

DATE: 05/09/05 TIME: 14:48:54
MERC#: 3021566656644 STR#: 4301 TERM: 0002
S-A-L-E-S D-R-A-F-T

REF: 0010
BATCH: 003
CD TYPE: MC
TR TYPE: PR

TOTAL: $130.00

ACCT: **********7087 EXP: ****
AP: [illegible]
NAME: ALDEN J FULKERSON
CUSTOMER ACKNOWLEDGES RECEIPT OF
GOODS AND/OR SERVICES IN THE AMOUNT OF
[illegible] SHOWN HEREON AND AGREES TO
PERFORM THE OBLIGATIONS SET FORTH BY THE
CARDHOLDER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

Alden J Fulkerson
[illegible] BOTTOM COPY-CUSTOMER

Div 6 Sec 3 Lot 11
Graves 1-12

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Antonio Stevis 22 9605

in a DD crypt "B" (Type of Burial Container) Funeral, date, time Thurs Sept 15 05 11:00

Church (Chapel) Graveside @ El Camino : El Camino 466-3297 Erickson-Anderson Mortuary. John

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 219.00 X will be applied and billed to undersigned. Evangelina Brose

Division 10 Section _____ Blk/Row _____ Lot 3965 Grave _____

Grave space & Care Fund E-2033, E-14262	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	Ø
Burial Container DD crypt "B"	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

2nd Burial pd in full E-14262

I hereby certify I am the Dauthes 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.

Evangelina Brose X
Signature

X Evangelina Brose
First Name

X 4141 Merritt Blvd
Address

X La Mesa Ca 91941
City Zip Code

X 619 464-3820
Telephone

Work Order # E 19356

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

IN Grave with Angeliki Stevis

MT HOPE CEMETERY E19356

GRAVE BLIND CHECK FORM

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

	President Carter Sr	Flossie Carter	#3965 X	Mike Gialouris		

Blind Check Initiated By: Sandra Date: 9-12-05

Interment space for: Michael Antionio Steris

Interment Date: Thurs Sept 15, 05 Time: 11:00 Chapel

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3965 Gr: ____

Grave Laid out by: David N

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 9-14-05

Flagged

MT. HOPE CEMETERY

INTERMENT ORDER

E19356

City of San Diego

Date 3/27/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angeliki Stevis Pin# 205860

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Tuesd. Mar 31, 2:00

Church, Chapel, Graveside Chapel/Graveside : Erickson John Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. X

Lot 3965 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	Pre Need E-2033	0
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 375.00	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		
Recording and filing fee	2 @ 45.00	90.00
Sales taxes		29.45
	Credit of Total Due	1569.45 ~~333.40~~
	Paid receipt number 50011	1,236.05 1,236.05
	Balance due	0

PAID
APR 1 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

upgrade from Liner to Double Depth Crypt

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.

pre pegged 9/20/05 new Address

Signature

X Address 4141 Merritt Blvd

X City La Mesa CA Zip Code

X Telephone

Signature of recorded holder of deed

Invoice #

Work Order # E 14262

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

ORDER E-19350 MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

pin # 206913 DATE 1-12- 19 81

CHARGE EVAGELIA BROSE - 464-3820

ADDRESS 9008 TERRACE DR LA MESA 92041

NAME OF DECEASED PRE-NEED

OWNER Stone

ADDRESS Alone

MORTUARY

LOT 3965 GR ROW SEC DIV 10	275	00
OPENING TIME Open + Close DAY DATE	185	00
VAULT BOX BELL SIZE	148	10
REMOVAL OR FOUNDATION VET.		
TOTAL	$ 608	10
PAID RECEIPT NUMBER 29148		
BALANCE		

FLUSH MARKER only

PRE-NEED FOR ANGELIKI M. STEVIS

PAID
JAN 19 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 Evangelia Brose ORDER TAKEN BY Wallace

W.O. NO. E Nº 2033 INVOICE NO. Cash

PR-974 (REV. 9-78)

E-19356

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
MICHAEL		STEVIS	11/09/1915	09/10/2005	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	EVANGELIA BROSE - DAUGHTER 4141 MERRITT BLVD 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
ECM ERICKSON-ANDERSON CHAPEL 8390 ALLISON AVE LA MESA CA 91941	FD-296	▶	09/12/2005

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	09/14/2005	2515067 ▶

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

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

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nadine Sweeten 229604

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs Sept 15 05 10:00

Church/Chapel/Graveside _____ : Poway - David 858-748-4161 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. Dawn Kale X

Division 10 Section _____ Blk/Row _____ Lot 4065 Grave _____

Grave space & Care Fund E-6361, (1987)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container ..... TS Vault	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number _____	0
Balance due	0

Paid In Full per E-6361 DL 9/12/05

I hereby certify I am the Daughter 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.

Dawn Kale X
Signature

X Dawn Kale
Print Name
X 12774 Brookside Ln.
Address
X San Diego 92131
City Zip Code
X 858-397-1003
Telephone

Work Order # E 19357

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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Poway - Bernardo
Fax 858-748-4069

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-19357

Date Jan 2, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phillip R. Sweeten 200365

in a TS Vault Vault/Liner Funeral, date, time Tues 1/6/87 2:00

Church, Chapel, Graveside ____; Peris/Fredrick Mortuary.

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

Lot 4064 Grave ~~4064~~ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund LD 4064, 4065	$1190
Additional spaces and care fund 2@595	
Opening/Closing & Setup	320
Burial Container	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	18.50 ~~18.40~~
	~~1900.40~~
Total Due	1900.50 1900.50
Paid receipt number 34089	
Balance due	-0-

PAID
JAN 12 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day note

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.

Nadine Sweeten
Signature

1548 Fairvalley Rd
Address

El Cajon, Ca. 92021
State Zip Code

440-5450
Telephone

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 6361

Acct. # ____

PY-593 (REV. 8-85)

MT HOPE CEMETERY E19357

GRAVE BLIND CHECK FORM

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

		Sweeten phillip	#4065 X	Rev marselian	Thomas mcGregor	

Blind Check Initiated By: Sandra Date: 9-13-05

Interment space for: Nadine Sweeten

Interment Date: Thurs Sept 15, 05 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4065 Gr: ____

Grave Laid out by: DAVID M.

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 9-14-05

Flagged

F-19357

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Nadine	Elsie	Sweeten	11/21/1939	09/10/2005	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	Dawn Kale- Daughter 12774 Brookside Lane San Diego, CA 92131

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Poway Bernardo Mortuary 13243 Poway Road, Poway, CA 92064	FD-1195	▶	09/13/2005

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	09/13/2005 E. Vigney	▶ 2514979

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92101	11B. DATE BURIED 9-15-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim E 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.

(2) pre-need paid in full

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/12/05

AN 229500

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Philip L. Rostodha / Alice L. Rostodha

in a (2) 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 12 Section 2 Blk/Row _____ Lot 226 Grave 5 & 6

Grave space & Care Fund	2 @ 985.00 =	1970.00
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2 @ 413.00 =	826.00
Burial Container	2 @ 275.00 =	550.00
Handling Fees	2 @ 204.00 =	408.00
Flower vases 25.85 / Marker setting fee	38.00	163.85
Recording/Filing/Transfer Fees	2 @ 50 =	100.00
Sales taxes	2 @ 21.31 =	42.62
Total Due		4,060.47
Paid receipt number R 59168		4,060.47
Balance due		0

COL D0439712

PAID

SEP 12 2005

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. P.A. 229499

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

Signature

Paulette

Philip L. Rostodha
Print Name

6815 Deer Hollow Place
Address

San Diego, CA 92120
City Zip Code

work: 858/694-3034
Telephone

Work Order # E 19358

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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AT-need
NON-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-05

Pin#229537

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Genoveva Navarrete Morales (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. Sept 19, 05 2:00p.

Church, Chapel, Graveside ; Family Deliver / Community Crossroads 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. [signature] X

Division 11 Section 2 Blk/Row ____ Lot 157 Grave 4

Grave space & Care Fund ..... Balance on Pre-need lot E-18379 $243.00

Overtime/Late Arrival Fees ..... ____

Opening/Closing & Setup $154.00

Burial Container ..... Ash Vault 81.00

Handling Fees 88.00

Flower vases – Marker setting fee ..... 184.00 ..... 184.00

Recording/Filing/Transfer Fees 66.00

Sales taxes 6.28

Total Due 822.28

Paid receipt number pd by Visa 822.28

Balance due 0

PAID
SEP 12 2005
MOUNT HOPE CEMETERY

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

227629

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

[signature] X
Signature

Related E-ticket
E-18379

X Mario Romero
Print Name

X 1272 Tobias Dr
Address

X Chula Vista 91911
City Zip Code

X 619 4276936
Telephone

Invoice # ____

Work Order # E 19359

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

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9-19-05 WO# 4588.
OK per Kevin, in lieu
of payment reimbursement
MT Hope will install gal vase.

E-19359

MT HOPE CEMETERY

Please let office know where Ashes are placed

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. 1st Ash vault / Grave is allowed 4-Cremains / per David Lug

Lui mei Fung		Hiwet misGinna	157#4 X			

Blind Check Initiated By: Sandra Date: 9-12-

Interment space for: Genoveva Morales

Interment Date: MON Sept 19, 05 Time: 2:00P

Div: 11 Sect: 2 Blk/Row: ____ Lot: 157 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 9/16/

7 lagged

E-19359

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 57

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Genoveva	Navarrete	Morales	12/25/1947	09/09/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Tijuana	Mexico	Mario Romero Navarrete - Son 1272 Tobias Drive Chula Vista, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Community Mortuary 855 Broadway Chula Vista, CA 91911	FD1682	▶	09/13/2005

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	09/13/2005 N. DePina	2515025 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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 9 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 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 with Lucy Isom AT-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Della Isom ⊗ Pc. An# 229637

in a Ash Vault Funeral, date, time Friday Sept. 23 230
Type of Burial Container Richards 760 737-2890

Church, Chapel (Graveside) witness viewing : CA Funeral Alter Mortuary.

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

Division 1 Section 1 Blk/Row ____ Lot 199 Grave 2

Grave space & Care Fund ..... E-17886 (7-1-2003) Ø

Overtime/Late Arrival Fees ..... ____

Opening/Closing & Setup ..... Ø

Burial Container ..... Ash Vault 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 ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 ____ (619) 460-1648
Print Name

X ____
Address

X ____
City Zip Code

X ____
Telephone

see attached for signature

Invoice # ____

Work Order # E 19360

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Escondido
CA Funeral Alternative
760- 737-2890
Fax 760 737-2892

MT HOPE CEMETERY E-19360

GRAVE BLIND CHECK FORM

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

#195 GR-3 Pinnell						
#198 Edward Goldrich GR-3	#198 GR-4	#199 GR-1	#199 X GR-2			

Blind Check Initiated By: Sandra Date: 9-15-05

Interment space for: Della Isom (X)

Interment Date: Friday Sept 23, 05 Time: 2:30

Div: 1 Sect: 1 Blk/Row: ____ Lot: 199 Gr: 2

Grave Laid out by: Norman Pence

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: ____

Flagged

09/13/2005 14:58 76073 CA FUNERAL

09/12/2005 13:58 SD MT. HOPE CEMETERY → 9176077372092

IN Grave with Lucy Isom AT-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Della Isom (X) with date

in a Ash vault (type of burial container) Funeral, date, time will c/a 4 Time Richard 760 737-2840

Church, Chapel, Graveside witness viewing CA Funeral After Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00X

will be applied and billed to undersigned

Division 1 Section 1 Blk/Row ____ Lot 199 Grave 2

Grave space & Care Fund E-17886 (7-1-2003)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container Ash Vault	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	0
Balance due	0

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

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

(X) Signature Joe Isom

229636 JOE ISOM
Print Name

5302 Hazel #3
Address

Dunsmuir, CA 96025
City Zip Code

530-235-9840
Telephone

Work Order # E 19360

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19360

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Della	Louise	Isom	01/18/1935	09/11/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Joe Isom, Son 5302 Hazel #3 Dunsmuir, CA 96025

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person giving permit	8B. DATE SIGNED
California Funeral Alternatives 1020 E. Pennsylvania Ave, Escondido, CA 92025	FD 1624		09/13/2005

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	09/14/2005 M. Mieras	2515052 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'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 9-23-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Isom
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services, Inc. 2570 Fortune Way, Vista, CA 92081	12B. DATE CREMATED 9/15/05	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.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9 (REV 6/04)

E19360

RECEIPT OF CREMATED REMAINS OF THE DECEDENT

1. PARTIES AND DEFINITIONS:

CALIFORNIA FUNERAL ALTERNATIVES
(Funeral Home)

Mount Hope Cemetery
(Name of Individual to Receive Cremated Remains)

Della Louise Isom
(Name of Decedent)

Temporary durable plastic container
(Make and Model of Urn)

None
(Description of Additional Container, if any required to Hold Excess Cremated Remains)

(Date the Cremated Remains were Received by Recipient)

2. RECEIPT OF CREMATE REMAINS: The RECIPIENT hereby acknowledges receipt of the cremated remains of the DECEDENT from the FUNERAL HOME on the DATE listed above. RECIPIENT acknowledges that the cremated remains are contained in the URN (and the ADDITIONAL CONTAINER if so indicated above) and that the same has been received by the RECIPIENT.

3. INDEMNIFICATION: The RECIPIENT warrants to the FUNERAL HOME that the RECIPIENT is the individual authorized to take possession of the cremated remains of the DECEDENT. The RECIPIENT agrees to indemnity and hold harmless the FUNERAL HOME from any claims or causes of action arising or related in any respect the FUNERAL HOME'S transfer of the cremated remains to the RECIPIENT.

DATE: 9-23-05

SIGNATURE OF RECIPIENT: Kevin F. Jensen

Flag received: _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Weed D.I.P. on top of Elizabeth Clara Foster

Date 9-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jackie Charles Ross Jr. 229597

in a Liner (Type of Burial Container) Funeral, date, time Weds Sept. 14 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 134 Grave 12

Grave space & Care Fund E-18483	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number R59175	848.20
Balance due	Ø

PAID

SEP 13 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.

227796

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

Hazel Smith
Signature
4557 Bancroft Apt. 3
SD. 92116

Paulette

Work Order # E 19361

Hazel Smith
Print Name
4777 Adeed Apt. 5
Address
San Diego 92102
City Zip Code
619-264-8488
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19361

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 w/ Elizabeth Foster

	Montgomery		X	Meyer		
	Scott	Smith	King			

Blind Check Initiated By: Paulette Date: 9/13

Interment space for: Jackie Charles Ross Jr.

Interment Date: 9-14-05 Weds. Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 134 Gr: 12

Grave Laid out by: Norman Ferguson

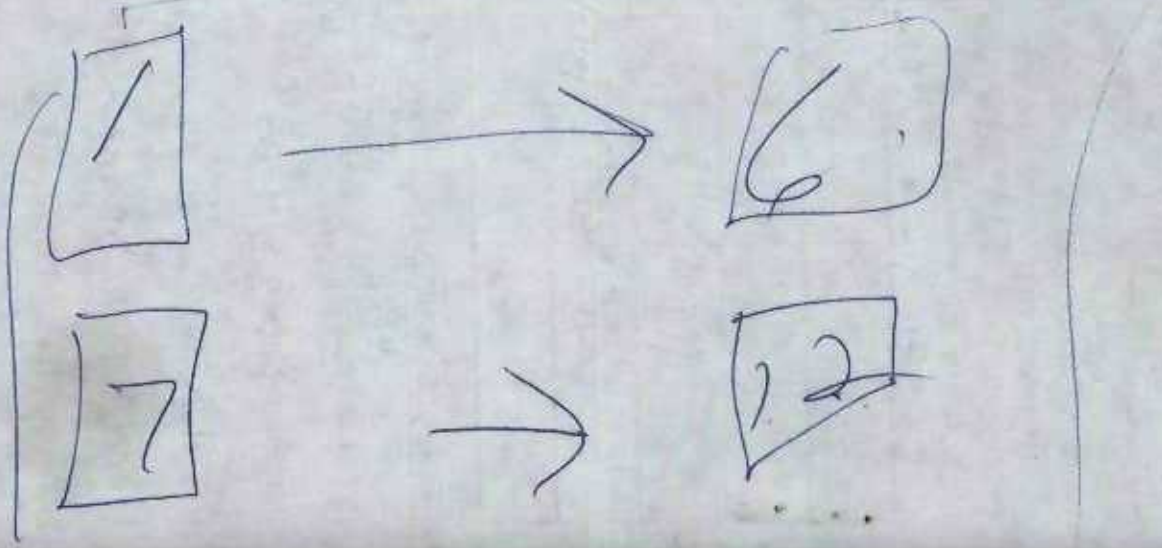
Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flags

Blind Check & Verified By: Kenneth Collins Date: 9/13/05

134



E 19361
age 33

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JACKIE	-	ROSS, JR.	07/19/1972	08/31/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAS VEGAS	CLARK	JACKIE ROSS SR.-FATHER 2738 W. AGUSTAA AVE. #B-16 PHOENIX, AZ 85051

7A. TYPED NAME AND ADDRESS OF 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]	09/13/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103085 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 V MITCHELL	▶ 2514990

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

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
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

AT-need 1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles W. Jones 210024

in a DD CryPT "A" (Type of Burial Container) Funeral, date, time SEPT 15, 05 Thurs. 11:00

Church, Chapel, Graveside : Conrad 460-4601 Mortuary.

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

Division 10 Section ____ Blk/Row ____ Lot 668 Grave 1

Grave space & Care Fund E-10023 (1992) 0

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

PAID

Mort to pay SEP 13 2005

Total Due $ 1,265.40

Paid receipt number R-59174 1,265.40

MOUNT HOPE CEMETERY

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 19362

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper


CALIFORNIA
DRIVER LICENSE
DOB: 10-10-34
RSTR: CORR LENS
12/02/2003 519 IS FD/08

Deceased

E19362

Fax: 527-3403

Attn: Sandra

Spouce —



E19369

MT HOPE CEMETERY E-19362

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the lock marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to ne burial space. DD Crypt 1st Burial

		Burkett Curty	#668 X	Todd Warren Jones		

Blind Check Initiated By: Sandra Date: 9-13-05

Interment space for: Charles W Jones

Interment Date: Sept 15, 05 Thurs Time: 11:00 GS

Div: 10 Sect: ____ Blk/Row: ____ Lot: 668 Gr: ____

Grave Laid out by: C Warren

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 9-14-05

7 flagged

AT-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-12-05

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

in a DD CryPT "A" (Type of Burial Container) Funeral, date, time Sept 15, 05 Thurs 11:00

Church, Chapel, Graveside : Conrad Mortuary

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

Division 10 Section ____ Blk/Row ____ Lot 668 Grave 1

Grave space & Care Fund E-10023 (1992)	0
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	$ 1,265.40
Paid receipt number	
Balance due	

I hereby certify I am the WIFE 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 agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 225858

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

X Alberta Jones
Signature

X ALBERTA JONES
Print Name

X 6460-182 CONVOY COURT
Address

X SAN DIEGO, CA 92117-2316
City Zip Code

X 858-492-9259
Telephone

Invoice # ____

Work Order # E 19362

Acct. # ____

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

F19362

age 70

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CHARLES	WARREN	JONES	10/10/1934	09/11/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Alberta Jones - Wife 6460-182 Convoy Court San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945	FD941	▶ Kim Beaulieu	09/13/2005

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	Kim Beaulieu 09/13/2005	2515016 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 ENNAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] O. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-15-05	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 9-13-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosa Maria Trejo 229609

in a Liner Type Funeral, date, time Tuesday Sept 16 05 9:30 Robert Carey

Church, Chapel, Graveside St Jude : 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. Rosa Ma Espitia

Division 12 Section 2 Blk/Row _____ Lot 247 Grave 4

Grave space & Care Fund	$985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container Liner	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	$1,833.20
Paid receipt number R-59184	1,833.20
Balance due	0

PAID

SEP 14 2005

MOUNT HOPE CEMETERY

Mort To pay

I hereby certify I am the MOTHER 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.

229610

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

Signature Rosa Ma Espitia

X Rosa Ma Espitia
First Name

X 5369 Santa Margarita St Apt 13
Address

X San Diego Cal 92114
City Zip Code

X 619 546-6184
Telephone

Invoice # _____

Work Order # E 19363

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Berge Roberts
474-6565
Robert Covey

MT HOPE CEMETERY E19363

GRAVE BLIND CHECK FORM

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

		Cobbs	x	Guadalupe	Billipo	

Blind Check Initiated By: Paulette Date: 9/15

Interment space for: Rosa A Trejo

Interment Date: Fri Sept 16, 05 Time: 9:30 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 247 Gr: 4

Grave Laid out by: [signature]

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Collins Date: 9/15/05

E19363

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 30

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSA	AURORA	TREJO	10/29/1974	09/11/2005	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	ISREAL TREJO BARRIENTOS-HUSBAND 9211 AMYS ST. #43 SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-294	▶	09/16/2005

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$1.00	09/16/2005	2515237 C GRIER ▶

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 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.

NATIONAL CREDIT REPORTING

E-19363

Report prepared for: PRESICOA VILLA APT **Date requested:** 11/04/2004

Report requested on: Rosa A Trejo **Requested by:** PRES
Unit/Reference:

proof of residency

PERSONAL INFORMATION

REPORTED BY APPLICANT		REPORTED BY BUREAU	
Applicant Name:	Rosa A Trejo	ROSA TREJO	
SSN:			
Date of Birth/Age:	10-29-74	1974	
Also Known As:		FIGUEROA/BARRIENTOS	
Former Name:			
Current Address:	5369 Santa Margarita ST #13 San Diego, CA 92114	MR 3352 GRIM AV 2 SAN DIEGO CA 92104	RPTD: 05-04
Previous Address:	45 17th ST San Diego, CA 92101	3263 HARRIS ST LEMON GROVE CA 919452223	RPTD: 10-03
2nd Prev Address:		1969 HOOT OWL TRL NORCROSS GA 300713194	RPTD: 06-03
Employer's Name:		HOLIDAY INN	06-02
Previous Employer:			
2nd Prev Employer:			

*** No Warning Signs Detected ***

CREDIT SUMMARY	NO. OF ACCTS	ACCOUNT RANKING
File Since		0-Unused or too new to rate
06-01	2	1-Pays or paid as agreed
Total Number of Accounts		2-Pays or paid 30-60 days past due
4		3-Pays or paid 60-90 days past due
High Credit Range		4-Pays or paid 90-120 days past due
$350.00 - $1,956.00		5-Pays or paid over 120 days past due
Collection Items		7-Chapter 13 (Wage earner plan)
Yes (6)		8-Repossession
Public Records/Other Information	2	9-Bad debt,charge off,placed for collection,skip
Yes (1)		Other(s)- Not rated (see explanation on account)

Total Estimated Monthly Debts: $19.00 **Total Balance Outstanding:** $1,413.00 **Total Amount of Available Credit:** 65%

Important Notice:
There is 0 tradeline(s) that the monthly payment amount(s) were not provided by the respective Credit Bureau. The total unpaid balance for these unaccounted items is $0. Therefore, if this amount is greater than Zero, the above information may not reflect the applicant's true monthly obligations or credit worth.

Credit Report by: Experian
© 1998 National Credit Reporting, All rights reserved.

AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-13-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cleo Haynes 229612

in a T.S. Vault (Type of Burial Container) Funeral, date, time Mon. Sept. 19, 1:00

Church, Chapel, Graveside Mt. Erie : Cypress View Mortuary.

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

Division 12 Section 2 Blk/Row Lot 85 Grave 12

Grave space & Care Fund E-2562	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container " "	
Handling Fees " "	
WO# 4575 Flower vases – Marker setting fee TRIUN VASE 51.63 + 138.00	138.63
Recording/Filing/Transfer Fees	
Sales taxes SEP 15 2005 "	50.00
Total Due	~~463.00~~ 652.63 PC
Paid receipt number R-59188	
Balance due	$652.63

MOUNT HOPE CEMETERY

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

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

Mae Alice Felton
Signature

X MAE A. Felton
Print Name

X 652 OMEARA St
Address

X S.D 92114
City Zip Code

X (619) 262 8894
Telephone

Paulette

Bullet family 9-20-05 Arrival time 3:32 p.m. waved late fees per David Lugo

Invoice #

Work Order # E 19364

Acct. #

REA-104 (3-04)

MDL 10/3/05

This information is available in alternative formats upon request.

Printed on recycled paper

9-27-05
WO #4595
to install twin vase

MT HOPE CEMETERY E1936A

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 85 #5 Pennington	LOT-85 #6	LOT-86 #1		
			LOT-85 X #12	LOT 86 #5 minister Tom Haynes	John #6 LOT-86 Haynes	
				1		

Blind Check Initiated By: Sandra Date: 9-16-05

Interment space for: Cleo Haynes

Interment Date: Mon Sept 19th Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 85 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collard Date: 9/16/05

Flagged

E-19364

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
CLEO	-	HAYNES	05/07/1910	09/11/2005	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	MAE ALICE FELTON-DAUGHTER 652 OMEARA 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
ECM-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶	09/13/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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	C GRIER ▶ 2515035

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

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

AT-Need (Res) 1st & 2nd Burial pd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-13-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Basil Evans JR. 229516

in a DD CrypT "A" (Type of Burial Container) Funeral, date, time Thurs Sept 15, 05 1:00p.

Church, Chapel, Graveside MT Erie Baptist Church : Ragsdale Mortuary.

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

Division 12 Section 2 Blk/Row ____ Lot 225 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
WO #4582 Trion Flower vases / Marker setting fee	$138.00 & $51.63	189.63
Recording/Filing/Transfer Fees	2 @ $50.00	100.00
Sales taxes		32.40
	Total Due	$ 2,903.03
	Paid receipt number R-59178	2,903.03
	Balance due	0

PAID

SEP 13 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Shanlay Liten 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.

229517

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

[signature] X
Signature

X Shirley Graham
Print Name

X 4554 Highland Ave
Address

X S.D. 92115
City Zip Code

X 619-281-6128
Telephone

Invoice # ____

Work Order # E 19365

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19365

GRAVE BLIND CHECK FORM

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

	Leo Gillis	Lavette Payne	X	Tree		

Blind Check Initiated By: Sandra Date: 9-13-05

Interment space for: Basil Evans JR.

Interment Date: Thurs Sept 15, 05 Time: 1:00 P.M.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 225 Gr: 3

Grave Laid out by: C Warren

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 9-14-05

Flagged

F19365

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 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
Basil	-	Evans	08/04/1917	09/10/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	SAN DIEGO	Shirley Graham, Granddaughter 4554 Highland Avenue 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	▶ [signature]	09/15/2005

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	09/15/2005 L. Campbell	2515138 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

E19365

Anderson - Ragsdale Mortuary

CA License No. FD-1329
5050 Federal Boulevard ~ San Diego, California 92102
office: **(619) 263-3141** fax: (619) 263-1507
manager@andersonragsdalemortuary.com

Basil Evans

Visitation for Family on Wednesday at 4:30 PM Between 4:00-4:30
Public visitation on Wednesday from 5:00 PM to 8:00 PM

Funeral Services Thursday, September 15th at 1:00 PM
At Mt. Erie Baptist Church

This is a list of things that you will still need to do to complete the arrangements for the Funeral Services:

✓ **Contact Pastor Wells** and confirm the date and time for the Funeral Services.

Go to the cemetery and **make arrangements for the grave**. (Mt. Hope Cemetery: 3751 Market Street; phone: 527-3400) 8:00-3:30pm

Bring the **clothing and underclothing** to the Mortuary. Everything he would normally wear, except shoes. (Suit, shirt, tie, undershirt, shorts, socks) - ***Please bring in by Tuesday evening***

Casket Spray

✓ Select **Family Flowers** (Casket Spray). - ***Order them by Tuesday afternoon***
DAVIES FLOWER BOX - SENT BY RAGSDALE

Select **Pallbearers** for the Funeral Services. (Normally six adult men)

The information that we will need to complete the death certificate:

The year he came to San Diego

IF THE MORTUARY IS TO DO THE PROGRAMS:
Find a picture and write an obituary for the Funeral Program; list any selected hymns/songs for the service. Please go over the order of service with Cleo Russell or Pastor Wells as they may want resolutions or something from the church - ***Please bring in by Tuesday Noon***

Phone # 262-0708 / Cleo

E-19365

SOCIAL SECURITY ADMINISTRATION
MID-AMERICA PROGRAM SERVICE CENTER
601 EAST 12TH ST
KANSAS CITY MO 64106-2859

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

C
M11
1

247194*99BM*J60421E*L007

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

**********AUTO** 5-DIGIT 92114
BASIL EVANS JR
5592 56 PL
SAN DIEGO CA 92114-1811

Form **SSA-1099-SM** (1-2003)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
SD RES.
"5064 Lotus St
SD CA 92107"

Date 9-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marie R. Castaneda 207148

in a T.S. Vault (Type of Burial Container) Funeral, date, time SATURDAY SEPT. 17

Church, Chapel, Graveside ARRIVAL 12:30 : Beardsley-Mitchell Mortuary, Denise 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 10 Section — Blk/Row — Lot 5243 Grave 1

Grave space & Care Fund	E-74	Ø
Overtime/Late Arrival Fees	SAT. FEE	660.00
Opening/Closing & Setup		418.00
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		1,623.31
Paid receipt number	Visa Card	1623.31
Balance due		Ø

PAID
SEP 15 2005
MOUNT HOPE CEMETERY

fax (619) 295-6039

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 9/15/05

Address

City Zip Code

Telephone

Called several times & spoke w/ Denise and she promised to fax me back the signature

Paulette

Invoice #

Work Order # E 19366

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19366

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 next to Raymond SR:

			Ruyard			
		Castaneda	X	Berlanga		

Blind Check Initiated By: Paulette Date: 9-14

Interment space for: Mark R. Castaneda

Interment Date: 9/17 -SATURDAY Time: 11:30 Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5243 Gr: 1

Grave Laid out by: Norma Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 9-16-05

E-19366

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARIE	ROIZ	CASTANEDA	08/27/1915	09/13/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RAYMOND CASTANEDA - SON 4592 DANA DRIVE LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CADF. LICENSE NUMBER — IF APPLICABLE
BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107	FD818

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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
			09/16/2005

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	B.A. ELLANO 09/16/2005	2515274 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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,CCA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-17-05	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

City of San Diego

At need
Total of 18 chairs

Date 9-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dinora C. Meraz 229607

PC

in a ~~liner~~ TS. Vault Funeral, date, time Friday Sept. 16th 9:30 1000
Type of Burial Container

(Church) Chapel, Graveside Family does not want to see lowering only Rosa. : 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 103 Grave 7

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.- ~~209.00~~ PC
Handling Fees	204.- ~~160.00~~ PC
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31 ~~16.20~~ PC
Total Due	1948.31 ~~1833.20~~ PC
Paid receipt number	R-591814 1,948.31
Balance due	0

PAID
SEP 14 2005
MOUNT HOPE CEMETERY

Verified address

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.

229608

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

Rosa Morales
Signature

Rosa Morales
Print Name

402 63rd St. #154
Address

San Diego Ca 92114
City Zip Code

(619) 847-0388
Telephone

Paulette
Work Order # E 19367

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-19367

GRAVE BLIND CHECK FORM

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

		[illegible]	Hernandez		Gilbert	
	Daniels	Smith	X	Garcia	Stanley	

Blind Check Initiated By: Paulette Date: 9/15

Interment space for: Dinora C. Meraz

Interment Date: Friday Sept 16th Time: 10. 930 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 103 Gr: 7

Grave Laid out by: C Warren

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Collins Date: 9/15/05

E-19367

age 32

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DINORA	CONCEPCION	MERAZ	10/04/1972	09/11/2005	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 YSIDRO	SAN DIEGO	ROSA MORALES-SISTER 402 63rd ST.#184 SAN DIEGO,CA.92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD-1425		09/15/2005

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
$21.00	09/15/2005	Nancy L Bowen RD

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.92186-	11B. DATE BURIED 9-16-05	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 POSITION OTHER IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

Geoffre[illegible] Marr, Esq.
LAW O[illegible]CES OF
GEOFFREY E.MARR
401 West "A" Street, Suite, 2600
San Diego, CA 92101

SAN DIEGO CA 921 C
Wd
07 MAR
2005

ALWA[illegible]
USE
ZIP C[illegible]DE
USA

E-19367

DINORA CONCEPCION MERAZ
aka DINORA C. MERAZ aka
DINORA MERAZ aka DINORA
MERAZ aka DINORA C. MERAZ
402 63 Road Street, Space 184
San Diego, CA 92114-4265

92114+4265

Invest in you

UNION
BANK OF
CALIFORNIA

3/5 AUTO [illegible]
LOS ANGELES CA

PRE-SO FIRE CLASS

SAN DIEGO
MAR 10 '05
CA

U.S.POSTAGE
$0.30 2
METER
5766841

[illegible] FEDERAL [illegible]
PO BOX 512380
LOS ANGELES CA 90051-0380

CY04 Z 0 B 1000
DINORA C MERAZ
402 63RD ST SPC 184
SAN DIEGO CA 92114

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot/Trust

Date 9-14-05

Plot # 229524 Plot 229528

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Emilse Jokic & Ruth Garcia

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 B Section 4 Blk/Row _____ Lot 4 Grave 1

Grave space & Care Fund		330.00
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2@ 116.00	232.00
Burial Container	N/A	—
Handling Fees	N/A	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	2@ 50.00	100.00
Sales taxes		—
Total Due		662.00
Paid receipt number	R-59182	662.00
Balance due		0

PAID
SEP 14 2005
MOUNT HOPE CEMETERY

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

228225

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

Signature

Paulette

Print Name GENOVEVA CHICINO

Address 7414 BEALST.

City SAN DIEGO CA 92111
Zip Code

Telephone (858) 278 8168

Invoice # _____

Work Order # E 19368

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

pre-need (RES), pd int + 2nd Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eddie Lee Harris + Family 229546

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 167 Grave 4

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-59190	$678.00
Balance due	$2,035.40

PAID SEP 12 2005 MOUNT HOPE CEMETERY

I hereby certify I am the FAMILY 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.

229546

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

X Eddie L Harris
Signature

pin# 229548

co/purchaser
Gloria J. Harris

X Eddie L. HARRIS
Print Name

X 1494 50th ST
Address

X SAN DIEGO CA 92102
City Zip Code

X 619-266-1314
Telephone

Work Order # E 19369

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19369

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS: C

EXPIRES 06-02-10

[redacted]



EDDIE LEE HARRIS
1494 58TH ST
SAN DIEGO CA 92102



SEX:M HAIR:BLK EYES:BRN
HT:5-10 WT:200 DOB:06-02-33

RSTR: CORR LENS

Eddie L Harris
07/13/2005 506 A5 FD/10

Pin# 229546 C/O Purchaser Gloria J. Harris Pin# 229548 monthly $85.00 E-19369
HARRIS, EDDIE LEE 1494 50th ST. SD CA 92102 619 266-1314 due 16th each month

div 12 SEC 2 LOT 167 GR 4				debit	credit	balance
09-16-05	R-59190 Opened Pre-Need Lot & trust for			$2,713.40	✓ $678.00	$2,035.40
10-6-05	1st & 2nd Burial, trust to include (2) O/C		coupon #1	Oct 05	✓ 85-	1 1950.40
11-7-05	B/C DD Crypt, H/F, (2) R/F, Taxes	R-59382	#2	Nov 05	✓ 85-	2 186[illegible].40
12-7-05	R-59479	Coupon #3	Dec 05	Dec 05	✓ 85-	3 1780.40
1-17-06	P-00064	Coupon #4	Jan 06	Jan 06	✓ 85-	4 1695.40
2-06-06	P-00100	Coupon #5	Feb 06	Feb 06	✓ 85-	5 1610.40
3/13	P-00172	" 6	Mar 06	Mar 06	✓ 85-	6 1525.40
4-5-06	P-00216	" 7	Apr 06	Apr 06	✓ 85-	7 1,440.40
5-12-06	P-00290	" 8	May 06	May 06	✓ 85-	8 1,355.40
6/19/06	P-00349	" 9	June 06	June 06	✓ 85-	9 1,270.40
7-28-06	mail Delinq Cert letter					
7-18-06	P-00398	#10	July	July 06	✓ 85-	10 1,185.40
8-18-06	P-00453	#11	Aug	Aug 06	✓ 85-	11 1,100.40
10/3/06	P-00512	#12	Sept	Sept 06	✓ 85-	12 1,015.40
11-2-06	P-00562	#13	Oct	October 06	✓ 85-	13 930.40
11/13/06	P-00572	#14	Nov	Nov 06	✓ 85-	14 84[illegible].40
12/8/06	P-00616 ✓	#15	Dec	Dec 06	✓ 85-	15 760.40
1/23/07	P-00664	#16	Jan	Jan 07	✓ 85-	16 675.40
2/5/07	P-00682	#17	Feb	Feb 07	✓ 85-	17 590.40
3/6/07	P-00732 ✓	#18	Mar 07		✓ 85-	18 505.40

Harris, Eddie

E-19369

			DEBIT		CREDIT		505.40
	Balance Forward						
4/[illegible]/07	P-00792	#19 April 2007		✓	85-	19	420.40
5/[illegible]/07	P-00811B	#20 May 07		✓	85-	20	335.40
6/05/07	P-00851	#21 June 07		✓	85-	21	250.40
7/10/07	P-00889	#22 July 07		✓	85-	22	165.40
8/7/07	P-00923	#23 Aug		✓	80.40	23	80.40
9/11/07	P-966	#24 Sept		✓	80.40	24	0

PAID

SEP 12 2007

MOUNT HOPE CEMETERY

Harris, Eddie

				DEBIT		CREDIT		
	Balance Forward							505 40
4/17/07	P-00792	#19	April 2007		✓	85	19	420 40
5/ 07	P-00811B	#20	May 07		✓	85	20	335 40
6/05/07	P-00851	#21	June 07		✓	85	21	250 40
7-10-07	P-00889	#22	July 07		✓	85		165 40
8/7/07	P-00923	#23	Aug		✓	80 40		80 40
9-11-07	P-966	#24	Sept		✓	80 40	11	0

OFFICIAL RECEIPT

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

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

P 00966

Date: 9-11 , 2007

From: E. L. Harris Address: on file

Dollars ($ 80.40)

in part Payment of Pre-need paid in full

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E 19369

Acct. No.

W.O.

BALANCE DUE $0.

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

PAID

SEP 11 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	80.40
Pre-Need	63033	
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 4753 ISSUED BY paulette

TOTAL PAID $ 80.40

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

P00923

Date: August 7, 20 07

From Eddie L. Harris Address: on file

Eight five and 00 Dollars ($ 85 -)

in part Payment of Pre-need Coupon payment #23

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E-19369

Acct. No.

W.O.

BALANCE DUE $ 80.40

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

PAID

AUG - 6 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	$5 -
Pre-Need	63033	
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 4737 ISSUED BY

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

P00889

Date: 7-10, 2007

From: Eddie Harris Address: on file

Dollars ($ 85—)

in Part Payment of PN - Coupon 22

Div ____ Sec ____ Blk/Row ____ Lot ____ Grave ____

Invoice No. E-19369

Acct. No. ____

W.O. ____

BALANCE DUE $165.40

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

PAID

JUL 10 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	85—
Pre-Need	63033	
Trust	77186	
TOTAL PAID		$ 85—

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 4697

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

P00851

Date: June 5 , 2007

From: E Harris Address: On file

Dollars ($ 85.-)

in part Payment of PN coupon #21

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E-19369

Acct. No.

W.O.

BALANCE DUE $ 250 40

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

PAID

JUN - 5 2007

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 4678

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

P00 B11B

Date: 5-8, 2007

From: Addie L. Harris Address:
EIGHTY-Five and 00 Dollars ($ 85.—)

in _____ Payment of PN - Lot / TRUST

Div 12 Sec 2 Blk/Row _____ Lot 167 Grave 4

Invoice No. E-19369

Acct. No. _____

W.O. _____

BALANCE DUE $ 335.40

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

PAID

MAY - 7 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	85
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	85 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 4643

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

MOUNT HOPE CEMETERY
(619) 527-3400

59190

619 266-1314

Date: 9-15-05 , 20 05

From: Eddie Harris Address: 1494 50th ST S.D. 92102

Six hundred & Seventy-Eight 00/100 Dollars ($ 678.00)

in PART Payment of Pre-Need Services w/payments 1 & 2 for Burial

Div 12 Sec 2 Blk/Row _____ Lot 167 Grave 4

Invoice No. E-19369

Acct. No. _____

W.O. _____

BALANCE DUE $1,035.40

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	197	00
80% Sales	100		
of Lots	77184	481	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	$	678	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #4106

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

59279

MOUNT HOPE CEMETERY
(619) 527-3400

E-19369

Date: 10/6 .2005

From: Gloria Harris Address: on record

Eighty-five Dollars ($ 85—)

in Plot Payment of pre-need

Div 12 Sec 2 Blk/Row ____ Lot 167 Grave 4

Invoice No. E-19369

Acct. No. ____

W.O. ____

BALANCE DUE $1950.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 4123

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

PAID

OCT 0 6 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	85.—
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 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.

R-59479

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 12/7 , 20 05

From: Eddie/Gloria Harris Address: DM RECORDS

EIGHTY-FIVE Dollars ($ 85.00)

in Part Payment of Pre-need Lot + TRUST

Lot 167 Grave 4 Row ____ Section 2 Division/Block 12

Invoice No. E-19369

Acct. No. ____

W.O. ____

BALANCE DUE $1780.40

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

Pre-need Trust [✓] Cash [ ] Check [X]

4184

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

PAID

DEC 0 7 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	85.00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 77186	
Sales Tax	60101 78390	
TOTAL PAID	$	85.00

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 00064

Date: 1/17, 2006

From: Eddie L. Harris + Gloria 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 4

Invoice No. E-19369

Acct. No.

W.O.

BALANCE DUE $ 1695.40

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

PAID

JAN 17 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	85.—

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 4215 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 00100

Date: 2/06 , 2006

From: Eddie Lee 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 4

Invoice No. E-193609

Acct. No.

W.O.

BALANCE DUE $1610.40

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

PAID

FEB 06 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85.00
Trust	77186	

TOTAL PAID $ 85.00

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check #236

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 00172

Date: 3/ .20 06

From: Eddie L. Harris Address: on record

Eighty-Five and 00 Dollars ($ 85.-)

in Full Payment of Pre-need lot & trust.

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E-19369

Acct. No.

W.O.

BALANCE DUE $ 1,525.40

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

PAID

MAR 13 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85.-
Trust	77186	

TOTAL PAID $ 85.-

- [x] Pre-Need Lot
- [x] Pre-Need Trust
- [ ] Money Order
- [ ] Charge
- [x] Check 4268

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 00216

From: Eddie L. Harris / Gloria J. Harris Date: 4/5 , 20 06

Address:

Eighty-Five Dollars ($ 85—)

in Part Payment of Pre-need lot / trust.

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E- 19369

Acct. No.

W.O.

BALANCE DUE $ 1,440.40

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

PAID

APR 05 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 4287 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 00290

Date: 5-15, 2006

From: Eddie Harris Address: on record

EIGHTY - FIVE AND 00 Dollars ($ 85.-)

in part Payment of Pre-need coupon # 8

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E-19369

Acct. No.

W.O.

BALANCE DUE $ 1,355.40

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

PAID

MAY 12 2006

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 4334 AMOUNT 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 00349

Date: 6-19, 2006

From: Eddie / Gloria 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 4

Invoice No E- 19369

Acct. No.

W.O.

BALANCE DUE $ 1,270 40

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

PAID

JUN 16 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 4355 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 00398

Date: 7-18, 2006

From: Eddie L Harris Address: on record

Sighty Five — Dollars ($ 85 —)

in part Payment of ~~Print~~ Preneed trust

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E-19369

Acct. No.

W.O.

BALANCE DUE $1,185.40

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

PAID

JUL 18 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 4386

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 00453

Date: August 20 06

From: Eddie L. Harris Address: 1494 50th St. SD CA 92102

Eighty-five and 00 Dollars ($ 85.-)

in part Payment of Pre-need lot, Trust. Coupon #11

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E-19369

Acct. No.

W.O.

BALANCE DUE $ 1,100.40

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

PAID

AUG 18 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 4407

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

P00732

Date: 3/6, 2007

From Eddie L. Harris Address: on record

Dollars ($ 85—)

in Part Payment of PN lot, trust. # 18

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E- 19369

Acct. No. 1

W.O.

BALANCE DUE $ 505.40

PAID

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

MAR - 5 2007

MOUNT HOPE CEMETERY

CREDIT	57007	
20% Sales Care	77184	
Pre-Need	63033	85 —
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 4580

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 00682

Date: 2-5-, 2007

From: Eddie/Gloria Harris Address: on record

EIGHTY-FIVE And 00 Dollars ($ 85.-)

in part Payment of Pre-need lot + trust coupon #17

Div 12 Sec 2 Blk/Row ____ Lot 167 Grave 4

Invoice No. E-19369

Acct. No. ____

W.O. ____

BALANCE DUE $ 590.40

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

PAID

FEB - 5 2007

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 4542

ISSUED BY Paulette C.

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 00664

Date: 1/23, 2007

From: Eddie Harris Address: on record

EIGHTY FIVE Dollars ($ 85-)

in part Payment of Pre-need Lot, trust. Coupon # 16

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E-19369

Acct. No.

W.O.

BALANCE DUE $ 675.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check #1030

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

PAID

JAN 22 2007

MOUNT HOPE

ISSUED BY P.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 00572

Date: 11-13, 20 06

From: Eddie L. Harris Address:

Eighty-five Dollars ($ 85—)

in part Payment of Pre-need Lot, trust.

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E-19369

Acct. No.

W.O.

BALANCE DUE ~~$~~ 845.40

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

PAID

NOV 13 2006

ISSUED BY Paulette

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 447

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 00562

Date: 11/2 , 20 06

From: Eddie L. Harris Address: on record

Eighty - Five Dollars ($ 85.-)

in part Payment of Pre-need lot, trust #13

Div ____ Sec ____ Blk/Row ____ Lot ____ Grave ____

Invoice No. E 19369

Acct. No. ____

W.O. ____

BALANCE DUE $ 93240

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

PAID

NOV - 2 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 4472

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 00512

Date: OCT 3 ,20 06

From: E. Harris Address: on record

Dollars ($ 85 —)

in part Payment of Pre-need lot, trust.

Div 12 Sec 2 Blk/Row Lot 167 Grave 4

Invoice No. E-193169

Acct. No.

W.O.

BALANCE DUE $

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

PAID

OCT 03 2006

MOUNT HOPE CEMETERY

ISSUED BY Paul Cotta

CREDIT	67007	
20% Sales Care	77184	85 —
Pre-Need	63033	
Trust	77186	
TOTAL PAID		$ 85 —

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Cash ☑ Check 4450

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

P00792
E19369

Date: 4/17 2007

From: Eddie Harris Address: 1494 50th ST SD 92102

Dollars ($ 85.00)

in _____ Payment of Pre-need LOT & TRUST E-19369

Div 12 Sec 2 Blk/Row _____ Lot 167 Grave 4

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 420.40

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

PAID

APR 17 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	85 00
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 469

ISSUED BY Maria V.

TOTAL PAID $ 85 00

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

R- 59502

OFFICIAL RECEIPT

WHITE _____ TO CUSTOMER
CANARY _____ CEMETERY
PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: November 10, 20 05

From: Eddie & Gloria Harris Address: on record

Eighty-Five and 00 Dollars ($ 85.00)

in part Payment of Pre-need lot + trust.

Lot 161 Grave 4 Row _____ Section 2 Division 12 ~~Block~~

Invoice No. E-19369

Acct. No. _____

W.O. _____

BALANCE DUE $ 1805.40

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

Pre-need Trust X Cash | | Check X 4141

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

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

PAID

NOV 0 7 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	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 00616

Date: Dec. 8 , 20 06

From: Eddie Harris Address: on record

Eighty-Five Dollars ($ 85-)

in part Payment of Pre-need lot trust coupon 15

Div 12 Sec 2 Blk/Row ____ Lot 167 Grave 4

Invoice No. E-19369

Acct. No. ____

W.O. ____

BALANCE DUE $ 760.40

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

PAID

DEC 08 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 4493 ISSUED BY Paulette C.

TOTAL PAID $ 85 —

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

Pin: 229546 Monthly Payments: $ 85.00 E- 19369

WHEN DOING THE INTERFUND TRANSFER, TRANSFER $137 TO ACCT. 100/77184 - UNDERPAYMENT

Name	Address	City	Zip Code	Amount
HARRIS, EDDIE	1494 TOTH ST	SD	92102	$ 2,713.40

DIVISION 12 SECTION 2 LOT 167 GRAVE 4

					PERPETUITY 67007	LOT 100/77184	PRE-NEED 63033
	Opened Pre-Need Lot & Trust			Payment			
	Trust include: (2) O/C, DD Crypt, H/F, (2) R/F				$197.00	$788.00	$1,728.40
9/15/2005	Downpayment		R-59190	$678.00	$197.00	$481.00	
					$0.00	$307.00	
10/6/2005	Coupon #	1	R-59279	$85.00		$85.00	
						$222.00	
11/10/2005	Coupon #	2	R-59382	$85.00			$85.00
						$222.00	$1,643.40
12/7/2005	Coupon #	3	R-59479	$85.00		$85.00	
						$137.00	
1/17/2006	Coupon #	4	P-00064	$85.00			$85.00
							$1,558.40
2/6/2006	Coupon #	5	P-00100	$85.00			$85.00
							$1,473.40
/13/2006	Coupon #	6	P-00172	$85.00			$85.00
							$1,388.40
4/5/2006	Coupon #	7	P-00216	$85.00			$85.00
							$1,303.40
5/15/2006	Coupon #	8	P-00290	$85.00			$85.00
							$1,218.40
6/19/2006	Coupon #	9	P-00349	$85.00			$85.00
							$1,133.40
7/18/2006	Coupon #	10	P-00398	$85.00			$85.00
							$1,048.40
8/18/2006	Coupon #	11	P-00453	$85.00			$85.00
							$963.40
10/3/2006	Coupon #	12	P-00512	$85.00			$85.00
							$878.40
11/2/2006	Coupon #	13	P-00562	$85.00			$85.00
							$793.40
11/13/2006	Coupon #	14	P-00572	$85.00			$85.00
							$708.40
12/8/2006	Coupon #	15	P-00616	$85.00			$85.00
							$623.40
1/23/2007	Coupon #	19	P-00664	$85.00			$85.00
							$538.40
2/5/2007	Coupon #	20	P-00682	$85.00			$85.00
							$453.40
3/6/2007	Coupon #	21	P-00732	$85.00			$85.00
							$368.40
4/17/2007	Coupon #	21	P-00792	$85.00			$85.00
							$283.40
5/8/2007	Coupon #	22	P-00811B	$85.00			$85.00
							$198.40
6/5/2007	Coupon #	23	P-00851	$85.00			$85.00
							$113.40
7/10/2007	Coupon #	24	P-00889	$85.00			$85.00
							$28.40
8/7/2007	Coupon #	25	P-00923	$85.00			$85.00
							($56.60)
9/11/2007	Coupon #	26	P-00966	$80.40			$80.40
						$137.00	($137.00)

AT-Need (Res)

IN Grave with Paul Peninger

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret F. Peninger (R) 222009

in a Ash Vault (Type of Burial Container) Funeral, date, time SAT Sept 24, 05 12:00

Church, Chapel, (Graveside) Family will bring Cremains Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 71 Grave 12 (b)

Grave space & Care Fund D-7189 (1976)	0
Overtime/Late Arrival Fees Sat Fee	$ 231.00
Opening/Closing & Setup	0
Burial Container Ash Vault	0
Handling Fees	0
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	$ 231.00
Paid receipt number R-59209	231.00
Balance due	0

PAID
SEP 20 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 19370

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Jeannette Holm
858 458-0640
Fax 858-451-8912

AT-Need (Res) IN Grave with Paul Peninger

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret F Peninger ®

in a Ash Vault (Type of Burial Container) Funeral, date, time Sat Sept 24, 05 12:00

Church, Chapel, Graveside Family will bring remains Mortuary

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

will be applied and billed to undersigned ____

Division 12 Section 2 Blk/Row ____ Lot 71 Grave 12

Grave space & Care Fund	D-7189 (1976)	0
Overtime/Late Arrival Fees	Sat Fee	$ 231.00
Opening/Closing & Setup		0
Burial Container	Ash Vault	0
Handling Fees		0
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees		0
Sales taxes		0
	Total Due	$ 231.00
	Paid receipt number R-59209	231.00
	Balance due	0

PAID SEP 20 2005 MOUNT HOPE CEMETERY

I hereby certify I am the Trustee 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.

229645

I hereby authorize the interment in lot I hold under deed

Jeannette C. Holm X
Signature

X Jeannette C. Holm
Firm Name
X 4515 Benhurst Ave
Address
X San Diego CA 92122
City Zip Code
X 858 458-0640
Telephone

Invoice # ____

Work Order # E 19370

Acct # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

E19370

City of San Diego

Date 5-5-97

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

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

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Lot 71 Grave 12 Row Section 9 Division/Block 12

Grave space & Care Fund ..... Pre-Need D-7189	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-48555	269.26
Balance due	0

PAID
MAY 09 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

X Margaret F. Penninger
Signature
X 4611-49th St.
Address
X San Diego, CA 92115
City Zip Code
X (619) 287-0526
Telephone
5-7-97

Invoice # _____

Work Order # E 13593

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper



Dan McAllister
San Diego County Treasurer-Tax Collector
P.O. BOX [illegible] San Diego, California [illegible]

TOLL FREE:
TDD:
PAY ONLINE:

PROPERTY ADDRESS - DESCRIPTION - SUBDIVISION

PENINGER INTER VIVOS TRUST
02 20 92
4611 N 49TH ST
SAN DIEGO CA 92115

MAP NO.

DOCUMENT NO.

DOCUMENT DATE

DESCRIPTION | VALUES & EXEMPTIONS

PROOF
OF Residents

MT HOPE CEMETERY E19370

GRAVE BLIND CHECK FORM

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

	#4 Williams Claire			#1 Lot 72 Arlene Young	#2 Lot 72 Willa Hart	
			#12 X		#8 Lot 72 Christine Wilkinson	

Blind Check Initiated By: Sandra Date: 9-20-05

Interment space for: Margaret Peninger (R)

Interment Date: Sat. Sept 24, 05 Time: 12:00 (G5)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 71 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [signature] Date: 9-21-05

J Haggard

E19370

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	FORBES	PENINGER	09/24/1918	08/29/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JEANNETTE HOLM-DPOA 4515 BENHURST AVE SAN DIEGO, CA 92122

7A. TYPED NAME AND ADDRESS OF 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	▶ Formal Hanson	09-06-2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition styled herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	09/07/2005	2514674 ▶ F.HANSON

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 9-24-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Hanson
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC. , 14065 HWY 8 BUSINESS EL CAJON, CA 92021	12B. DATE CREMATED 9/9/05	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Michael
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59209

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9-20-05, 2005

From: Jeannette Holm Address: 4515 Benhurst Ave S.D. CA. 92

Two hundred & Thirty-one 00/100 Dollars ($ 231.00)

in Full Payment of SAT. Fee For services AT-Need Margaret Peninge

Div 12 Sec 2 Blk/Row Lot 71 Grave 12

Invoice No. E-19370

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ #107

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

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

PAID

SEP 2 0 2005

MOUNT HOPE CEM.

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/Closing	100 77191		
Burial Containers	100 77182		
Handling Fee	100 77185		(Rec SAT Fe
Recording & Misc. Fees	100 77183	231	00
Pre-Need Trust	63033 77186		
Sales Tax	60101 78390		
TOTAL PAID	$	231	00

THE PENINGER INTERVIVOS TRUST
JEANNETTE C. HOLM TTEE
4515 BENHURST AVE.
SAN DIEGO, CA 92122

UBS

UBS Financial Services Inc.
DATE 9-19-05

107

25-80/440

PAY TO THE ORDER OF Mt. Hope Cemetary $ 231 00

Two Hundred Thirty One + 00/100 DOLLARS

BANK ONE, N.A.
Columbus, Ohio 43271

A B C D E F G K L M N P R S T U V W Y Z

Resource Management Account®

MEMO Margaret F. Peninger Jeannette C Holm

E19370

JEANNETTE C. HOLM
ATTORNEY AT LAW
4515 BENHURST AVENUE
SAN DIEGO, CALIFORNIA 92122-3017
TELEPHONE (858) 458-1153
FACSIMILE (858) 452-8912

September 19, 2005

Mt. Hope Cemetery
ATTN: SANDRA
3751 Market Street
San Diego, CA 92102-4527

RE: Margaret F. Peninger

Dear Sandra:

Enclosed is check no. 107 in the amount of $231 for burial expenses for Margaret F. Peninger.

Sincerely yours,

Jeannette C Holm

JEANNETTE C. HOLM
Trustee
Peninger Inter Vivos Trust

1 Enclosure

pre-need
(RES)
cremation
IN grave with
Rhea and Lynch

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Quillia G. Lynch (X)

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4863 Grave _____

Grave space & Care Fund	
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	
Balance due	

Cancel per family never returned with payment

I hereby certify I am the Self 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 N.G.G. Lynch X
Signature

X Quillia G. Lynch
Print Name

X 1550 Bridgeview DR
Address

X San Diego 92105
City Zip Code

X 619-263-8944
Telephone

Invoice # _____

Work Order # E 19371

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19371

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 08-09-07

J0840888

CLASS:C



QUILLIA G LYNCH
1550 BRIDGEVIEW DR
SAN DIEGO CA 92105



SEX:F HAIR:BLK
HT:5-04 WT:140 DOB:08-09-43

Q.G.G. Lynch

10/23/2002 586 38 FD/07

Baby Still Born
AT Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/19/05

Pin # 29615

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Baby Quillar~~ Mikaylah Lockett

in a Liner O (Type of Burial Container) Funeral, date, time Wed Sept 21, 05 11:00

Church, Chapel (Graveside) : Ragsdale Mortuary.

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

Division 9 Section 1 Blk/Row ____ Lot 1317 Grave ____

Grave space & Care Fund	$110.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138.00
Burial Container LINER O	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-59198	408.97
Balance due	0

PAID
SEP 19 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.

29616

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

X
Signature

X Erika Quillar
First Name
X 4973 Imperial Ave Apt B
Address
X San Diego CA 92113
City Zip Code
X (619) 264-2664
Telephone

Invoice # ____

Work Order # E 19372

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19372

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 02-23-06

D2480612

CLASS: C



ERIKA NICOLE QUILLAR
4973 IMPERIAL AVE APT B
SAN DIEGO CA 92113

SEX: F HAIR: BRN
HT: 5-07 WT: 185



DOB: 02-23-82

09/16/2003 613 32/14 FD/06

MT HOPE CEMETERY E19372

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Paulette Date: 9-19

Interment space for: Baby ~~Dollar~~ Mikaylah Lockett

Interment Date: 9-21-05 Time: 11:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1317 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: 9/20/05

F 19372

age stat Born

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MIKAYLAH	BRYON	LOCKETT	09/14/2005	09/14/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ERIKA QUILLAR: MOTHER 4973 IMPERIAL AVENUE, APT.B 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	Erika Pryor	09/20/2005

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 09/20/2005	2515388

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 9-20-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Michael Alle	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

(NON-Res)

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/19/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nathaniel Coral Johnson 229617

In a Liner (Type of Burial Container) Funeral, date, time Thurs. Sept. 22 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

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

Division 12 Section 1 Blk/Row Lot 98 Grave 4

Grave space & Care Fund	1310.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.-
Burial Container	278.-
Handling Fees	213.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.-
Sales taxes	21.54
Total Due	2437.54

PAID

SEP 20 2005

MOUNT HOPE CEMETERY

MORT. 2 Pay

Paid receipt number R-59298 2437.54

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

NR

Print Name

Address

City Zip Code

Telephone

See attached for signature

Invoice # _____

Work Order # E 19373

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

13:11 SD . HOPE CEMENTERY + RAGSDALE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 9/19/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nathaniel Coral Johnson

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Sept. 22 Li

Church, Chapel, Graveside Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 1105.00

will be applied and billed to undersigned

Division 12 Section 1 Blk/Row Lot 93 Grave 4

Grave space & Care Fund	1310.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.-
Burial Container	278.-
Handling Fees	213.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.-
Sales taxes	21.54
Total Due	2437.54

NORT. 2. Pay

Paid receipt number

Balance due

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

229618

I hereby authorize the interment in lot I hold under deed

Lona Williams
Signature

Lona Williams
Print Name

7025 Waite Drive #40A
Address

La Mesa, CA 91941
City Zip Code

(619)309-9964
Telephone

VR

Invoice #

Work Order # E 19373

Acct. #

This information is available in alternative formats upon request

MT HOPE CEMETERY E19373

GRAVE BLIND CHECK FORM

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

	Carolyn Gates	Obie Gates	x	Austin		
	M Duvall Jr.		Robinson			

Blind Check Initiated By: Pauline C Date: 9/20

Interment space for: Nathaniel C. Johnson

Interment Date: 9-22 Time: 1:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 98 Gr: 4

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: 9/20/05

E9373

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 17

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NATHANIEL	CAROL	[redacted]	09/20/1987	09/15/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	LONA WILLIAMS: GRANDMOTHER 7025 WAITE DRIVE, APT. 40-A LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	Connie Pryor	09/19/2005

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	S.PRYOR ± 09/19/2005	2515356

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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. [redacted] CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-22-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F. Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY 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
ESTaTe Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Hess 228105

in a DD CryPT "A" (Type of Burial Container) Funeral, date, time Weds Sept 28, 05 11:00

Church, Chapel, Graveside Delivery only : Mayer-mortuary Mortuary.

Scott 281-7055

All Funeral cars must arrive 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 45 Grave 4

Grave space & Care Fund E-18646 (2004)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	Ø
Sales taxes	Ø
Total Due	Ø
Paid receipt number _____	
Balance due	Ø

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

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

X _____
Signature

PA Tommie Stewart
858 694-3525
Fax 858-694-3987

Work Order # E 19374

X Print Name
X Address
X City Zip Code
X Telephone

See attached for signature

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

Delivery ONLY E19374

GRAVE BLIND CHECK FORM

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

D1 Crypt "A"

#1 Robert Nelson	#2 Annie Pearl	#3 Luther Johnson	#4 X			
			Thompson Eula			

Blind Check Initiated By: Sandra Date: 9-26-05

Interment space for: Barbara Hess

Interment Date: weds Sept 28, 05 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 45 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 9/26/05

7 log seal

F19374
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
BARBARA	-	HESS	09/27/1928	09/17/2005	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	TOMMIE STEWART - PUBLIC GUARDIAN 5201-A RUFFIN RD. SANDIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE. SAN DIEGO, CA 92116	FD-1424	▶	

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/26/2005 R.MARTINEZ	2513671 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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, 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.*

09/20/2005 TUE 08:21 FAX 858 49[illegible]26 SAN DIEGO CNTY PAPG
09/19/2005 14:16 SD MT. HOPE CEMENTERY → 918586943987

AT-need
Res
Estate Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Hess in a DD Crypt "A" (Type of Burial Container) Funeral, date, time will c/b with date & time Church, Chapel, Graveside _____ ; Mayer-Mortuary Mortuary. SCOTT 281-7055

All Funeral cars must arrive 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 45 Grave 0

Grave space & Care Fund E-18646 (2004)	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

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.

Stewart X
Signature

PA Tommie Stewart
858 694-3525
Fax 858-694-3987

Work Order # E 19374

X Tommie Stewart
Print Name

X 5201 Ruffin Rd
Address

X San Diego
City Zip Code

X (858) 694-3525
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699

At Need (NON-RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/20/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michelle Angela Letcher 229644

in a Liner (Type of Burial Container) Funeral, date, time Friday Sept. 23, 1:00

(Church) Chapel, Graveside ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 219.00 will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row ____ Lot 244 Grave 11

Grave space & Care Fund	1310.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549 -
Burial Container	278 -
Handling Fees	213.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.-
Sales taxes	21.54
Total Due	2437.54
Paid receipt number R-59216	2437.54
Balance due	Ø

PAID

SEP 22 2005

MOUNT HOPE CEMETERY

MORT-2-PAY

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

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

Signature

Paulette NON-RES FEES

Print Name

Address

City See attached Zip Code

Telephone

Invoice # ____

Work Order # E 19375

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E1937S

GRAVE BLIND CHECK FORM

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

						standard
			X		Jennings	Crumbe
	Briscoe	Henderson	Jennings			

Blind Check Initiated By: Paulette Date: 9/21

Interment space for: Michelle Angela Letcher

Interment Date: Fri. 23rd Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 244 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: DAKKE/1 Date: 9-22-05

E19375

age 38

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MICHELLE	ANGELA	LETCHER	06/25/1967	09/18/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DALLAS	TEXAS	MARION LETCHER: MOTHER 6111 BIG BEND DRIVE MESQUITE, TX 75150

7A. 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 5000 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	Jennifer Pryor	09/22/2005

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S.PRYOR 09/22/2005	2515608

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9-23-05	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.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/20/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michelle Angela Letcher

In a Liner (Type of Burial Container) Funeral, date, time Friday Sept 23, 1:00

(Church) | Chapel, Graveside _____, Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 219.00 will be applied and billed to undersigned. Marion T. Letcher

Division 12 Section 2 Blk/Row _____ Lot 244 Grave 11

Grave space & Care Fund	1310.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.—
Burial Container	278.—
Handling Fees	215.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	Vole —
Sales taxes	21.54
Total Due	2437.54

MOT: 2-PAY

Paid receipt number _____

Balance due _____

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

229643

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

Signature Marion T. Letcher

Paulette
NON-RES FEES

Print Name Marion T. Letcher

Address 6111 Big Bend Drive

City Mesquite, TX 75150 Zip Code

Telephone (972) 697-8644

Work Order # E 19375

Invoice # _____

Acct. # _____

REA 104 (3-94)

This information is available in alternative formats upon request.

Printed on recycled paper

pre-need
Res added
Ashes added TO Existing Grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

would like cremains added TO parents Grave Richardson

Date 9-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eleanor Louise Kemp 229567

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 6 Section 3 Blk/Row Lot 30 Grave 1

Grave space & Care Fund 1927 (C-9143)	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 R-59202	$297.73
Balance due	0

PAID

SEP 19 2005

MOUNT HOPE CEMETERY

I hereby certify I am the SELF 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 ELEANOR L. KEMP
Print Name

X 3657 TEXAS St.
Address

X San Diego, CA 92104
City Zip Code

X 619-297-7897
Telephone

Invoice #

Work Order # E 19376

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19376



Dave Bejarano
Chief of Police

EXPIRES:

CITY OF SAN DIEGO
POLICE DEPARTMENT
RETIRED SENIOR
VOLUNTEER PATROL

ELEANOR KEMP
ID# V893

Eleanor L Kemp

DMV CALIFORNIA DMV

DRIVER LICENSE
W0306281

CLASS: C

EXPIRES 01-23-08



ELEANOR LOUISE KEMP
3657 TEXAS ST
SAN DIEGO CA 92104

SEX:F HAIR:GRY
HT:5-04 WT:159 EYES:BRN
DOB:01-23-25

RSTR: CORR LENS

Eleanor L Kemp

DONOR

01/18/2003 669 09 FD/08

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59202
Pre-need

Date: 9-20-05, 20 05

From: Eleanor Kemp Address: 3657 Texas ST. S.D. CA. 92104

Two hundred & Ninty-Seven 73/100 Dollars ($ 297.73)

in Full Payment of Pre-Need Services For Eleanor L. Kemp

Div 6 Sec 3 Blk/Row ____ Lot 30 Grave 1

Invoice No. E-19376

Acct. No. ____

W.O. ____

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐ 5750

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

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

PAID
SEP 19 2005
MOUNT HOPE

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	116	00
Closing	77181	61	00
Burial	100		
Containers	77182	66	00
	100		
Handling Fee	77185	50	00
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	4	73
	78390		
TOTAL PAID	$	297	73

E 19376

B

PLACE OF BIRTH: Dist. No. 3701 (To be inserted by Registrar)

California State Board of Health
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State Index No.

Local Registered No. 172

County of San Diego

City of San Diego (No. Leroy Hospital St.; Ward)

or Rural Registration District

[If birth occurred in hospital or institution, give its NAME instead of street and number.]

*FULL NAME OF CHILD Eleanor Louise Richardson (If child is not yet named, make supplemental report as directed)

PERSONAL AND STATISTICAL PARTICULARS

*SEX OF CHILD	*Twin, Triplet, or Other (To be answered only in event of plural births)	*Number in Order of Birth (To be answered only in event of plural births)	*DATE OF BIRTH (Month) January (Day) 23rd (Year) 1925
Female			

FATHER

*FULL NAME: Elbert Adelbert Richards (Christian)

*RESIDENCE: 3034-29th street San Diego

*COLOR OR RACE: White

*AGE AT LAST BIRTHDAY (Years): 37

*BIRTHPLACE (State or country): Calif.

*OCCUPATION (a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer):

MOTHER

*FULL MAIDEN NAME: Ethel Howdish

*RESIDENCE: Same (City) (State)

*COLOR OR RACE: White

*AGE AT LAST BIRTHDAY (Years): 34

*BIRTHPLACE (State or country): Kansas

*OCCUPATION (a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

*Was a prophylactic for Ophthalmia Neonatorum used? yes

If so, what? Silver nitrate 1%

*Number of children born to this mother, including present birth: 1

*Number of children of this mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:01 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Jennison

Dated 1-23 19 25 Physician (Physician, midwife, father, etc.)

Given name added from a supplemental report 19

Address Gatte Bldg., San Diego

*Filed 1-27 19 25

Registrar

Registrar or Deputy

This is to certify that, if bearing the official seal of the City of San Diego, this is a true and correct copy of the original document filed.

Director of Health
San Diego Department of Public Health
Civic Center Bldg.
San Diego 1, California

Dated: April 29, 1952

Fee Paid: $1.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need Res. fee — 10 Chard — Date 9-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Jack Kang 229668

in a Double-Crypt "A" (Type of Burial Container) Funeral, date, time Saturday Sept 24 9:00

Church, Chapel, Graveside _____ : Mayer Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 86 Grave 1

Grave space & Care Fund	985.—
Overtime/Late Arrival Fees — SAT. FEE	660.— ✓
Opening/Closing & Setup — 1ST BURIAL	413.—
Burial Container	418.—
Handling Fees	352.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees — PAID	50.— ✓
Sales taxes	32.40
Total Due	2910.40
Paid receipt number R-59211	2,910.40
Balance due	Ø

SEP 21 2005

MOUNT HOPE CEMETERY

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

229669

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

X MARY — Signature

X MARY Thanh Pieu — Print Name

5421 Santa Margerita #42 — Address

S.D. 92114 — City, Zip Code

619 - 546 - 4908 — Telephone

Faubete

Work Order # E 19377

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19377

GRAVE BLIND CHECK FORM

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

Phillips			X	Jones		
	Arthur					

Blind Check Initiated By: Pauleen Date: 9/21

Interment space for: John Jack Kang

Interment Date: 9/24 Sat. Time: 9:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 86 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: [signature] Date: 9-21-05

E1937

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
JOHN	JOCK	KANG	01/10/1958	09/15/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARY N. THANYPIENY - WIFE 5421 SANTA MARGARITA ST. #42 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-1424		

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/22/2005	R.MARTINEZ ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'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.

pre-need
RES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1- Full Body
1- Cremation
pd IN Full

will do Ash & Liner e same Time
I only charged For one open & close

Date 9-20-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family QUYNH NHU Truong Tran 279560

In a Ash Vault & 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 7 Section 14 Blk/Row _____ Lot 0 Grave 2

Grave space & Care Fund			$1,535.00
Overtime/Late Arrival Fees			
Opening/Closing & Setup	$61.00	$209.00	$413.00
Burial Container	Ash Vault + Liner		270.00
Handling Fees	Ash $66.00 + $160.00 - Liner		226.00
Flower vases - Marker setting fee	Upright 24x12 base th.	Foundation	$178.00
Recording/Filing/Transfer Fees	2 @ $50.00		100.00
Sales taxes	Ash $4.73 + 16.20 Liner		20.93
		Total Due	$2,742.93
	Paid receipt number	R-59206	2,742.93
		Balance due	0

PAID
SEP 20 2005
MOUNT HOPE CEMETERY

I hereby certify I am the FAMILY TRAN 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

x QUYNH NHU TRAN
Print Name
x 6533 LEMARAND AVE
Address
x SANDIEGO CA 92115
City Zip Code
x (619) 287-7592
Telephone

Invoice # _____

Work Order # E 19378

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19378

DMV CALIFORNIA DMV

DRIVER LICENSE
B8876328

CLASS: C

EXPIRES 10-28-08



QUYNH NHU TRUONG TRAN
6533 LEMARAND AVE
SAN DIEGO CA 92115



SEX:F HAIR:BLK EYES:BRN
HT:5-02 WT:100 DOB:10-28-79

09/12/2003 235 RB FD/08

Ashes added to existing Grave
New prices
A/O Oct 2005

(Res)
pre-need
Ashes To be placed
In grave with
Irvin Nestingen

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Eric Nestingen (X)

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

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Division 8 Section 3 Blk/Row Lot 1909 Grave 1-C

Grave space & Care Fund	B-8312 (1962)	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	If Inter @ the same Time as Glenna, There is no charge, If different There is $149.00 for o/c	0
Burial Container	Ash Vault	$ 79.00
Handling Fees		$ 85.00
Flower vases Marker setting fee		0
Recording/Filing/Transfer Fees		$ 65.00
Sales taxes		$ 6.12
	Total Due	$ 235.12

Family will call back
Cancel
Cancel
Family will
C/B

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.

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

mother's E-ticket is E-19380
pin # 220659
Glenna Hazleton & Trion vase

reset fee for marker was pd on E-19380

Invoice #

Work Order # E 19379

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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(over)

9-21-05

Related E-ticket E-19380 /mother/

mother in care facility not passed yet, will be interred in grave with Irven Nestingen pre-need E-19380

Brother of William Nestingen
Peter M Nestingen
6510 Francis Ave North
Seattle Washington 98103

Fax 206 297-0800
Cell # 206 459-1447

I mailed copy order to family on 9-21-05
Family stated they will C/B with date & time.

Called on Jan. 25, 06, family stated will C/B with date & time

Family wants to bury William at same time as E-19380 Pre-need/mother
mother has not passed yet

(Res S.D.)
pre-need
Ashes To be placed with Irvin Nestingen

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-05

Pin # 220659

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Glenna J. Nestingen Hazleton ⊗

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 8 Section 3 Blk/Row _____ Lot 1909 Grave 1-B

Grave space & Care Fund B-8312 (1962)	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	$149.00
Burial Container Ash vault	$ 79.00
Handling Fees	$ 85.00
Flower vases (Trion) / Marker setting fee (Reset Fee) Trion $65.71 / Marker Fee Reset $36.00	$ 101.71
Recording/Filing/Transfer Fees	$ 65.00
Sales taxes	$ 6.12
Total Due	$ 485.83
Paid receipt number R-59402	$ 485.83
Balance due	0

PAID

NOV 14 2005

MOUNT HOPE CEMETERY

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

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

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

see attach for signature

Invoice # _____

Work Order # E 19380

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

(Res S.D.)
Pre-Need
Ashes To be
placed with
Irvin Nestingen

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Glenna J. Nestingen Hazleton ⊗

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division 8 Section 3 Blk/Row _____ Lot 1909 Grave 1-B

Grave space & Care Fund B-8312 (1962)	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	$149.00
Burial Container ..... Ash Vault	$ 79.00
Handling Fees	$ 85.00
Flower vases / Marker setting fee ..... Trion $65.71 / Reset Marker Fee $36.00	$101.71
Recording/Filing/Transfer Fees	$ 65.00
Sales taxes ..... NOV 14 2005	$ 6.17
Total Due	$ 485.83
MOUNT HOPE CEME Paid receipt number R-59402	$ 485.83
Balance due	0

I hereby certify I am the 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 Cemetary harmless from any liability on account of said authorization and interment.

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

Signature Peter A. Nestingen X

X Peter A. Nestingen (Print Name)
X 6510 Francis Ave N. (Address)
X Seattle, WA 98103 (City, Zip Code)
X 206-709-9955 (Telephone)

Invoice # _____

Work Order # E 19380

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19380

proof of Residents

IMPORTANT:
RETAIN THIS PHOTO RECEIPT UNTIL ALL DL/ID
APPLICATION REQUIREMENTS ARE COMPLETED

NOT A LICENSE OR PERMIT

DL/ID: H0184115
OFFICE ID: 519
Photo Date/Seq #: 09211999 6206
Type: R
Receipt Date: 09211999 1455
D.O.B 5/24/15
NOT A VERIFIED IDENTIFICATION



GLENNA NESTINGEW HAZLETON

Employee # HAZLETON
Transfer
Special Order
Roles
Alt/Telephone
Other
Follow-Up Date/Days
Today's Date
Glenna 63564661

RECEIPT - NOT A LICENSE OR PERMIT

NOT A VERIFIED IDENTIFICATION

APPLICATION FOR SENIOR ID ORIGINAL

H0184115

GLENNA NESTINGEW HAZLETON
1545 LA CUMBRE DR
LA JOLLA CA 92037

AMOUNT DUE	:	3.00
AMOUNT RCVD - CASH:		5.00
- CHCK:		
- CRDT:		
- CARD:		
CASH BACK	:	2.00

474-~~24~~ 03-5140

IF YOU DO NOT RECEIVE YOUR IDENTIFICATION
CARD WITHIN 60 DAYS, PLEASE CONTACT OR
PRESENT THIS RECEIPT TO ANY DMV OFFICE.

092199 OFFICE -519 092199 34/5035 484 CNA

Pre-mature
AT- need
Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

measurements called 27 L 14 W 11 H

Date 9-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Koraima Mendoza 229639

in a Liner (Type of Burial Container) Funeral, date, time Friday Sept 23, 05 10:30

Church, Chapel (Graveside) : Featherstill Corey Mortuary.

All Funeral cars 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 1090 Grave _____

Grave space & Care Fund	$ 110.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	138.00
Burial Container Liner	77.00
Handling Fees	28.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.97
Total Due	$ 408.97
Paid receipt number pd by visa	$ 408.97
Balance due	0

PAID

SEP 21 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Father 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. 229638

X _____
Signature

X Marcos Mendoza
Print Name

X 3241 Franklin ave # E
Address

X San diego CA
City Zip Code

X CA 92113
Telephone

Invoice # _____

Work Order # E 19381

Acct. # _____

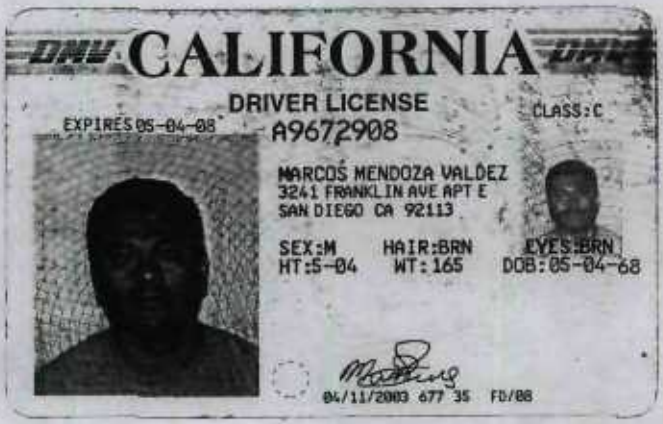
REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Friend Anita
757-6366

E-19381


DMV CALIFORNIA DMV
DRIVER LICENSE
CLASS:C
EXPIRES 05-04-08
A9672908
MARCOS MENDOZA VALDEZ
3241 FRANKLIN AVE APT E
SAN DIEGO CA 92113
SEX:M HAIR:BRN EYES:BRN
HT:5-04 WT:165 DOB:05-04-68
04/11/2003 677 35 FD/88

MT HOPE CEMETERY E-19381

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Lenero 27L 14W 11H

				Angela Marure		
			#1090 X	Tree	Tree Roots	
					Deshawn Booker	

Blind Check Initiated By: Sandra Date: 9-21-05

Interment space for: Koraima mendoza

Interment Date: Fri Sept 23,05 Time: 10:30 GS

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1090 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 9-22-05

Flagged

E-19381

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Koraima	-	Mendoza	09/20/2005	09/20/2005	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	Marcos Mendoza (Father) 3241 Franklin Ave. #E San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ M. Dom	8B. DATE SIGNED 09/22/2005

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/23/2005 N. Dominguez	2513612 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/23/05	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 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.

E19381

Featheringill mortuary

COLLEGE CENTER CHAPEL
6322 El Cajon Blvd.
San Diego, CA 92115

Telephone (619) 583-9511
Fax: (619) 583-7038

HELIX VIEW CHAPEL
9631 Campo Road
Spring Valley, CA 91977

SANDRA,

THE CASKET FOR KORAIMA MENDOZA

IS 27" LONG

14" WIDE

11" HIGH.

ANY QUESTIONS, CALL KORI.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
12 Chairs

Date 9/21/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Brown 229677

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Saturday Sept. 24 11:00

Church, Chapel, Graveside _____ ; Preferred Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 188 Grave 1

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees SATURDAY 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	2608.31
Paid receipt number Visa Card	2608.31
Balance due	0

PAID

SEP 2 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.

229678

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

Rahfeal Alomar
Signature

Rahfeal A. Alomar
Print Name

P.O. Box 741268
Address

San Diego CA. 92174
City Zip Code

(cell) (619) 851-4896 Home (619) 334-1590
Telephone

COL NG871507 29-03

Paulette

Invoice # _____

Work Order # E 19382

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19382

GRAVE BLIND CHECK FORM

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

Total of 12 or 15 Chairs

		Robbins				
	Baines		X			
			Lacey			
				Johnson		

Blind Check Initiated By: Paulette Date: 9/22

Interment space for: Gloria D. Brown

Interment Date: Sat 9/24 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 188 Gr: 1

Grave Laid out by: Norman

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARREYL Date: 9-22-05

E-19382

age 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
Gloria	Dean	Brown	02/09/1957	09/18/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NationalCity	SanDiego	Lakiesa Alomar - Daughter 5223 Olvera Avenue San Diego,California

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Prefegred Cremationand Burial 6163 University Avenue San Diego,California92115	FD-1746

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/21/05 Mark Jenkins	▶ Nancy L. Bourque MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, California92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY 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 Cegetery 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
12 CHAIRS

Date 9-26-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beverly Margaret Nolan 229684

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Thurs 10:00 9/29

Church, Chapel, Graveside _____ : Featherhill Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 71 Grave 6

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@ 413.00	826.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee PAID	138.00
Recording/Filing/Transfer Fees 2@ 50.00	100.00
Sales taxes	32.40
Total Due	2851.40
Paid receipt number R-59218	2851.40
Balance due	0

SEP 26 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.

229686

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

Betty L Decker
Signature

Betty L. Decker
Print Name

9272 Mesa Vista Ave
Address

La Mesa Ca. 91941
City Zip Code

(619) 460-6551
Telephone

Paulette resize

Work Order # E 19383

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

10-11-05
mailed Deed

F19383

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

F0595638

EXPIRES 11-24-05

This identification card is issued solely for identification purposes. It does not establish eligibility for employment, voter registration, or public benefits.



BEVERLY MARGARET NOLAN
1945 BURROUGHS ST
SAN DIEGO CA 92111

SEX: F HAIR: BRN EYES: BRN
HT: 5-0[illegible] WT: 170 DOB: 11-24-14

Beverly M Nolan

11/13/96 619 84/ FD/ 1234

MT HOPE CEMETERY E19383

GRAVE BLIND CHECK FORM

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

	Williams		X	Young	Hart	Holloway
			Peninger			

Blind Check Initiated By: Paulette Date: 9/26

Interment space for: Beverly Nolan

Interment Date: 9/29/05 Time: 10-

Div: 12 Sect: 2 Blk/Row: ____ Lot: 71 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: CW Davies Date: 9-26-05

E 19383

age 88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Beverly	Margaret	Nolan	11/24/1916	09/23/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Betty Decker (Daughter) 9272 Mesa Vista Ave. 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
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M Dings	09/27/2005

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	09/27/2005 M. Dominguez	2515773 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 9-29-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

AT- need
NON-Res
10-chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-26-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel McAllister 229663

in a TS Vault (Type of Burial Container) Funeral, date, time Thursday Sept 29, 05 12:30

Church, Chapel, Graveside ; Feuthringill Rick Mortuary.

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

will be applied and billed to undersigned. X

Division 5 Section 4 Blk/Row Lot 60 Grave 3

Grave space & Care Fund A-2610 (1951)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container TS Vault	366.00
Handling Fees	271.00
Flower vases (Trion) – Marker setting fee (Trion $68.86 Marker setting Flat $184.00)	252.86
Recording/Filing/Transfer Fees	66.00
Sales taxes	28.37
Total Due	$1,533.23
Paid receipt number pd by visa	1,533.23
Balance due	0

PAID
SEP 2 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

X
Print Name

X
Address

X
City Zip Code

X
Telephone

See attach for signature

Invoice #

Work Order # E 19384

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Deborah
~~Debbie~~ Walsh
760 930-1216 ✓

760 ~~753-7119~~
753-7119

760 613-9507

Joe Walsh 7-4
760 918-6009

McAllester
Deborah Walsh
2809 Rancho Rio Chico
Carlsbad, Calif. 92009

WO# 4604
install trio vase

P-28-2005(WED) 10:48 Chickokee Memorial Funeral Home (FAX)209 334 9077
Sep 27 05 11:14a FEATHERINGILL 61[illegible]83 7038

E-19384

AT-need
non-Res
10-chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-26-05

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

in a TS vault Funeral, date, time Thursday Sept 27, 05 12:30

Church, Chapel, Graveside : Featheringill Rick 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 5 Section 4 Bit/Row Lot 60 Grave 3

Crave space & Care Fund A-2610 (1951) 0

Onsite/Late Arrival Fees

Opening/Closing & Setup 547.00

Burial Container TS vault 366.00

Handling Fees 221.00

Flower vases Marker setting fee Trian $68.86 Marker setting flat $184.00 252.86

Recording/Filing/Transfer Fees 66.00

Sales taxes 28.37

Total Due $1,533.23

Paid receipt number pd by visa 1,533.23

Balance due 0

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

P/A 229 664

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

Wayne McAllister

Wayne B. McAllister
315 S. Crescent Ave, #306
Lodi, Ca 95240
209/368-5773

MT HOPE CEMETERY E-19384

10 chairs If Possible)

GRAVE BLIND CHECK FORM

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

			LOT 60 X GR 3	GR 4 McAllister George W	GR 5 McAllister George SR.	

Blind Check Initiated By: Sandra Date: 9-27-05

Interment space for: Ethel McAllister

Interment Date: Sept 29, 05 Time: 12:30

Div: 5 Sect: 4 Blk/Row: ____ Lot: 60 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-28-05

7-Closed

E19384

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 94

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ethel	Margaret	McAllister	01/24/1911	09/24/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lodi	San Joaquin	Wayne B. McAllister - son 315 S. Crescent Ave #306 Lodi, CA 95240

7A. 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
Cherokee Memorial Funeral Home 831 Industrial Way Lodi, CA	FD 1672		09/28/2005

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

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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	Wh Scheffer 09/28/2005	Fax Auth 36917

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2009 Stockton, CA 95201	PO Box 85222 San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St San Diego, CA 92101	11B. DATE BURIED 1.29.05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

AT-Need
(Res)
Voices For
Children

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-26-05

Pin # 229661

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teddy Trejo in a Liner (Type of Burial Container) Funeral, date, time Sat Oct 1, 05 10:00 Chapel Church (Chapel) Graveside 10:00 Cypress View : Berge-Roberts 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.

Division 12 Section 2 Blk/Row _____ Lot 82 Grave 6

Grave space & Care Fund	B 985.00
Overtime/Late Arrival Fees Sat. Fee	660.00
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	B 2,493.20
Paid receipt number R-59240	B 2,493.20
Balance due	0

PAID
SEP 29 2005
MOUNT HOPE CEMETERY

Over Times Charges added if needed
M-F After 3:00 B 165.00
Sat. Fee B 660.00

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 19385

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Legal Guard
Sabena Goosby
858 569-2019 ext 226
619 980-2733 cell
Fax 858 569-7151
Voices for Children

9-30-05 R-59244
purchased TRON vase & marker setting fee

10-03-05 WO# 4603
to install tron vase

MT HOPE CEMETERY E-1938S

GRAVE BLIND CHECK FORM

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

			#6 X	LOT 83 #1 Nichols Ieland		
			#12 Lopez Beatrice			

Blind Check Initiated By: Sandra Date: 9-29-05

Interment space for: Teddy Trejo

Interment Date: Sat Oct 1st 05 Time: 10:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 82 Gr: 6

Grave Laid out by: Chuck + Dave

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kevin Date: 9/30/05

7 layers

Sabrina Goosby
858-569-2019 Ext. 226

05 09:09 SD MT. HOPE CEMENTERY → 91858569715

NO. 399

Overtime/Late Ar[illegible]

Opening/Closing & [illegible]

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 2493.20

over Times charges added if needed
M-F AFTER 3:00 $165.00
SAT. Fee $660.00

Add 660.00 for Saturday

I hereby certify I am the Surrogate 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
Signature

X Nancy Rosenberger
Print Name

X 2851 Meadow Lark DR
Address

X San Diego CA 92123
City Zip Code

X 858-569-2096
Telephone

Invoice #

Work Order # E 19385

Acct. #

This information is available in alternative formats upon request.

F-19385
age 20

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

FD

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
TEDDY	-	TREJO	07/08/1984	09/14/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	- SAN DIEGO	NANCY ROSENBERGER-GUARDIAN 2851 MEADOWLARK DR. 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
BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	▶	09/30/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/30/2005 C GRIER	2515988 ▶

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
- [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	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. fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-26-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Singletary 229688

in a Liner (Type of Burial Container) Funeral, date, time Thurs. Sept. 29 11:00

(Church) Chapel, Graveside MT. OLIVE : 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 2 Blk/Row _____ Lot 92 Grave 2

Grave space & Care Fund	985.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.-
Burial Container	209.-
Handling Fees	160.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.-
Sales taxes	16.20
Total Due	1833.20
Paid receipt number pd by Visa $1,833.20	
Balance due	0

PAID
SEP 27 2005
MOUNT HOPE

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.

229689

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

X _____
Signature

Paulette

X TERRELL SINGLETARY
Print Name

X 9627 S. VAN NESS AVE.
Address

X INGLEWOOD 90305
City Zip Code

X 310-619-6502
Telephone

Work Order # E 19386

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19386

GRAVE BLIND CHECK FORM

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

	Christensen	Mireles				
			X	Thomas		

Blind Check Initiated By: Paulette Date: 9-28

Interment space for: Margaret Singletary

Interment Date: 9/29 Time: 11:00 Church Thurs.

Div: 11 Sect: 2 Blk/Row: ____ Lot: 92 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: 9-28-05

F19386

age 54

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARGARET	ANN	SINGLETARY	01/04/1951	09/23/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HOBBS	NEW MEXICO	ANNIE SINGLETARY-MOTHER 4140 BONILLO DR. #105 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
CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	▶ Claudette Russ	09/27/2005

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	09/27/2005 C. RUSS	▶ 2515810

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 9-29-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

E19386

GLOBE LIFE
AND ACCIDENT INSURANCE CO.

Dear Certificate Holder:

Congratulations! Margaret A Singletary is now one of over two million Americans whose life insurance is with Globe Life And Accident Insurance Company.

You have already paid the introductory premium for the first month. You will receive a statement for your second premium payment within the next few days. Be sure to make this second payment on time.

Now that your certificate has been delivered, it's good until the first certificate anniversary after your 80th birthday -- as long as the premiums are paid when due.

The amount of insurance will not decrease AND the premium you have established now will never be increased!

This low cost plan does not include any extra charges for cash values. This means you are buying maximum insurance protection for your premium dollars.

Please take a moment and verify the enrollment information you provided. You'll find a copy of the enrollment form on the back of your Schedule of Benefits. If everything is correct, sign your enrollment form and put this certificate in a safe place. If any information is wrong, please correct, sign, and return the corrected enrollment form or call (405) 270-1410 and ask one of our customer service representatives for assistance, or e-mail us at cs@2701410.com.

You have joined millions of other Americans who rely on Globe's strength, integrity and personal service. Thank you for entrusting Globe with this important part of your financial planning.

Very truly yours,

Mark McAndrew

Mark McAndrew
Chairman & Chief Executive Officer

P.S. Help us help you. Always give us your certificate number when making changes or requesting information.

Beneficiary Designated is:
Annie F Singletary

00-K347227
Annie Singletary
For M A Singletary
4150 Bonillo Dr Apt 105
San Diego CA 92115

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
RES. Fee
NO CHAIRS

Date 9/27/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Ruddock ☒ 229714

in a ASH VAULT (Type of Burial Container) Funeral, date, time 10-12-05 wed 2:00

Church, Chapel, Graveside Witness Only : Humphreys Mortuary 619-425-9111

All Funeral cars 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 2804 Grave 1 B

Grave space & Care Fund A-9610	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	66.00 ~~88.00~~ PC
Handling Fees	61.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.93
Total Due	297.73
Paid receipt number B-59266	297.73
Balance due	0

PAID
OCT 14 2005
MOUNT HOPE CEMETERY

Check was mailed w/ old price

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.

229715

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

X Richard O. Ruddock
Signature

X Richard O. Ruddock
Print Name

X 772 Penny Tew Mill Rd
Address

Roseboro, N.C. 28382
City Zip Code

X 910-564-4561
Telephone

MORT 2 Pos
Paulette

Work Order # E 19387

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36247

Date: 6-6 19 88

From: Ethel Ruddock Address: 1730 3rd Ave Apt 706 San Diego CA 92101

Fifteen dollars & 92/100 Dollars ($ 15.92)

In full Payment of Flower vase for David Ruddock

Lot 2804 Grave Row Section Division/Block 10

Invoice No.

Acct. No. F-19387

W.O.

BALANCE DUE -0-

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

AC-212 (Rev. 10-87)

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

PAID
JUN 06 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Flora Black

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185	10	60
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		32
Sales Tax	60101 78390		
TOTAL PAID	$	15	92

MT HOPE CEMETERY E-19387

GRAVE BLIND CHECK FORM

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

			Maxwell			
		Beans	X	Anthony	Taylor	Elmore
			Brown			

Blind Check Initiated By: Paulette Date: 10/7/05

Interment space for: ETHEL RUDDOCK ✓

Interment Date: 10/12/05 Weds Time: 2:00 G.S.

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2804 Gr: 1

Grave Laid out by: Norman Logan

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/7/05

E 19387

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

19725

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ETHEL	-	RUDDOCK	09/11/1912	09/22/2005	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	PAUL RUDDOCK (STEP-SON) 772 PENNY TEW MILL RD. ROSEBORO, NC 28382

7A. TYPED NAME AND ADDRESS OF 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		09/27/2005

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	09/27/2005 SANDRA PENA	2515803

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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)
- [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 10-12-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE. COSTA MESA, CA 92626	12B. DATE CREMATED SEP 2 9 2005	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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.

12 Chairs
AT Need
NON-RES.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Diana Mills ~~&~~ 229712

in a NO ASH VAULT (Type of Burial Container) Funeral, date, time OCT. 10 Mon. 10:30

Church, Chapel, (Graveside) : Humphrey Mortuary.

All Funeral cars 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 437 Grave 1

Grave space & Care Fund	439.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	154.00
Burial Container N/A	—
Handling Fees	—
Flower vases (Marker setting fee) ✓	184.00
Recording/Filing/Transfer Fees	66.00
Sales taxes	—
Total Due	843.00
Paid receipt number R-59225	843.00
Balance due	0

PAID
SEP 27 2005
MOUNT HOPE CEMETERY

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

229713

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

Sandra R Brown
Signature

SANDRA R. BROWN
Print Name
8708 LINDVERN CT
Address
SANTEE CA 92071
City Zip Code
(619) 449-2115
Telephone

Paulette
Work Order # E 19388

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19388

GRAVE BLIND CHECK FORM

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

Blind Check Initiated By: Paulette Date: 10/6/99

Interment space for: Diana Mills

Interment Date: OCT 10th G.S. Time: 10:30 am

Div: 8 Sect: 4 Blk/Row: ____ Lot: 437 Gr: 1

Grave Laid out by: Norman Terry

Agrees with Legal Card: ☒ Yes ☐ No Flag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 10-6-99

E-19388 19764

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DIANA	LYNN	MILLS	05/12/1967	09/16/2005	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	SANDRA PENA (MOTHER) 8708 LIND VERN CT. 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
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY CHULA VISTA, CA 91910	FD-964	▶	10/05/2005

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	10/06/2005 SANDRA PENA	2516294 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-10-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Michael Allen
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE. COSTA MESA, CA 92626	12B. DATE CREMATED OCT 07 2005	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Donald L. Mitchell
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 9-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juana Barrios 229690

in a Liner (Type of Burial Container) Funeral, date, time Monday Oct 3 2:30 arrival

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

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

Division 12 Section 2 Blk/Row ____ Lot 188 Grave 9

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	295.00
Handling Fees	209.00
Flower vases - Marker setting fee	139.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1948.31
+	138.00
	2086.31

PAID

SEP 27 2005

MOUNT HOPE CEMET

Paid receipt number R-59227 R-59228 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.

229691

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

Mary Lopez
Signature

Mary Lopez
Print Name

4017 Highland #1
Address

San Diego 92105
City Zip Code

619 282-2269
Telephone

Luz Padierne

Work Order # E 19389

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19389

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

N8228319

EXPIRES 06-12-07

This identification card is issued solely for identification purposes. It does not establish eligibility for employment, voter registration, or public benefits.



JUANA V BARRIOS
1909 FERN ST
SAN DIEGO CA 92102

SEX: F HAIR: BLK EYES: BRN
HT: 5-00 WT: 160 DOB 06-12-23

Juana V Barrios

01/09/98 677 15/ FD/ 1113

MT HOPE CEMETERY E-19389

GRAVE BLIND CHECK FORM

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

	#7 Rodney Lacey		#9 X			
		#2 Wilhelmina Johnson	LOT 199 GR 3		LOT 199 GR 5 Jamescheek	

Blind Check Initiated By: Sandra Date: 9-29-09

Interment space for: Juana Ramos

Interment Date: 10-3-05 Mon Time: 2:30 arrival

Div: 12 Sect: 2 Blk/Row: ____ Lot: 188 Gr: 9

Grave Laid out by: David Ramirez

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/1/09

7 flagged

E 19389

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
JUANA	VARGAS	BARRIOS	06/12/1923	09/20/2005	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	MARY L. LOPEZ-DTR. 4017 HIGHLAND AVE. #1 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
WMS. SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	Ronnie Munoz	09/27/2005

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	09/28/2005 R. PRYOR	2515891

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 10-3-05	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 (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Ashes added to Existing grave / would like to be placed in grave with Father Fred Dale Pyle

Date 9-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred D. JR. Pyle 223009

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 5 Section 4 Blk/Row Lot 84 Grave 1

Grave space & Care Fund A-1842 (1950)	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 R-59226	$297.73
Balance due	0

PAID

SEP 27 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Niece 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.

Susan Bennett X
Signature

X Susan M Bennett
Print Name

X 722 Harbison Cyn Rd
Address

X El Cajon CA 92019
City Zip Code

X (619) 445-0498
Telephone

Invoice #

Work Order # E 19390

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19390

FRED DALE PYLE, JR.
SUSAN BENNETT
3341 - 28TH ST.
SAN DIEGO, CA 92104-4524

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 09/27/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lekisha Hooks ☒ 229665

in a N/A (Type of Burial Container) Funeral, date, time Friday Sept. 30 2:00

Church, Chapel, Graveside : Bishop Guen Mortuary.

All Funeral cars 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 80 Grave _____

Grave space & Care Fund	330.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	496.00
Paid receipt number Visa Card	450.00
Balance due	46.00
R-59239	46.00

PAID
SEP 29 2005
MOUNT HOPE CEMETERY

MORT 2 PAY
fax (619)466-4461

Visa Card
margaret grandmother
Bradley

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 Luther Watson Jr
Signature

CO Jamal Bradley
Paulette

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Work Order # E 19391

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E19391

GRAVE BLIND CHECK FORM

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

yoder	Lieurance	Felton				
		whitcomb	X			
		Wilt				

Blind Check Initiated By: Paulette Date: 9-28

Interment space for: Lekisha Hooks ☒

Interment Date: 9-30-05 Time: 2:00 PM Fri.

Div: B Sect: 4 Blk/Row: ____ Lot: 80 Gr: 1

Grave Laid out by: DAVID

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 9-30

E19341

age 30

APPL[illegible]ATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
[illegible]kisha	Monique	Hooks	03/28/1975	09/23/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Luther Watson, Jr., Father P.O. Box 6041 Melrose Station Roanoke, VA 24017

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

ACKNOWLEDGEMENT OF APPLICANT	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
I hereby acknowledge as applicant that the proposed disposition waived herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	▶ [signature]	09/28/2005

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	G. Mitchell 09/28/2005	▶ 2515826

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 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 9-30-05	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 9/28/05	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 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 19391

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

DATE: [illegible] TIME: [illegible]
MERA: [illegible] STRA: [illegible] TERM: 0002
[illegible]

REF: 8003
BATCH: 012
CD TYPE: VISA
TR TYPE: PR

TOTAL: $189.63M

ACCT: [illegible] EXP: [illegible]
AP: [illegible]

CARDHOLDER 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 CARDHOLDER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

[signature]
CUSTOMER COPY-MERCHANT NOTIFICATION COPY-CUSTOMER

E-19391 for LeKisha Hooks
8-4-80 Wingarden

$138 + $51.63

[redacted] 4606

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY – WORK REQUEST

Date: 9/30/05 Submitted By: Paulette

Name of Contact Person: _____

Address: _____ Apt. / Space: _____

City: _____ State: ____ Zip Code: _____

Telephone: _____ Relationship to Deceased: _____

Name of Deceased(s): LeKisha Hooks

LOCATION:

Div: 8 Sect: 4 Row/Blk: _____ Lot: 80 Gr: _____

- ☐ Raise / Level / Reseed / Resod Grave
- ☐ Raise / Lower / Level Marker
- ☐ Install Galvanize Flower Can
- ☒ Install Trion Flower Vase — Ground Trion
- ☐ Install Foundation Size _____
- ☐ Install Border with ____ Vase(s) / without
- ☐ Install Government Marker – Bronze / Granite
- ☐ Install Marker(s) – as indicated below
- ☐ Other Special Instructions: _____

Work Completed By: _____ Date: _____

Work Signed Off By: _____ Date: _____

REA-110 (1-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 09/27/05

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

in a N/A (Type of Burial Container) Funeral, date, time Friday Sept 30 2:00

Church, Chapel Graveside : Bishop Guen Mortuary

All Funeral cars 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 80 Grave _____

Grave space & Care Fund	330.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	496.00

Paid receipt number _____

Balance due _____

MORT 2 PAY
Fax (619)466-4461

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 Luther Watson Jr
Signature

X Luther Watson Jr
Print Name

X P.O. Box 6641 Melrose Station 24017
Address

X Roanoke VA 24017
City Zip Code

X Phone 819-55 7752
Telephone

Paulette

Work Order # E 19391

Invoice # _____

Acct. # _____

REA-104 (9-04)

This information is available in alternative formats upon request.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY. NO ERASURES. WRITE OVER ALTERATIONS. — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — First (Given)	2. Middle	3. Last (Family)
Lekisha	Monique	Hooks

4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs	Months	Days	Hours	Minutes	6. SEX
03/28/1975	30					F

7. BIRTHPLACE (State/Foreign Country)	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS	9. DATE OF DEATH mm/dd/yyyy	8. HOUR (24 hr)
VA	226-08-2903	☐ YES ☒ NO ☐ UNK	Never Married	09/23/2005	0309

13. EDUCATION — Highest Level/Degree	14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH?	16. DECEDENT'S RACE
GED	☐ YES ☒ NO	Black

17. USUAL OCCUPATION — Type of work for most of life, DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY	19. YEARS IN OCCUPATION
Food Service Worker	Hospital	6 months

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)				
3710 Wabash Avenue				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
San Diego	San Diego	92104		CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
Luther Watson, Jr., Father	P.O. Box 694 Rose Station, Roanoke, VA 24017

SPOUSE/PARENT INFORMATION

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

31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Luther		Watson, Jr.	VA

35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE
Evelyn	Renee	Hooks	VA

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/yyyy	40. PLACE OF FINAL DISPOSITION
09/28/2005	Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/BU	▶ NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE RECEIVED BY LOCAL REGISTRAR mm/dd/yyyy
Bishop Mortuary	FD-1673	▶ Nancy L Cowen RDS	09/28/2005

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
Sharp Grossmont Hospital	☐ IP ☒ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/ICF ☐ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106. CITY
San Diego	5555 Grossmont Ctr. Dr	La Mesa

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.

		107. Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(a) Pending		☒ YES ☐ NO Referral Number 05-01857
Sequentially list conditions, if any, leading to cause on line a. Enter UNDERLYING CAUSE (cause at bottom) last.	(b)		109. DID AN AUTOPSY PERFORM FINDINGS? ☐ YES ☒ NO
	(c)		110. AUTOPSY USED IN DETERMINING CAUSE? ☒ YES ☐ NO
	(d)		111. WAS CASE REFERRED? ☒ 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, give dates 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 Last Saw Alive: (a) mm/dd/yyyy Decedent Last Seen Alive: (b) mm/dd/yyyy	116. SIGNATURE AND TITLE OF CERTIFIER ▶	117. LICENSE NUMBER	118. DATE mm/dd/yyyy
	119. TYPED NAME, MAILING ADDRESS, ZIP CODE		

CORONER'S USE ONLY

120. 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	121. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK	122. INJURY DATE mm/dd/yyyy	123. HOUR (24 hours)

124. PLACE OF INJURY (e.g., home, construction site, vehicle, trade, etc.)

125. DESCRIBE HOW INJURY Ooccurred (Even

126. LOCATION OF INJURY (Street and number

127. SIGNATURE OF CORONER / DEPUTY CORONER ▶ Glenn Wagner

128. DATE mm/dd/yyyy 09/23/2005

129. TYPED NAME, TITLE OF CORONER / DEPUTY CORONER Glenn N. Wagner, D.O. C.M.E.

X VOID AMENDMENT

COPY, FOR INTERNAL USE ONLY SAN DIEGO COUNTY GOVERNMENT OFFICE

COPY, FOR INTERNAL USE ONLY SAN DIEGO COUNTY GOVERNMENT OFFICE

STATE REGISTRAR USE	A	B	C	D	E	FAX AUTH # 2515826	CENSUS TRACT

15 Chairs
IF Possible

At-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ray E. Blake Sr. 229666

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Sat Oct. 1st 05 1:30p.

Church/Chapel, Graveside _____ ; S.D. memorial Shelia 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 1 Blk/Row _____ Lot 68 Grave 12

Grave space & Care Fund		$985.00
Overtime/Late Arrival Fees	Sat. Fee	660.00
Opening/Closing & Setup	2 @ $413.00	826.00
Burial Container	DD Crypt	418.00
Handling Fees		352.00
Flower vases – Marker setting fee	2-gal vase w/# 4608 ✓ vase $51.70 + marker setting $138.00	189.70
Recording/Filing/Transfer Fees	2 @ $50.00	100.00
Sales taxes		32.40
	Total Due	$3,563.10
	Paid receipt number R-59234	$3,563.10
	Balance due	0

SEP 28 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Wife 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.

Marilyn L Blake X
Signature

229667
X Marilyn L Blake
Print Name
X259 Parkbrook Pl
Address
X San Diego Ca 92114
City Zip Code
X 619 479 9681
Telephone

Invoice # _____

Work Order # E 19392

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19392

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 01-17-89

H0184969

CLASS: C



RAY EDWARD BLAKE
259 PARKBROOK PL
SAN DIEGO CA 92114

SEX:M HAIR:BRN
HT:5-11 WT:190



EYES:BRN
DOB:01-17-42

Ray E Blake

04/25/2004 669 43 FD/89

15 Chairs
IF possible

MT HOPE CEMETERY E19392

GRAVE BLIND CHECK FORM

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

	#10 SOFIA Hernandez		#12 X Lot 68			
		wright	wright Robert #6			

Blind Check Initiated By: Sandra Date: 9-29-05

Interment space for: Ray E. Blake SR.

Interment Date: Sat Oct 1st, 05 Time: 1:30p. Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 68 Gr: 12

Grave Laid out by: Joe Crosby

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 9/29/05

7 located

F19392
age 63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RAY	-	BLAKE	01/17/1942	09/20/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MIAMI	FLORIDA	MARILYN L. BLAKE-SPOUSE 259 PARKBROOK PL. 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 using permit)	8B. DATE SIGNED
WMS. SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERS 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Corinne Ryan	09/29/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/29/2005	2515947 R. PRYOR ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED RES. pd For 1st Burial only

Date 9-28-05

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

of TOM MOORE pin # 229631

in a D.D. CRYPT A (Type of Burial Container) Funeral, date, time Friday Sept. 30 11:00

Church, Chapel, Graveside _____ ; Preferred Mortuary. ARRIVAL 1:00

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] X

Division 12 Section 2 Blk/Row _____ Lot 228 Grave 2

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container D.D. Crypt "A"	418.00
Handling Fees	352.00
Flower vases - Marker setting fee ✓ $25.85 marker $138.00 Gal vase & setting	163.85
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.40
Total Due	$2,414.25
Paid receipt number pd by visa	2,414.25
Balance due	0

WO# 4607 Galvase

PAID

SEP 28 2005

MOUNT HOPE CEMETERY

I hereby certify I am the grandaughter 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
Signature

pin# 229630

Co purchaser
Jesus James MOORE

Work Order # E 19393

227290

X Venus Barnett
Print Name

X 9026 MAC LN.
Address

X Spring Valley 91977
City Zip Code

X 619 464-1767
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

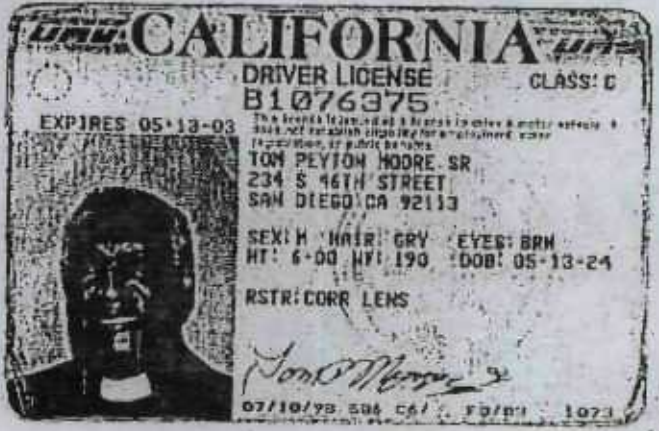
This information is available in alternative formats upon request.

Printed on recycled paper

Yesterday

TOM. P. MOOR

E-19393



ed

3819

Barnett

MT HOPE CEMETERY E19393

GRAVE BLIND CHECK FORM

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

	Holmes					
		Jacque Birl	X			
			RIVAS			

Blind Check Initiated By: Paulette Date: 9-29

Interment space for: Tom Moore

Interment Date: 9-30-05 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 228 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: 9/29/05

E-19393

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

page 81

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Tom	Peyton	Moore	05/13/1924	09/22/2005	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	Venus Barnett - Granddaughter 9026 Mac Lane 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
Preferred Cremation and Burial 6163 University Avenuye San Diego, CA. 92115	FD-1746	▶	

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	Mark Jenkins	▶ 2515977

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, California 92102	11B. DATE BURIED 9-30-5	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 CHA... OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-28-05

PIN# 229626

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnie mae Crosby & Family

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 974 Grave _____

Grave space & Care Fund ..... LOT ONLY	$1,095.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	1,095.00
Paid receipt number pd by Visa	274.00
Balance due	$821.00

PAID
SEP - 5 2007
MOUNT HOPE CEMETERY

I hereby certify I am the Family 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.

Johnie M. Crosby
Signature
PIN# 229628
Co PURCHASER
KEVIN R. CROSBY SR

X JOHNIE M. CROSBY
Print Name
X 8421 NOELINE PL
Address
X
City
X SAN DIEGO CA 92114
Zip Code
Telephone 619 267 8869

Work Order # E 19394

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Mae Wong

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-6474
4381322155665644

DATE: 07/31/87 TIME: 11:01:31
MER#: 322155665644 STR#: 4381 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 325
CD TYPE: VISA
TR TYPE: MP

TOTAL: $107.00M

[illegible] EXP: [illegible]
MR: [illegible] AVS: ZIP MATCH

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

THANK YOU
PLEASE COME AGAIN

phone - mail

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Bal paid in full

E 19394

10 [illegible]

E-19394

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 02-19-09

N2242537

CLASS: C



JOHNIE MAE CROSBY
8421 NOELINE PL
SAN DIEGO CA 92114

SEX:F HAIR:BLK EYES:BRN
HT:5-04 WT:115 DOB:02-19-32



RSTR: CORR LENS

Johnie Crosby

02/10/2004 669 25 FD/09

C/O purchaser Kevin Crosby Pin#229628 monthly #34.00

Pin# 229626 payments due 28TH of each month E-19394

Crosby Johnie Mae 8421 Noeline Pl San Diego, CA. 92114 619 267-8869

DIV 10 LOT 974			DEBIT	CREDIT	BALANCE
09-28-05	pd by visa to open Pre-need Lot only		$1,095.00	$274.00	$821.00
10/12/05	R- 59305	no Coupon oct 2005		34 -	787 —
11/4/05	R-59378	" #2 NOV 2005		34 —	753 —
12-7-05	R-59465	# 3 Dec 2005		34 —	719 —
1-5-06	P- 00034	#4 Jan 2006		34 —	685 —
2-1-06	P- 00091	#5 Feb 06		34 -	651 —
3-9-06	P-00167	# 6 Mar 06		34 -	617 —
4-4-06	P-00215	#7 Apr 06		34 -	583 —
5-2-06	P-00265	#8 May 06		34 -	549 —
6-2-06	P-00319	#9 June 06		34 -	$15 —
7-5-06	P-00367	#10 July 06	PAID	34 —	481 —
7-31-06	P-00419	#11 Aug 06		34 —	447 —
10/4/06	P-00518	#12 Sept. 06	JUL 31 2007	34 -	413 —
11-02-06	P-00563	#13 OCT. 06		34 -	379 —
12-1-06	P-00602	#14 NOV 06	MOUNT HOPE CEMETERY	34 -	345 —
1/4/06	Courtesy call				
1-5-07	P-00642	#15 Dec 06		34 —	311 —
2-1-07	P-00678	#16 Jan 07		34 —	277 —
3-6-07	P- 00730	#17 Feb 07		34 —	243 —
4-2-07	P- 00771	#18 March 07		34 —	209 —

-over-

E - 19394

DCV ID - Lot 974		Pre-need Lot	debit	credit	balance
5/1/07	BALANCE FORWARDED				209 -
5/1/07	P-00808 Coupon #19			34. -	175. -
6/02/07	P-00848 Coupon #20			34. -	141 -
7-9-07	P-00888 " 21			34 -	107 -
7-31-07	AP 18272A No Coupon 22 & 23 & 24			107 -	Ø

PAID

JUL 31 2007

MOUNT HOPE CEMETERY

E-19394

P00888

OFFICIAL RECEIPT

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

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

Date: 7-9 , 20 07

From: J. Crosby Address: on file

Thirty - four Dollars ($ 34—)

in part Payment of PN lot only, coupon #21

Div ____ Sec ____ Blk/Row ____ Lot ____ Grave ____

Invoice No. E-19394

Acct. No. ____

W.O. ____ PC

BALANCE DUE $ ~~73~~ 107—

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

PAID

JUL - 9 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	107—
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 6237

ISSUED BY P @.

TOTAL PAID $ 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 00367

Date: 7-5 , 2006

From: Johnie M. Crosby Address:

Thirty-four Dollars ($ 34-)

in part Payment of Pre-need lot

Div 10 Sec Blk/Row Lot 974 Grave 1

Invoice No. E- 19394

Acct. No.

W.O.

BALANCE DUE $ 481-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 8858

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	34 —
Trust	77186	
TOTAL PAID	$	34 —

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

P00848

Date: 6-2, 2007

From: Johnie Crosby Address: on file

Dollars ($ 34-)

in part Payment of PD 101, Coupon # 20

Div ____ Sec ____ Blk/Row ____ Lot ____ Grave ____

Invoice No. E-19394

Acct. No. ____

W.O. ____

BALANCE DUE $ 141.-

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

PAID

JUN - 2 2007

MOUNT HOPE CEMETERY

ISSUED BY paulette c.

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

34-

TOTAL PAID $ 34-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check # 223

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 00419

Date: 7-31 , 20 06

From: _____ Address: on record

Thirty- Four Dollars ($ 34 —)

in part Payment of Pre-need lot.

Div 10 Sec _____ Blk/Row _____ Lot 974 Grave _____

Invoice No. E-19394

Acct. No. _____

W.O. _____

BALANCE DUE $ 447

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

PAID

JUL 31 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	34 —
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 5875 ISSUED BY Paulette

TOTAL PAID $ 34 —

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

E-19394
P 00440

Date: 8-14 , 2006

From: S. Goodlow-Carley Address: On record

One hundred twelve Dollars ($ 112 —)

in part Payment of 2-coupons Oct, Nov 06

Div 12 Sec 1 Blk/Row Lot 51 Grave 11

Invoice No. E-19120

Acct. No.

W.O.

BALANCE DUE $ 325.20

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

PAID

AUG 14 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

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 2707

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 00319

Date: 6-2 , 20 06

From: Johnnie M. Crosby Address: on record

Thirty-four Dollars ($ 34 —)

in part Payment of Pre need Lot.

Div 10 Sec Blk/Row Lot 974 Grave

Invoice No. E- 19394

Acct. No.

W.O.

BALANCE DUE $ 515 —

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

PAID

JUN - 2 2006

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	34 —
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	34 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 5514

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 00215

Date: 4-4 , 20 06

From: Johnie Crosby Address:

Thirty Four Dollars ($ 34 —)

in PART Payment of Pre-need

Div 10 Sec Blk/Row Lot 974 Grave

Invoice No. E-19394

Acct. No.

W.O.

BALANCE DUE $1 583. —

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

PAID

APR 04 20[illegible]

MOUNT HOPE

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	34 —
Trust	77186	
TOTAL PAID		$ 34 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 5941

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 00167

Date: 3/13, 2006

From: Johnie M. Crosby Address: on record

Thirty-Four Dollars ($ 34.—)

in Part Payment of Pre-need lot only!

Div 10 Sec Blk/Row Lot 974 Grave

Invoice No. E-19394

Acct. No.

W.O.

BALANCE DUE $ 617.—

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

PAID

MAR - 9 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	34—
Trust	77186	

TOTAL PAID $ 34—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 5717

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 00091

Date: 2-1, 20 06

From: Johnie M. Crosby Address: on record

Thirty-Four and 00 Dollars ($ 34—)

in part Payment of Pre-need Lot

Div 10 Sec — Blk/Row — Lot 974 Grave —

Invoice No. E-19344

Acct. No.

W.O.

BALANCE DUE $ 651.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check #5677

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 - 1 2006

ISSUED BY Paulette
MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	34—
Trust	77186	

TOTAL PAID $ 34—

OFFICIAL RECEIPT

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

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

P 00034

Date: 1/5, 20 06

From: J. Cosby Address: on record

Thirty-Four Dollars ($ 34—)

in part Payment of Pre-need lot

Div 10 Sec Blk/Row Lot 974 Grave 1

Invoice No. E-19394

Acct. No.

W.O.

BALANCE DUE $ 686—

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

PAID

JAN - 4 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	34—
Trust	77186	
TOTAL PAID	$	34—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 3654 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

59305

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/12 , 2005

From: Johnie M. Crosby Address: on record

Thirty-Four and 00 Dollars ($ 34-)

in part Payment of Pre-need Lot only!

Div 10 Sec — Blk/Row — Lot 974 Grave 1

Invoice No. E-19394

Acct. No.

W.O.

BALANCE DUE $ 787.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 5555

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 12 2005

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34-
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	$	34.-

OFFICIAL RECEIPT

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

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

P 00563

Date: November 2, 20 06

From: Johnie Crosby Address: on record

Thirty- four and 00 Dollars ($ 34.00)

in Part Payment of Pre-need Coupon #13.

Div 10 Sec ~ Blk/Row ~ Lot 974 Grave 1

Invoice No. E19394

Acct. No.

W.O.

BALANCE DUE $379.00

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

PAID

NOV - 2 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

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

34.-

TOTAL PAID $ 34.-

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 5969

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 00518

Date: OCT 4 , 2006

From: Johnie Crosby Address: on record

Thirty-Four and 00 Dollars ($ 34.—)

in part Payment of Pre-need lot Only!

Div 10 Sec Blk/Row Lot 974 Grave

Invoice No. E-19394

Acct. No.

W.O.

BALANCE DUE $413.—

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

PAID

OCT 04 2006

MOUNT HOPE CEMET...

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	34. —
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 34. —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 939

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 00602

Date: 12/1 , 20 06

From: Johnie M Crosby Address: On record

Thirty ~~three~~ four and 00 , Dollars ($ 34—)

in Part Payment of Pre-need Lot.

Div 10 Sec ____ Blk/Row ____ Lot 974 Grave ____

Invoice No. E-19394

Acct. No. ____

W.O. ____

BALANCE DUE $ 340 —

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

PAID

DEC - 1 2006

MOUNT HOPE CEMETERY

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

34 —

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 6002

ISSUED BY Paulette

TOTAL PAID $ 34 —

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 00642

Date: 1-5 , 2007

From: Johnie M Crosby Address: on record

Dollars ($ 34.-)

in Part Payment of pre-need Lot

Div 10 Sec Blk/Row Lot 974 Grave

Invoice No. E 19394

Acct. No.

W.O.

BALANCE DUE $ 311.-

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

JAN 05 2007

MOUNT HOPE CEMETERY

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

34 —

S

TOTAL PAID $ 34.-

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 6065

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 00678

Date: 2/1 , 20 07

From: Johnnie M Crosby Address: on record

Thirty-four Dollars ($ 34-)

in 10 Payment of Pre-need Coupon #16

Div 10 Sec — Blk/Row — Lot 974 Grave —

Invoice No. E-19394

Acct. No.

W.O.

BALANCE DUE $277.00

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

PAID

FEB - 1 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	34—
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 6099 ISSUED BY Paulette C.

TOTAL PAID $ 34—

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

P00771

Date: 4-2, 2007

From: J. Crosby Address: On record

Thirty-Four Dollars ($ 34-)

in part Payment of PN Lot Only! Coupon # 18

Div 10 Sec Blk/Row Lot 974 Grave

Invoice No. E-19394

Acct. No.

W.O.

BALANCE DUE $ 209.-

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

PAID
APR / 2 2007
MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	34-
Pre-Need	63033	
Trust	77186	
		3
TOTAL PAID	$	34-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 6154 ISSUED BY paulette

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

E19394

OFFICIAL RECEIPT

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

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

P00730

Date: 2 3/6 , 20 07

From: Johnie Crosby Address: _____

Dollars ($ 34—)

in Part Payment of P-Need Lot only

Div 10 Sec _____ Blk/Row _____ Lot 994 Grave 1

Invoice No. E-19394

Acct. No. _____

W.O. _____

BALANCE DUE $ 243—

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

PAID

MAR - 5 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	34—
Trust	77186	
TOTAL PAID		$ 34—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 6144

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

E19394

P00808

OFFICIAL RECEIPT

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

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

Date: 5/1 , 20 07

From: Johnnie Mae Crosby Address: on record

Thirty-Four Dollars ($ 34-)

in part Payment of PN - coupon #19

Div 10 Sec ____ Blk/Row ____ Lot 974 Grave ____

Invoice No. E-19394

Acct. No. ____

W.O. ____

BALANCE DUE $ 175-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 6197 ISSUED BY Paulette C.

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

PAID

MAY - 1 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	34.-
Trust	77185	

TOTAL PAID $ 34-

AC-212 (11-06)
This information is available in alternative formats upon request

E19394
P 00266

OFFICIAL RECEIPT

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

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

Date: 5-2 , 20 06

From: Howard Cutts Address: on record

Ninety and 00 Dollars ($ 90.-)

in part Payment of Pre-need trust

Div 12 Sec 2 Blk/Row Lot 31 & 39 Grave 6,9,10

Invoice No E 19001

Acct. No.

W.O.

BALANCE DUE $ 90.45

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

PAID

MAY 0 2 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	90 -
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 8271

ISSUED BY Paulette

TOTAL PAID $ 90 -

AC-212 (11-05)

This information is available in alternative formats upon request.

E-19394

Lot 157 Section 2 Division 12

Plots are for - Lot 157 Sect 2 Div 12

Dionna Suggs with Kevin Sr Crosby	Kids mom	E-19708 5
Keionna Crosby	grand daughter	E-19795 6
DACYCZYN CROSBY	granddaughter	E-19795 6
KEVIN CROSBY SR	Son	E-19795 11

Reserve these grave sites for my family

E19394 Div 10 Lot 974
I do not wish anyone to be intern in this grave with me
Johnnie Crosby 7-24-2006
Johnnie Crosby
619 267 8869
Cell 619 508 5075

E-19394

City of San Diego
Mt Hope Cemetery
3751 Market St
San Diego Ca 92102

R-59305
pd 10/12/05

Dear Sir:
Check enclosed for 1st payment of $34.00 on plot #974 in Div 10

Thank you
Johnie Crosby
8421 Noelne Pl
San Diego Ca 92114
6192678869

Bal. remaining $787.00

AT-Need
Res
12-Chairs
pd For 1st Burial only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Honorio Sanchez 229632

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Fri Sept 30, 05 1:00

Church, Chapel, Graveside ; S.D. Memorial Mortuary.

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

Division 12 Section 2 Blk/Row ____ Lot 187 Grave 3

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-59241	$1,833.20
Balance due	$417.20

DD ok per David Lugo 9/29/05

DD Crypt $

PAID
SEP 29 2005
MOUNT HOPE CEMETERY

Difference From $417.20 Liner to DD Crypt $417.20 - pd by visa 9-29-05

Bal 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

pin #229634
Co Purchaser
Moises Sanchez Tapia

Invoice # ____

Work Order # E 19395

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Marked Deed 9-29-06

S.D. Memorial
692-3090

Sanchez
3401 Orange Ave
S.D. Calif. 92104

05 09:21 SD MT. HOPE CEMENTERY + SD MEMORIAL

AT-need
Res

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-29-09

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

in a Liner (Type of Burial Container) Funeral, date, time Fri Sept 30, 05 1:00

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

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned X

Division 12 Section 2 Blk/Row ____ Lot 187 Grave 3

Grave space & Care Fund	$985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup ch to DD	413.00
Burial Container ~~Liner~~ Crypt	418.00
Handling Fees	$352.00 ~~160.00~~
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	$32.40 ~~16.20~~
Total Due	$2,250.40 ~~$1,833.20~~
Paid receipt number R-59241	$1,833.20
pd by visa	417.20
Balance due	0

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

229633

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

X [signature] X
Signature

X Emmanuel Sanchez
Print Name

X 1468 Hornblend St #8
Address

X San Diego CA, 92109
City Zip Code

X 858-272-9359
Telephone

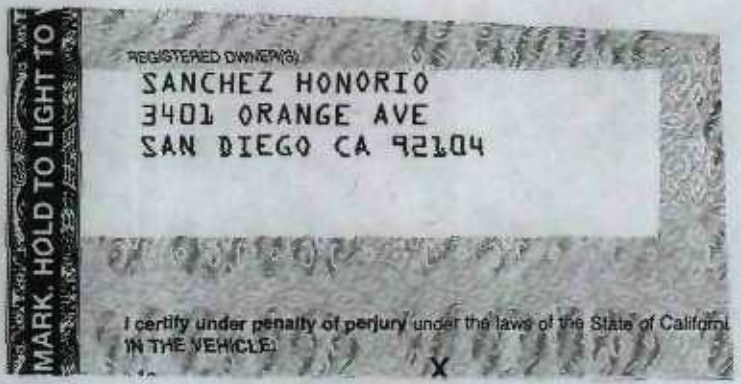
Invoice # ____

Work Order # E 19395

Acct. # ____

This information is available in alternative formats upon request.

E-19395


MARK, HOLD TO LIGHT TO
REGISTERED OWNER(S)
SANCHEZ HONORIO
3401 ORANGE AVE
SAN DIEGO CA 92104
I certify under penalty of perjury under the laws of the State of Californi
IN THE VEHICLE.
X

15 Chairs

MT HOPE CEMETERY E-19395

GRAVE BLIND CHECK FORM

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

DO Crypt A

			#3 X		#5 Gaines Alice	
			#9 Quinonez Mario			

Blind Check Initiated By: Sandra Date: 9-29-05

Interment space for: Honorio Sanchez

Interment Date: Fri Sept 30, 05 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 187 Gr: 3

Grave Laid out by: C Wayne

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 9/30/05

7 lag gear

E-19395

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 47

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HONORIO	-	SANCHEZ	02/24/1958	09/28/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	EMMANUEL SANCHEZ-SON 1468 HORNBLEND ST. #8 SAN DIEGO, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
WMS. SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Ronnie Dyer	09/30/2005

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	09/30/2005 R. PRYOR	2515966 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED, 9-30 05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

COPY 2 IS RETAINED BY 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-19395

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

DATE: 09/29/85 TIME: 15:30:41
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0003
BATCH: 011
CD TYPE: VISA
TR TYPE: PR

TOTAL: $417.20

ACCT: **********9275 EXP: ****
AP: [illegible]
NAME: DANIEL VALDEZ
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 [signature]
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Diffence For DD Crypt
Div 12 Sec 2 LOT 187
GR 3
E-19395
Services For Honorio Sanchez

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

59241

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9-29-05 , 20 05

From: S.D. Memorial Address: 2441 University S.D.

one thousand Eight hundred thirty-three 20/100 Dollars ($ 1,833.20)

in Full Payment of AT-Need Services For Honorio Sanchez

Div 12 Sec 2 Blk/Row _____ Lot 187 Grave 3

Invoice No. E-19395

Acct. No. 2

W.O. _____

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

MO # 08-329476941

AC-212 (Rev. 4-04) 08-329476940

This information is available in alternative formats upon request.

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

PAID

SEP 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	197	00
20% Sales Care	77184	788	00
80% Sales of Lots	100 77184	413	00
Opening/ Closing	100 77181	209	00
Burial Containers	100 77182	160	00
Handling Fee	100 77185	50	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 77186		
Sales Tax	60101 78390	16	20
TOTAL PAID	$	1,833	20

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Greenwood Village, Colorado

08-329476941

AGENT 712911 DATE 092905
TIME 1204 02
083294769410 LOCATION 000000

$1,833.20

82-40/1021

** PAY EXACTLY EIGHT HUNDRED THIRTY-THREE DOLLARS AND TWENTY CENTS **

PAY EXACTLY

PAY TO THE ORDER OF Mt. Hope Cemetery

PAYMENT FOR/ACCT. #

PURCHASER'S ADDRESS

PURCHASER SIGNATURE

PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑈102100400⑈ 400832947694 10⑈

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Greenwood Village, Colorado

08-329476940

AGENT 712911 DATE 092905
TIME 1204 02
083294769401 LOCATION 000000

$1000.00

82-40/1021

** PAY EXACTLY ONE THOUSAND DOLLARS AND NO CENTS **

PAY EXACTLY

PAY TO THE ORDER OF Mt. Hope Cemetery

PAYMENT FOR/ACCT. #

PURCHASER'S ADDRESS

PURCHASER SIGNATURE

PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑈102100400⑈ 400832947694 0⑈

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Deed

Date 9/30/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ardis Harrison Pin# 208399

In a Liner (Type of Burial Container) Funeral, date, time Tuesday Oct 4th 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 $ 165.00 will be applied and billed to undersigned. Mary Crisp X

Division 12 Section 1 Blk/Row ____ Lot 20 Grave 8

• Grave space & Care Fund E-15054 3-10-2000	0
Overtime/Late Arrival Fees	—
•Opening/Closing & Setup "	—
Burial Container "	—
Handling Fees "	—
Flower vases – Marker setting fee "	—
Recording/Filing/Transfer Fees "	—
Sales taxes	—
Total Due	0
Paid receipt number	—
Balance due	0

I hereby certify I am the Father 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.

Mary Crisp X
Signature

X MARY CRISP
Print Name
X 862 Orval St
Address
X S.D. CA.
City
X 266-0149 (619)
Telephone
Zip Code

Paulette

Work Order # E 19396

Invoice # ____

Acct. # ____

REA-104 (3-04)

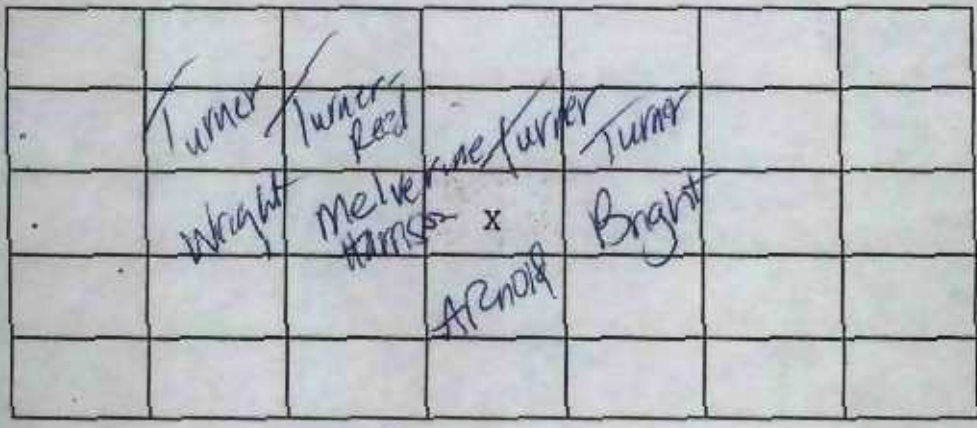
This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-19396

GRAVE BLIND CHECK FORM

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



Blind Check Initiated By: Paulette Date: 10/3/05

Interment space for: Aralis Harrison

Interment Date: 10-4-05 Time: 11:00 church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 20 Gr: 8

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: 10/3/05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

of 90 E-19396

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

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ARDIS		HARRISON	04/23/1915	09/27/2005	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	GLENDA F. ROBERTS-DAUGHTER 9142 CAMINO LAGO VISTA SPRING VALLEY CA 91977

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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO CA 92115	FD-1357	▶ [signature]	09/30/2005

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	10/03/2005	V MITCHELL ▶ 2516088

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 CA 92102	11B. DATE BURIED 9-4-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lots res-fee

Date 9/30/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YOR MARK JENKINS Pin #185

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. _____

used E19487

Division 12 Section 2 Blk/Row _____ Lot 135 Grave 5,6 8 9 11

Grave space & Care Fund 5 @ 985.00	4925.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	4925.00
Paid receipt number R-59259	1,231.25
Balance due	3693.75

PAID

SEP 3 0 2005

MT. HOPE CE

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

MARK JENKINS
Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette

Invoice # see attached

Work Order # E 19397

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-19398 Pin# 185

Monthly payment $ 92.34

PRE-NEED LOTS

JENKINS, MARK 6163 University Avenue, SD CA, 92115 619-584-7000

DIVISION 12 SEC 2 LOT 147 GRAVES 2, 8, 12

	DEBIT	CREDIT	BALANCE
9/30/05 Opened pre-need lots account w/25% down. R-59259	2955.00		2955.00
3 lots @ $985.00 each totaling $2955.00. gr #2 the bal. of 246.25 is needed to pay for one		738.75	2216.25
11-30-05 per maria used Grave 8 FOR E-19487 R-59443		#1,231.25	#985.00
12/19/05 R-59496 NO coupon		985.00	XX

PAID

DEC 15 2005

MOUNT HOPE CEMETERY

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-reed lots

Date 9/30/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YOR MARK JENKINS

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

Church, Chapel, Graveside _____ Mortuary

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

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 135 Grave 5,68,9 11

Grave space & Care Fund 5 @ 985.00 4925.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID

Total Due 4925.00

SEP 3 0 2005 Paid receipt number R-59259 1,231.25

Balance due 3693.75

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

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

X Mark

Signature

Paulette

MARK JENKINS
Print Name

X 6163 University ave
Address

X _____
City

X S.D. Ca 92115
Zip Code

Telephone 619-584-7000

Invoice # _____

Work Order # E 19397

Acct # _____

This information is available in alternative formats upon request

pre-need
lots
res. fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/30/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mark Jenkins Pin # 185

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 147 Grave 2, ~~4, 5~~ 8, 12 pk.

Grave space & Care Fund 3@ 985.00	2,955.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	

PAID
DEC 15 2005
MOUNT HOPE CEMETERY

Pd in full on 12/15/05 no more available lots for marker in this lot. Ø

Paid down 9/30/05

Total Due 2955.00

Paid receipt number R-59259 738.75

Balance due 2216.25

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

MARK JENKINS
Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette

Invoice # See attached

Work Order # E 19398

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

pre-need
1 lots

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/30/05

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

in a _____ (Title 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 147 Grave 2,4,5

Grave space & Care Fund 3@985.00	2955.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	2955.00
Paid receipt number	738.75
Balance due	2216.25

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

MARK JENKINS
Print Name

X 6163 University ave
Address

X S.D Ca
City

X 619-584-7000 92105
Zip Code
Telephone

Invoice # _____

Work Order # E 19398

Acct # _____

This information is available in alternative formats upon request.

Res
Pre-Need
LOTS only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-29-05

Pin # 227554

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

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 11 Section 2 Blk/Row _____ Lot 164 Grave 2, 3, 4 5, 6

Grave space & Care Fund	LOT only 5 @ 985.00	$ 4,925.00
Overtime/Late Arrival Fees		—
Opening/Closing & Setup		—
Burial Container	PAID	—
Handling Fees		—
Flower vases – Marker setting fee	SEP 29 2005	—
Recording/Filing/Transfer Fees		—
Sales taxes	MOUNT HOPE CEMETERY	—
Total Due		$ 4,925.00
Paid receipt number R-59250		4,925.00
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 CHINESE BENEV. ASSN.
Print Name

X
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 19399

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19399

THE CITY OF SAN DIEGO

09-29-05

This is your verification of purchase of the following lots:

E-19408: Division 11 Section 2 Lot 161 Graves 5,6

E-19401: Division 11 Section 2 Lot 162 Graves 1,2,3,4,5

E-19399: Division 11 Section 2 Lot 164 Graves 2,3,4,5,6

E-19400: Division 11 Section 2 Lot 155 Graves 7,8,9,10,11,12

The above lots are subject to the rules and regulations as stated on the attached Deeds.

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

59250

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

MOUNT HOPE CEMETERY
(619) 527-3400

TOTal (18) Graves
@ $985.00 each

Date: 9-29-05, 20 05

From: Chinese ASSN. Address:

Seventeen Thousand-Seven hundred & Thirty dollars 00/100 Dollars ($ 17,730.00

in Payment of Pre-need Services Lot only 161 GR 5+6

Div 11 E-19408 Sec 2 Blk/Row Lot 162 164 155 Grave 1,2,3,4,5 2,3,4,5,6, 7,8,9,10,11,12

Invoice No. E-19401

Acct. No. E-19399

W.O. E-19400

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 4-04) No. 20392

This information is available in alternative formats upon request.

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

PAID

SEP 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	
20% Sales Care	77184	$ 3,546 00
80% Sales of Lots	100 77184	$ 14,184 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	17,730.00

WARNING – THIS CHECK IS PROTECTED BY SPECIAL SECURITY GUARD PROGRAM™ FEATURES

MIRAMAR
FEDERAL CREDIT UNION

P.O. Box 261370
San Diego, CA 92196-1370

-8142
3222

No. **20392**

VOID AFTER 180 DAYS
Date: **September 27, 2005**

Pay to the Order of **CITY TREASURER/MT.HOPE CEMETERY** Amount $******17,730.00

Seventeen Thousand Seven Hundred Thirty and 00/100******** DOLLARS

CASHIERS CHECK

Authorized Signature

Two Signatures Required for Amounts in Excess of $5,000

Memo

SECURE FEATURES INCLUDE INVISIBLE FIBERS • ENDORSEMENT BACKER • BROWNSTAIN CHEMICAL REACTANT

⑈020392⑈ ⑆322281426⑆ 900400⑈

Res
Pre-need
Lots only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-29-05

Pin # 227554

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

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 155 Grave 7, 8, 9 10, 11, 12

Grave space & Care Fund	6 @ 985.00	$5,910.00
Overtime/Late Arrival Fees		—
Opening/Closing & Setup		—
Burial Container		—
~~Handling Fees~~		—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees		—
Sales taxes		—
Total Due		$5,910.00
Paid receipt number R-59250		5,910.00
Balance due		0

PAID
SEP 29 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 CHINESE BENEV. ASSN.
Print Name

X
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 19400

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19400

THE CITY OF SAN DIEGO

09-29-05

This is your verification of purchase of the following lots:

E-19408: Division 11 Section 2 Lot 161 Graves 5,6

E-19401: Division 11 Section 2 Lot 162 Graves 1,2,3,4,5

E-19399: Division 11 Section 2 Lot 164 Graves 2,3,4,5,6

E-19400: Division 11 Section 2 Lot 155 Graves 7,8,9,10,11,12

The above lots are subject to the rules and regulations as stated on the attached Deeds.

David Lugo
Cemetery Manager
MT. Hope Cemetery

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

59250 E19400

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

MOUNT HOPE CEMETERY
(619) 527-3400

TOTal (18) Graves
@4985.00 each

Date: 9-29-05 , 20 05

From: Chinese ASSN. Address:

Seventeen Thousand-Seven hundred & Thirty dollars 00/100 Dollars ($ 17,730.00

in Payment of Pre-Need Services Lot only 161 GR 5+6

Div 11 E-19408 Sec 2 Blk/Row Lot 162 164 155 Grave 1,2,3,4,5,6 7,8,9,10,11,12

Invoice No. E-19401

~~Acct. No.~~ E-77397

W.O. E-19400

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ No. 20392

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 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	
20% Sales Care	77184	$3546.00
80% Sales	100	
of Lots	77184	$14,184.00
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	$	17,730.00

WARNING – THIS CHECK IS PROTECTED BY SPECIAL SECURITY GUARD PROGRAM™ FEATURES

MIRAMAR
FEDERAL CREDIT UNION

P.O. Box 261370
San Diego, CA 92196-1370

-8142
3222

No. **20392**

VOID AFTER 180 DAYS
Date: **September 27, 2005**

Pay to the Order of **CITY TREASURER/MT.HOPE CEMETERY** Amount $******17,730.00

Seventeen Thousand Seven Hundred Thirty and 00/100********

DOLLARS

CASHIERS CHECK

Authorized Signature

Memo

Two Signatures Required for Amounts in Excess of $5,000

SECURE FEATURES INCLUDE INVISIBLE FIBERS • ENDORSEMENT BACKER • BROWNSTAIN CHEMICAL REACTANT

⑈020392⑈ ⑆322281426⑆ 900400⑈

Res
Pre-Need
Lots only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-29-05

Pin # 227554

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

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 11 Section 2 Blk/Row _____ Lot 162 Grave 1, 2, 3 4, 5

Grave space & Care Fund ..... Lots only 5 @ $985.00	$ 4,925.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup.....	—
Burial Container	—
Handling Fees.....	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees.....	—
Sales taxes	—
Total Due	$ 4,925.00
Paid receipt number R-59250	4,925.00
Balance due	0

PAID
SEP 29 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 CHINESE BENEV. ASSOC.
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 19401

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E19401

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

59250

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

MOUNT HOPE CEMETERY
(619) 527-3400

TOTal (18) Graves
@ $985.00 each

Date: 9-29-05, 20 05

From: Chinese Assn. Address:

Seventeen Thousand-Seven hundred & Thirty dollars 00/100 Dollars ($ 17,730.00

in Payment of Pre-Need Services Lot only 161 GR 5+6

Div 11 E-19408 Sec 2 Blk/Row Lot 162 164 155 Grave 1,2,3,4,5 1,2,3,4,5,6 7,8,9,10,11,12

Invoice No. E-19401

Acct. No. E-19399

W.O. E-19400

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 4-04) No. 20392

This information is available in alternative formats upon request.

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

PAID

SEP 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	
20% Sales Care	77184	$3546 00
80% Sales	100	
of Lots	77184	$14,184 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	76390	
TOTAL PAID	$	17,730.00

WARNING – THIS CHECK IS PROTECTED BY SPECIAL SECURITY GUARD PROGRAM™ FEATURES

MIRAMAR
FEDERAL CREDIT UNION

P.O. Box 261370
San Diego, CA 92196-1370

-8142
3222

No. **20392**

VOID AFTER 180 DAYS
Date: **September 27, 2005**

Pay to the Order of **CITY TREASURER/MT.HOPE CEMETERY** Amount $******17,730.00

Seventeen Thousand Seven Hundred Thirty and 00/100********

DOLLARS

CASHIERS CHECK

Authorized Signature

Two Signatures Required for Amounts in Excess of $5,000

Memo

SECURE FEATURES INCLUDE INVISIBLE FIBERS • ENDORSEMENT BACKER • BROWNSTAIN CHEMICAL REACTANT

⑈020392⑈ ⑆322281426⑆ 900400⑈

E19401

THE CITY OF SAN DIEGO

09-29-05

This is your verification of purchase of the following lots:

E-19408: Division 11 Section 2 Lot 161 Graves 5,6

E-19401: Division 11 Section 2 Lot 162 Graves 1,2,3,4,5

E-19399: Division 11 Section 2 Lot 164 Graves 2,3,4,5,6

E-19400: Division 11 Section 2 Lot 155 Graves 7,8,9,10,11,12

The above lots are subject to the rules and regulations as stated on the attached Deeds.

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

D.C.S Fee
Pre-need
Lot

Date 92005

Pin 240190

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for onelia Jones 240190

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 11 Section 1 Blk/Row _____ Lot 128 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-59249	246.00
Balance due	739.00

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.

Pin # 224685

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

Ronald A. Nowden Sr
Signature

Ronald A. Nowden Sr
Print Name

4976 ELM ST
Address

San Diego 92102
City Zip Code

(619) 264-3251
Telephone

Paulette

Work Order # E-194020

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

D.C.S fee Pre-need Lot

Date 93005

Pin 210190

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

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 128 Grave 2

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees .....

Opening/Closing & Setup ..... PAID

Burial Container .....

Handling Fees ..... MAY -4 2010

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees ..... MOUNT HOPE CEMETERY

Sales taxes .....

Total Due 985.00

Paid receipt number R-59249 246.00

Balance due 739.00

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 Cemeteries harmless from any liability on account of said authorization and interment.

Pin # 210190

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

Ronald A. Nowden Sr
Signature

Ronald A. Nowden Sr
Print Name

4976 ELM ST
Address

San Diego 92102
City Zip Code

(619) 264-3251
Telephone

Paulette

Work Order # E-194020

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Quit C laim Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO: James Keith/From Wanda Kelley

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 10 Section _____ Blk/Row _____ Lot 783 Grave _____

PAID

SEP 30 2005

MOUNT HOPE CEM

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing (Transfer Fees) Quit Claim Transfer	$ 50.00
Sales taxes	
Total Due R-59251	$ 50.00
Paid receipt number R-59251	$ 50.00
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

Related order E-19404

Work Order # E-19403

x James L Keith
Print Name

x 8091 Brookhaven Rd
Address

x San Diego, CA 92114
City Zip Code

x 619-470-6046
Telephone

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

59251 E19403

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9-30-05, 20 05

From: JAMES L. KEITH Address: 5091 BROOKHAVEN RD S.D 92114

Fifty dollars 00/100 Dollars ($ 50.00)

in Full Payment of Quit Claim Transfer

Div 10 Sec _____ Blk/Row _____ Lot 783 Grave _____

Invoice No. E-19403

Acct. No. _____

W.O. _____

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

41332

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 3 0 2005

MOUNT HOPE CEME

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	50	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	50	00

SCNA Insurance Services, Inc.
Dba: Whatley & Associates Insurance Services
15428 EL CAPITAN REAL LANE
EL CAJON, CALIFORNIA 92021
(619) 390-9408

NORTH ISLAND FINANCIAL CU
P.O. BOX 85833
SAN DIEGO, CA 92186
90-8146/3222

41332

9/29/2005

PAY TO THE ORDER OF Mount Hope Cemetery $ **50.00

Fifty and 00/100********** DOLLARS

MEMO Transfer fee Block 10 Lot 783

Steve Whatley MP

⑈041332⑈ ⑆322281468⑆ 0114589550⑈

E19403

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: September 30, 2005

I/We James + Wanda Kelley

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: James L. Kiett
Street Address: 8091 Brookhaven Rd Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92114
Telephone #: (619) 470-6046

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): 783 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 30 day September 2005

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

WITNESS

Legal Owner / Reprehensive Signature

WITNESS

Legal Owner / Reprehensive Signature

Paulette Crawford
CEMETERY REPREHENSIVE NAME

Paulette Crawford
Cemetery Representative Signature

E 19403
19404

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E19403

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily.

QUITCLAIM DEED

In consideration of a deed transfer (deed #12272) to person listed below.

I/We Edell K. Henry (Executor)

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to
James Keith

all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 783 *Grave* ____ *Row* ____ *Section* ____ *Division/Block* 10

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said ____, *its successors and assigns forever.*

WITNESS my/our hand this 29th *day of* September 2005

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

Attorney In Fact for Edell Henry
15428 El Capitan Real Lane
El Cajon, CA 92021

Witnesses

DIVERSITY
BRINGS US ALL TOGETHER

E19403

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That

EDELL HENRY

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY, a licensed and bonded cemetery broker in the State of California or, in his absence, Gene K. Whatley, a licensed representative of the cemetery broker, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

Division 10, Lots 782 & 783

at Mount Hope Cemetery

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Edell Henry
Signature

Signature

State of Oregon **County of** Deschutes

On May 5th, 2000 **before me, the undersigned, a Notary Public and for said State personally appeared** Edell Henry

~~**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 executed the same.**

WITNESS my hand and official seal. Christy J Vermillion
Notary Public in and For Said State

OFFICIAL SEAL
CHRISTY J VERMILLION
NOTARY PUBLIC-OREGON
COMMISSION NO 061772
MY COMMISSION EXPIRES FEB 12, 2001

E19403

LAST WILL AND TESTAMENT

OF

WANDA S. KELLEY

I, WANDA S. KELLEY, a citizen of the United States of America and a resident of San Diego County, California, being of lawful age and of sound mind and not being subject to any duress, menace, fraud or undue influence, make, publish and declare this to be my Will. I hereby revoke any Wills and Codicils previously made by me.

ARTICLE 1.

DECLARATION REGARDING FAMILY

I declare that I am not presently married. I have three children, all of whom are adults, namely SUZANNE D. KELLEY, born March 8, 1935; EDELL K. HENRY, born November 30, 1945; and JAMES MICHAEL KELLEY, born March 17, 1948. I do not have any other children, living or deceased.

ARTICLE 2.

DISPOSITION OF ESTATE

2.1 Gift of Entire Estate. I give all of my estate, including real and personal property wherever situated, and including any lapsed gifts, to the then acting Trustee under that certain Revocable Trust Agreement previously executed this date and known as THE WANDA S. KELLEY REVOCABLE TRUST, wherein I am the Trustor, to be added to and become a part of the trust estate thereunder, and to be held, managed, administered, and distributed according to the provisions of such Trust Agreement and any amendments thereto, including amendments made subsequent to the date of this Will.

2.2 Incorporation of Trust by Reference. If the disposition of property provided for above in this ARTICLE is ineffective in whole or in part for any reason, I incorporate herein by this reference the Trust Agreement described above in this ARTICLE as it may exist at the time of the execution of this Will or the last Codicil hereto, if any, and I give all of the property ineffectively disposed of above in this ARTICLE to the Trustee named therein, to be held, administered, and distributed in accordance with the provisions thereof as a testamentary trust.

ARTICLE 3.

NOMINATION OF PERSONAL REPRESENTATIVE; POWERS

3.1 Nomination of Executor. I nominate EDELL K. HENRY as Executor of my Will. If EDELL K. HENRY fails to qualify or ceases to act as Executor, I nominate SUZANNE D. KELLEY as Executor of my Will. If SUZANNE D. KELLEY also fails to qualify or ceases to act as Executor, I nominate JAMES MICHAEL KELLEY as Executor of my Will.

3.2 No Bond/Specific Powers. No bond shall be required of any person or entity nominated in this ARTICLE to serve as Executor. Any power, duty or discretion conferred by this Will on my Executor shall also be conferred on any personal representative of my estate. My Executor may administer my estate in accordance with the provisions of the Independent Administration of Estates Act, contained in Sections 10400, et. seq., of the Probate Code of California. In addition to any other rights or powers now or hereafter conferred by law, I grant the following powers to my Executor:

3.2.1 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.

3.2.2 To continue the operation of any business interest belonging to my estate for such time and in such manner as my Executor may deem advisable for the best interests of my estate, or to sell or liquidate such business interest at such time and on such terms as my Executor may deem advisable and for the best interests of my estate. Any such operation, sale, or liquidation by my Executor, undertaken in good faith, shall be at the risk of my estate and without liability on the part of my Executor for any resulting losses.

3.2.3 To determine whether any or all of the expenses of administration of my estate shall be used as federal estate tax deductions or as federal income tax deductions. No beneficiary under this Will, nor under the Trust, shall have any right to recoupment or restoration of any loss suffered as a result of the utilization of such deductions, but my Executor may, in the Executor's absolute discretion, make adjustments to principal and income in order to reflect the manner in which the deductions are taken.

3.2.4 To continue to hold any property, although not of the type or quality nor constituting a diversification considered proper for estate investments, including stock in any corporate Executor.

3.2.5 To invest and reinvest the principal of the estate, and to purchase or acquire therewith every kind of property, real, personal or mixed, and every kind of investment, including but not limited to participation in any common trust fund, corporate obligations of any kind, and stocks, both common and preferred, which persons of skill, prudence, and diligence acting in a similar capacity and familiar with those matters would use in the conduct of an enterprise of similar character and with similar aims, to attain the goals of the Testator under this Will; and to consider individual

investments as part of an overall plan of investment strategy. My Executor shall have no liability to any person for failing to exercise the investment authority conferred by this section.

3.2.6 To manage, control, sell, convey, exchange, partition, divide, subdivide, improve, and repair any estate property; to grant options and to sell upon deferred payments; to lease, for terms within or extending beyond the duration of probate, for any purpose; to create covenants, conditions, rights of way, restrictions, easements, and other servitudes.

3.2.7 To advance funds to the estate for any estate purpose, with such advances bearing interest at current rates and to be repaid out of the principal or income of the estate.

3.2.8 To borrow money for any estate purpose on such terms and conditions as the Executor may deem proper. To obligate the estate to make repayment; to encumber the estate or any of its property by mortgage, deed of trust, pledge, or otherwise, using such instruments and procedures to consummate the transaction as the Executor may deem advisable.

3.2.9 To have, respecting securities, all the rights, powers, and privileges of an owner, including the power to give proxies, pay assessments and other sums deemed necessary by the Executor for the protection of the estate; to participate in voting trusts, pooling agreements, foreclosures, margin accounts, reorganizations, consolidations, mergers, and liquidations; and, in connection therewith, to deposit securities with and transfer title to any protective or other committee under such terms as the Executor may deem advisable; to exercise or sell stock subscription or conversion rights; to hold stock in street name; to accept and retain as an investment securities or other property received through the exercise of the foregoing powers, subject to the limitations stated herein relative to the investments by the Executor.

3.2.10 To sell such property as the Executor may deem necessary to make any division or distribution, and to partition, allot and distribute the estate in undivided interests or in kind, or partly in money and partly in kind, at valuations determined by the Executor.

3.2.11 To take any action permitted to an owner with respect to interests in oil, gas and other natural resources, including but not limited to, selling production; executing pooling, unitization, drilling, development, production, farm-out and other agreements; and granting royalties and overriding royalties.

3.2.12 To carry insurance of the kinds and in the amounts the Executor considers advisable, at the expense of the estate, to protect the estate and the Executor against any hazard.

3.2.13 To partition, allot and distribute the estate on any partial or final distribution of the estate, in undivided interests or in kind, or partly in kind, at valuations determined by the Executor, and to sell any property the Executor considers necessary for the distribution. In making any partial or final distribution of the estate, the Executor is not obligated to distribute the same assets to beneficiaries similarly situated. The Executor may, in the Executor's discretion make nonprorata

distributions to the beneficiaries if the respective assets distributed to the beneficiaries have equivalent fair market values as determined by the Executor. The income tax bases of assets allocated or distributed nonprorata need not be equivalent and may vary to a greater or lesser amount, as determined by the Executor in the Executor's discretion. The Executor shall not be required to make any adjustment to compensate for any difference in bases, or the Executor may make such adjustments if the Executor in the Executor's discretion deems it appropriate.

3.2.14 If at the date of distribution of any property from my estate, the beneficiary of the property under my Will is a minor, or under any other legal disability, or unable, in my Executor's opinion, to administer the property properly by reason of mental or physical illness or disability, my Executor is empowered to distribute the property, in my Executor's reasonable discretion, to any one or more of the following persons for the benefit of the beneficiary: (1) a legally appointed guardian or conservator of the estate of the beneficiary; or (2) if the beneficiary is a minor, his or her parent or custodian under the California Uniform Transfers to Minors Act, provided that if no custodian is then in existence, my Executor is empowered to designate a custodian for this purpose from among those persons qualified to serve. I authorize my Executor to accept the Receipt of any distributee in full satisfaction and discharge of the distribution of such property.

ARTICLE 4.

DEATH TAXES

With respect to the property passing under ARTICLE 2 of this Will, the payment of estate, inheritance and other death taxes (hereinafter "death taxes") that by reason of my death may be attributable to any asset included in my probate estate, is to be made in accordance with the Trust Agreement described in such ARTICLE, including amendments to such Trust Agreement made after the date of this Will or any Codicils thereto. I authorize my Executor to coordinate the payment of death taxes with the Trustee of such Trust Agreement. If such Trust Agreement shall be invalid, fail, or be revoked, all death taxes shall be paid out of the residue of my estate bequeathed in trust by ARTICLE 2, in the manner provided in such Trust. Generation-skipping transfer tax shall be paid in accordance with Federal law.

ARTICLE 5.

TAX ELECTIONS

I authorize my Executor, in my Executor's sole discretion, to make or to not make any one or more of the elections allowed by the Internal Revenue Code or the tax law of any state, despite conflicting interests of those interested in my estate and without making any adjustments among them.

ARTICLE 6.

NO EXERCISE OF TESTAMENTARY POWER OF APPOINTMENT

I do not intend to exercise any testamentary power of appointment which I now possess or which may later be conferred on me.

ARTICLE 7.

OMISSION OF HEIRS

Except as otherwise provided for in this Will, I have intentionally and with full knowledge omitted to provide for any of my heirs living at the time of my death, including any and all persons who would otherwise come within the scope and protection of sections 6560 through 6580 of the California Probate Code, or any successor statute.

ARTICLE 8.

UNENFORCEABLE PROVISION

If any provision of this Will is or is adjudged to be unenforceable for any reason, the remaining provisions shall be carried into effect. I declare that I have not entered into any contract to make a Will nor a contract to refrain from revoking a Will. No interest shall be paid on any gift or legacy under this Will.

ARTICLE 9.

NO CONTEST CLAUSE

If any person who is, or who claims under or through, a devisee, legatee or beneficiary under this Will, or any person who, if I died intestate, would be entitled to a share of my estate, shall in any manner, directly or indirectly, contest this Will or attack, oppose or seek to impair or invalidate any provision of this Will, I hereby give nothing to such person and any other bequest, devise, legacy, gift or interest under this Will or by intestacy to such person shall be forfeited and shall augment proportionately the shares of my estate passing to those devisees, legatees and beneficiaries who have not participated in such acts or proceedings. For the purposes of this ARTICLE, any action of the type generally described above which is taken against the person or entity who would receive a benefit under this Will (as distinguished from action taken against the terms of the Will itself) or

E19403

against the property interest of such person or entity shall be considered as a contest of this Will within the meaning of this ARTICLE causing the forfeiture of any interest under this Will.

IN WITNESS WHEREOF, I have executed this Will on May 14, 1998.

Wanda S. Kelley
WANDA S. KELLEY

On the date written below, WANDA S. KELLEY, as Testator, declared to us, the undersigned, that this instrument, consisting of six (6) pages, including the page signed by us as witnesses, was the Will of WANDA S. KELLEY, and requested us to act as witnesses to it. The Testator thereupon signed this Will in our presence, all of us being present at the same time. We now, at the Testator's request, and in the presence of the Testator and each other, subscribe our names as witnesses.

It is our opinion and belief that WANDA S. KELLEY is of sound mind and memory and is under no constraint or undue influence whatsoever. Each of us is over eighteen (18) years of age and none of us is a beneficiary or proposed Executor under this Will.

We hereby declare under penalty of perjury that the foregoing is true and correct and that this Declaration is executed on May 14, 1998, at San Diego County, California.

_____ residing at 1327 Calle Christopher

James H. Siegel (Name Printed)

Encinitas, CA 92024

_____ residing at 10091 Rio San Diego #558

Shaune L. Anhorn (Name Printed)

San Diego, CA 92108

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

E19403

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK DRAWING ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/97)

STATE FILE NUMBER: 3 199937 000852

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Wanda	Shattuck	Kelley

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
04/20/1907	91					F	01/16/1999	0645

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
MT	567-20-2968	☐ Yes ☒ No ☐ Unk	Widowed	14

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	☐ Yes ☒ No	self-employed

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Homemaker	own home	65

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 9498 Bantam Ave.

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
San Diego	San Diego	92123	74	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Suzanne Kelley, daughter	9498 Bantam Ave., San Diego, CA 92123

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
-	-	-	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
John	E.	Shattuck	MA
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
Della	-	Ogan	MO

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
01/21/1999	RES Suzanne Kelley,9498 Bantam Ave., San Diego, CA 92123

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/RES	not embalmed	-

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
Featheringill Mortuary	FD 1083	MH	01/20/1999 CP

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY DNA: ☐ IP ☐ ER/OP ☐ DOA	103. FACILITY OTHER THAN HOSPITAL: ☒ CONV. HOSP. ☐ RES. CARE ☐ OTHER	104. COUNTY
St. Paul Villa			San Diego

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	106. CITY
2340 4th Ave.	San Diego

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	CAD	30 yrs.
DUE TO (B)	Coronary Atherosclerosis	30 yrs.
DUE TO (C)		
DUE TO (D)		

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 RELATED TO CAUSE GIVEN IN 107: HTN

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: No

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY: 01/28/1964. DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 01/14/1999

115. SIGNATURE AND TITLE OF CERTIFIER: [signature] MD

116. LICENSE NO.: C31776

117. DATE MM/DD/CCYY: 01/20/1999

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: Paul Speckart 3260 3rd Ave. San Diego, CA 92103

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK: ☐ YES ☐ NO

121. INJURY DATE MM/DD/CCYY

122. HOUR

123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								9801066	

A0287308

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: January 22, 1999

ROBERT K. BOSS, 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.

1353 **CERTIFICATE OF DEATH** 8009 E19403

STATE OF CALIFORNIA DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

1a. NAME OF DECEASED FIRST NAME: JAMES	1b. MIDDLE NAME: FRANKLIN	1c. LAST NAME: KELLEY	2a. DATE OF DEATH (MONTH DAY YEAR): Jan. 11, 1975
2b. HOUR: 12:45 p.	3. SEX: Male	4. COLOR OR RACE: White	5. BIRTHPLACE: Oklahoma
6. DATE OF BIRTH: Sept.29,1905	7. AGE: 69 YEARS	8. NAME AND BIRTHPLACE OF FATHER: John Wesley Kelley, Missouri	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Susan Rice, Arkansas
10. CITIZEN OF WHAT COUNTRY: U.S.A.	11. SOCIAL SECURITY NUMBER: 547-09-4229	12. MARRIED, NEVER MARRIED, WIDOWED: Married	13. NAME OF SURVIVING SPOUSE: Wanda Shattuck
14. LAST OCCUPATION: Prod. Control Scheduler	15. NUMBER OF YEARS IN OCCUPATION: 21	16. NAME OF LAST EMPLOYING COMPANY OR FIRM: Rohr Industries	17. KIND OF INDUSTRY OR BUSINESS: Manufacturing
18a. NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY:	18b. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4664 - 51st Street	18c. INSIDE CITY CORPORATE LIMITS: yes	
18d. CITY: San Diego	18e. COUNTY: San Diego	18f. 50 YEARS	18g. 50 YEARS
19a. RESIDENCE STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4664 - 51st Street	19b. INSIDE CITY CORPORATE LIMITS: yes	20. NAME AND MAILING ADDRESS OF INFORMANT: Wanda Kelley, 4664 - 51st Street, San Diego, California	
19c. CITY: San Diego	19d. COUNTY: San Diego	19e. STATE: California	
20a. PHYSICIAN: 3/17/71	1/11/75	1/8/75	21. Robert Dickman M.D. 1/13/75
21a. ADDRESS: 3260 3rd Ave San Diego	22. A20514		
22a. DATE: Burial 1/14/75	23. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery	24. EMBALMER: [signature] 1455	
25. NAME OF PERSON ACTING AS SUCH: FEATHERINGILL MORTUARY	26. no	27. LOCAL REGISTRAR: [signature]	28. 13 JAN 1975

29. DEATH WAS CAUSED BY — ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

IMMEDIATE CAUSE (A): bronchogenic carcinoma metastatic to brain — 4 mo.

DUE TO, OR AS A CONSEQUENCE OF (B):

DUE TO, OR AS A CONSEQUENCE OF (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS: Aid with previous myocardial infarction

31. WAS OPERATION OR ROUTINE PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30 SPECIFIED: NO

32a. ACCIDENT: NO

32b. OTHER MAJOR CONDITIONS: —

33. PLACE OF INJURY: 34. PLACE OF INJURY: 35. INJURY AT WORK: 36a. DATE OF INJURY: 36b. HOUR:

37a. DISTANCE FROM PLACE OF INJURY TO ORDINARY RESIDENCE: MILES

38. WERE CARDINATORY TESTS DONE FOR DRUGS OR CHEMICALS: SPECIFY YES OR NO

39. WERE CARDINATORY TESTS DONE FOR ALCOHOL: SPECIFY YES OR NO

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL EXTENT FILED

SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 PACIFIC HWY, SAN DIEGO, CA 92101

FEE PAID $2.00

DATED: 13 JAN 1975

E19403

12272

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

DUPLICATE

OWNERSHIP AND INTERMENT PRIVILEGES

TO JAMES & WANDA KELLEY for the sum of $180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 783, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-5240

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

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

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

AT-Need
NON-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joycelynn Keitt 229707

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Thurs OCT 6, 05 11:00 Chapel

Church/Chapel/Graveside _____ ; El Cajon mortuary 390-9408 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. [signature]

Division 10 Section _____ Blk/Row _____ Lot 783 Grave _____

Grave space & Care Fund E-19403 Quit claim	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549.00
Burial Container DD crypt	556.00
Handling Fees	468.00
Flower vases - Marker setting fee ✓	184.00
Recording/Filing/Transfer Fees	66.00
Sales taxes	43.09
Total Due	$1,866.09
Paid receipt number pd by visa	$1,866.09
Balance due	0

PAID
SEP 30 2005
MOUNT HOPE CE...

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

Pin # 229659

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

[signature] X
Signature

X JAMES L. KEITT
Print Name

X 8091 BROOKHAVEN Rd
Address

X SAN DIEGO CA 92114
City Zip Code

X 619-470 Lock
Telephone

Invoice # _____

Work Order # E -19404

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E194C4

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12272

DEED

DUPLICATE

OWNERSHIP AND INTERMENT PRIVILEGES

TO JAMES & WANDA KELLEY for the sum of $180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 783, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-5240

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

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

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

E19404

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. DD CRYPT "A" 1st Burial

		#787 Sevallings Tharp	#783 X	Timothy Murray #784		

Blind Check Initiated By: Sandra Date: 10-3-05

Interment space for: Joycelynn Keith

Interment Date: Thurs Oct 06, 2005 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 783 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: 10/4/05

7 lagged

E19404

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: September 30, 2005

I/We James + Wanda Kelley

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: James L. Kiett
Street Address: 8091 Brookhaven Rd Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92114
Telephone #: (619) 470-6046

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): 783 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 30 day September 2005

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

WITNESS — Legal Owner / Reprehensive Signature

WITNESS — Legal Owner / Reprehensive Signature

Paulette Crawford
CEMETERY REPREHENSIVE NAME — Cemetery Reprehensive Signature

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E 19404

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
JOYCELYN	-	KEITT	04/26/1962	09/29/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAMES KEITT - FATHER 8091 BROOKHAVEN RD 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
EL CAJON MORTUARY 684 S MOLLISON AVE, EL CAJON, CA 92020	FD-1022	▶ [signature]	10/04/2005

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/04/2005 JACKIE KOZICA	2516138 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 10-06-5	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.

pre-need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nelson Holder 229658

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 C Blk/Row _____ Lot 3 Grave 12

Grave space & Care Fund	$1,755.00
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	$3,483.40
Paid receipt number R-59254	$871.00
Balance due	$2,612.40

PAID NOV 26 2007 MOUNT HOPE CEMETERY

I hereby certify I am the Family 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 Nelson Holder X

X Nelson Holder (Print Name)

X 580 Glencrest Dr (Address)

X San Diego (City)

X 619-741-5325 (Telephone) Zip Code

Invoice # _____

Work Order # E-19405

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Dod mailed 5/23/08 late Due to new system

Pin# 229658 10910 Calle Verde #305 La Mesa, CA. 91941 Monthly # 108.85

E-19405

HOLDER, NELSON 580 Glencrest Dr. San Diego, CA 92139 619 741-5325 Due 30th of each month

DIV Mas SEC C Lot 3 Grave 12

		DEBIT	CREDIT	BALANCE
09-30-05	R-59254 Opened Pre-Need Lot and Trust, Trust to include (2) O/C, B/C DD Crypt, H/F, (2) R/F, Taxes 1st + 2nd Burial	$3,483.40	$871.00	$2,612.40
		# 351.00 20% # 1404.00 80%		
10-21-05	pd by Visa coupon 1 Oct-2005 payment		# 108.85	# 2503.55
11-22-05	pd by Ck # 59428 " 2 Nov-2005 "		108.85	# 2394.70
12-16-05	pd by Visa Coupon 3 Dec 2005		108.85	# 2,285.85
1-17-06	pd by Visa Coupon 4 Jan 2006		108.85	# 2,177.00
2-10-06	pd by Visa Coupon 5 Feb 2006		108.85	# 2,068.15
4-7-06	pd by Visa Coupon 6 Mar 2006		108.85	# 1959.30
4-21-06	pd by Visa Coupon 7 April 06		108.85	# 1,850.45
5-23-06	pd by Visa Coupon 8 May 06		108.85	# 1,741.60
6-28-06	pd by Visa Coupon 9 June 06		108.85	# 1632.75
7-21-06	pd by Visa Coupon 10 July 06		108.85	# 1523.90
10-2-06	pd by Visa No Coupon Aug 06, Sept 06		217.70	# 1306.20
1/11 07	Pd by Visa Oct 06 & Nov 06		217.70	1088.50
2-28-07	Pd by Visa No coupon Dec 06		108.85	979.65
4/3/07	Pd by Visa No Coupon Jan 07		108.85	870.80
5-7-07	Pd by Visa " " Feb 07	# 03595A	108.85	761.95
7-25-07	Pd by VISA " " March 07		108.85	653.10
8-25-07	" " " AUG	P00249	108.85	544.25
9-6-07	" " " SEP 07	P00962	108.85	435.40

Pin 229658
Holder, Nelson

E-19405

			435 40
10/15/07	Paid by Visa No Coupon Oct 2007	10885	326 55
11/26/07	VISA AP08194B	32655	0

326.55
BAL 0

PAID
NOV 26 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 01051

Date: 11-26, 20 07

From: NELSON HOLDER Address:

THREE HUNDRED - TWENTY SIX & 55/100 Dollars ($ 326 55)

in FULL Payment of PRE NEED LOT & TRUST

Div MAS Sec C Blk/Row Lot 3 Grave 12

Invoice No. 229658

Acct. No. E19405

W.O.

BALANCE DUE 0

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

PAID

NOV 26 2007

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	326	55
Trust	77186		
TOTAL PAID	$	326	55

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☒ Charge P08194B ☐ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

Pre-need

E19405

60219

OFFICIAL RECEIPT

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

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

Date: 8/23, 20 07

From: N. Holder Address:

Dollars ($ 108.85)

in Part Payment of Pre-need

Div M93 Sec P Blk/Row Lot 3 Grave 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE

☐ Money Order
☑ Charge
☐ Check

V1 ea
05140B

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

PAID
AUG 23 2007
MOUNT HOPE CEMETERY

ISSUED BY P Craig ord

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	108.	85
Sales Tax	60101		
	78390		
TOTAL PAID	$	108	85

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

E19405 R- 59420

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Nov. 22 , 20 05

From: Nelson Holder Address: on record

One Hundred Eight 85/00 Dollars ($ 108.85)

in part Payment of pre-need lot / trust

Lot 3 Grave 12 Row _____ Section C Division Block MN 5

Invoice No. E-19405

Acct. No. _____

W.O. _____

BALANCE DUE $ 2394.70

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

Pre-need Trust | / | Cash | | Check | X |

150

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

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

PAID

NOV 2 2 2005

MOUNT H...

ISSUED BY P. Crawford

CREDIT	67007		
20% Sales Care	77184 100		
80% Sales of Lots	77184 100		
Opening/ Closing	77181 100		
Burial Containers	77182 100		
Handling Fee	77185 100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033 77186	108	85
Sales Tax	60101 78390		
TOTAL PAID	$	108	85

E19405

C4480586

NELSON HOLDER
580 GLENCREST DR
SAN DIEGO CA 92139

Mail Coupons To

~~Marilyn~~

Nelson Holder
10910 Calle Verde #305
La Mesa, CA 91941

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 9/30/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Meer Kang 229699

in a 00-A (Type of Burial Container) Funeral, date, time Tues. October 4, 2005 10:00

Church, Chapel Graveside : Mayer Mortuary.

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 447 Grave 1

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	138.00
Burial Container 20"L x 11"W x 7"h	77.00
Handling Fees	28.00
Flower vases + Marker setting fee	88.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.97
Total Due	496.97
Paid receipt number R-59257	496.97
Balance due	Ø

PAID

SEP 30 2005

MOUNT HOPE CEMETERY

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

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

Signature [signature]

Paulette

Work Order # E - 19406

229700

Print Name John C. Kuek

Address 5421 Santa Margarita S #42

City San Diego CA 92104 Zip Code

Telephone 619 546-4908

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E1940c

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.

		Wright				
	Lewis Jr		X			

Blind Check Initiated By: Paulette Date: 10/3

Interment space for: Meer Kang (baby)

Interment Date: 10/4 Tues. Time: 10:00 GS

Div: 9 Sect: 1 Blk/Row: ____ Lot: 447 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: 10/4/05

E19406

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

12 days old

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MEER	JOCK	KANG	09/17/2005	09/29/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARY N. THANYPIENY - MOTHER 5421 SANTA MARGARITA ST. #42 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-1424	▶	

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	09/30/2005	2516032 ▶ R. MARTINEZ

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-4-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kang	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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
paid in full

Date 9-30-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mary Thanypieny Pin # 209401

in a DD CRYPT "B" (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 86 Grave 1

Grave space & Care Fund	E-19377	~~0~~
Overtime/Late Arrival Fees	PAID	—
Opening/Closing & Setup		413.00
Burial Container	SEP 30 2005	—
Handling Fees		—
Flower vases – Marker setting	MOUNT HOPE CEMETERY	138.00
Recording/Filing/Transfer Fees		50.00
Sales taxes		—
Total Due		601.00
Paid receipt number R-59258		601.00
Balance due		~~0~~

I hereby certify I am the x 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.

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

x [signature] (Signature)

x John C. Kulk (Print Name)

x 5421 Santa Margarita St #42 (Address)

x San Diego 92114 (City, Zip Code)

x 619 546-4908 (Telephone)

Paulette

Work Order # E- 19407

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Res
Pre-need
Lots only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 09-28-05

PIN# 227554

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

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 11 Section 2 Blk/Row _____ Lot 161 Grave 546

Grave space & Care Fund ..... Lots only 2 @ $985.00	$1,970.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	$1,970.00
Paid receipt number R-59250	$1,970.00
Balance due	0

PA

SEP 29 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 CHINESE BENEV. ASSOC.
Print Name

X
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E - 19408

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19408

THE CITY OF SAN DIEGO

09-29-05

This is your verification of purchase of the following lots:

E-19408: Division 11 Section 2 Lot 161 Graves 5,6

E-19401: Division 11 Section 2 Lot 162 Graves 1,2,3,4,5

E-19399: Division 11 Section 2 Lot 164 Graves 2,3,4,5,6

E-19400: Division 11 Section 2 Lot 155 Graves 7,8,9,10,11,12

The above lots are subject to the rules and regulations as stated on the attached Deeds.

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

E19408

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

59250

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

MOUNT HOPE CEMETERY
(619) 527-3400

TOTal (18) Graves
@ 985.00 each

Date: 9-29-05, 20 05

From: Chinese ASSN. Address:

Seventeen Thousand-Seven hundred & Thirty dollars 00/100 Dollars ($ 17,730.00

in _____ Payment of Pre-Need Services Lot only/161 GR 5+6

Div 11 E-19408 Sec 2 Blk/Row _____ Lot 162 164 155 Grave 1,2,3,4,5 2,3,4,5,6, 7,8,9,10,11,12

Invoice No. E-19401

Acct. No. E-79399

W.O. E-19400

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ~~—~~

AC-212 (Rev. 4-04) NO. 20392

This information is available in alternative formats upon request.

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

PAID

SEP 29 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	
20% Sales Care	77184 100	$3,546.00
80% Sales of Lots	77184 100	$14,184.00
Opening/ Closing	77181 100	
Burial Containers	77182 100	
Handling Fee	77185 100	
Recording & Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101 78390	
TOTAL PAID	$	17,730.00

WARNING – THIS CHECK IS PROTECTED BY SPECIAL SECURITY GUARD PROGRAM™ FEATURES

MIRAMAR FEDERAL CREDIT UNION

P.O. Box 261370
San Diego, CA 92196-1370

-8142
3222

No. **20392**

VOID AFTER 180 DAYS
Date: **September 27, 2005**

Pay to the Order of **CITY TREASURER/MT.HOPE CEMETERY** Amount $*******17,730.00

Seventeen Thousand Seven Hundred Thirty and 00/100******** DOLLARS

CASHIERS CHECK

Authorized Signature

Two Signatures Required for Amounts in Excess of $5,000

Memo

SECURE FEATURES INCLUDE INVISIBLE FIBERS • ENDORSEMENT BACKER • BROWNSTAIN CHEMICAL REACTANT

⑈020392⑈ ⑆322284426⑆ 900400⑈

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Jones 229671

in a Liner (Type of Burial Container) Funeral, date, time Fri OCT 7, 2005 1:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ $213.00

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row _____ Lot 226 Grave 4

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Mort. To pay Total Due	$3,358.93
Paid receipt number R-59270	3,358.93
Balance due	Ø

PAID
OCT - 4 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 X

Print Name X

Address X

City X Zip Code

Telephone X

See attack for Signature

Invoice # _____

Acct. # _____

Work Order # E-19409

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT-Nee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-3-05

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

of Robert Jones

in a Liner Funeral, date, time Fri OCT 7, 2005 1:00
Type of Burial Container

Church (Chapel) Graveside : Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row ____ Lot 226 Grave 4

Grave space & Care Fund	$ 2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container, Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Mort. To pay	Total Due $ 3,358.93

Paid receipt number ____

Balance due ____

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

229670

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

Robert E Jones II X
Signature

Robert Jones II X
Print name

9715 Lorraine Way #202 X
Address

Santee, CA 92071 X
City Zip Code

619 328-9544 X
Telephone

Work Order # E-19409

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19409 WCWA E19409 AD DEC 23 2002

Lincoln Heritage Life Insurance Company
An Illinois Corporation

APPLICATION FOR LIFE INSURANCE

Please Print Legibly

01-994610 1181

Executive Offices: 4343 E Camelback Rd Phoenix AZ 85018

OWNER Name: Robert E Jones Social Security #: 555 - 74 - 5044 Phone Number (619) 263 0149
Address: 250 EUCLID AVE #K City: San Diego State: CA Zip: 92114

PAYOR Name: _____ (If Different than Owner) Phone Number ( ) _____
Address: _____ City: _____ State: _____ Zip: _____

Applicant Name: ROBERT E JONES Relationship to Owner: SELF
Address: 250 EUCLID AVE #K City: San Diego State: CA Zip: 92114
Social Security #: 555 - 74 - 5044 Date of Birth: 2-5-46 Age: 56 Sex: M
Primary Beneficiary and Relationship: Robert Jones Junior - Son
Contingent Beneficiary and Relationship: _____

Coverage Amt.	Premium
$ 7000	$ 38-46

Includes: ☐ _____ AD&D UNITS

Co-Applicant Name: _____ Relationship to Owner: _____
Address: _____ City: _____ State: _____ Zip: _____
Social Security #: ___ - ___ - ___ Date of Birth: _____ Age: _____ Sex: _____
Primary Beneficiary and Relationship: _____
Contingent Beneficiary and Relationship: _____

Coverage Amt.	Premium
$	$

Includes: ☐ _____ AD&D UNITS

Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☒ No
Will this cause any other insurance or annuity to be replaced or changed? ☐ Yes ☒ No
If yes, list company and policy: _____

Is Automatic Premium Loan requested? ☒ Yes ☐ No

Mail Policy to: ☒ Owner ☐ Agent

PLAN	METHOD OF PAYMENT	MODE OF PAYMENT	REQUESTED DUE DATE	TOTAL MONTHLY PREMIUM
☐ Preferred Whole Life ☒ Standard Whole Life ☐ 20 Payment Standard Whole Life ☐ Graded Death Benefit ☐ Modified Death Benefit	☒ PAC ☐ Direct Bill ☐ Credit Card ☐ _____	☐ Annual ☐ Semi-Annual ☐ Quarterly ☒ Monthly	1ST of each month (1st – 28th only)	$ 38-46

Child Rider Owner is assumed to be Primary Beneficiary for all covered under this Rider unless otherwise stated.

Rider Units	Premium
	$

Name	Date of Birth	Sex	Relationship to Owner	Primary Beneficiary and Relationship

PLAN	App	Co-App	QUALIFYING STATEMENTS – Applies to all applicants, including those under Child Rider
PREFERRED WHOLE LIFE	initial	initial	I hereby certify that I have not used tobacco in any form in the past 12 months and I do not have any uninsurable condition(s) or significant health condition(s) as listed on the second page of this application, nor have I taken medication or received treatment for any such conditions(s) in the past 24 months.
STANDARD WHOLE LIFE	RJ initial	initial	I hereby certify that I do not have any uninsurable condition(s) or significant health condition(s) as listed on the second page of this application, nor have I taken medication or received treatment for any such condition(s) in the past 24 months.
GRADED DEATH BENEFIT	initial	initial	I hereby certify that I do not have any uninsurable condition(s) nor have I had any significant health condition(s) as listed on the second page of this application in the last 12 months. I have had one or more significant health conditions listed, or have taken medication or received treatment for such conditions in the past 13 to 24 months.
MODIFIED DEATH BENEFIT	initial	initial	I hereby certify that I am between the ages of 40 and 85, that I do not have any uninsurable condition(s) as listed on the second page of this application, but I do have one or more significant health conditions listed, or have taken medication or received treatment for such conditions in the past 12 months.

APP02CA

E19409

POLICY SCHEDULE
TABLE OF DEATH BENEFITS AND POLICY VALUES

End of Year	Death Benefit	Cash Value	Paid Up Insurance
1	7000	.00	0
2	7000	.00	0
3	7000	138.37	332
4	7000	305.97	709
5	7000	476.47	1068
6	7000	649.35	1408
7	7000	824.14	1732
8	7000	1000.15	2038
9	7000	1177.10	2327
10	7000	1354.84	2601
11	7000	1533.39	2860
12	7000	1712.87	3107
13	7000	1893.35	3341
14	7000	2074.53	3564
15	7000	2255.63	3776
16	7000	2435.65	3975
17	7000	2613.14	4163
18	7000	2786.99	4338
19	7000	2956.49	4501
20	7000	3121.50	4653

LINCOLN HERITAGE LIFE INSURANCE COMPANY
EXECUTIVE OFFICE: PHOENIX, ARIZONA

Effective Date (Date of Issue): 2/01/03

Policy Number: 0000994610 Insured: ROBERT E JONES
Face Amount : 7,000 Issue Age: 56

Non-Forfeiture Factor : 249.54721

PREMIUMS:

	Annual	Semi Annual	Quarterly	Monthly Bank Draft
Life	422.80	219.86	112.04	35.94
Policy Fee	30.00	15.60	7.95	2.55
TOTAL	452.80	235.46	119.99	38.49

Cash Values based on the 1980 CSO Table, age last birthday, curtate, 5.5%. Reserves use Commissioner's Reserve Valuation Method at 4.5%

WHOLE LIFE
PREMIUMS PAYABLE FOR LIFE
NON-PARTICIPATING

WL97

E19409

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

	Stella Buckhan	Stanley Buchanan	X			

Blind Check Initiated By: Sandra Date: 10-04-05

Interment space for: Robert Jones

Interment Date: Friday Oct 7, 05 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 226 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 10-4-05

E 19409

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	EDWARD	JONES	02/05/2946	09/29/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	ROBERT EDWARD JONES, II: SON 9715 LORRAINE WAY, #202 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 making arrangements	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	Sunnie A Pryor	10/06/2005

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO 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 10/06/2005	2516351

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 10-7-05	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.

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-need lot / trust

City of San Diego

Date 10/3/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for "Elaine Thomas Pin # 229655

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 M12 Section 2 Blk/Row _____ Lot 90 Grave 810

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	335.00
Burial Container	220.00
Handling Fees	206.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R 592473	2,000.-
Balance due	1,358.93

12/14/05 Paid in full R-592473

PAID

DEC 14 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

Work Order # E - 19410

Print Name _____

Address _____

City _____ Zip Code

Telephone _____

See the attached for signature

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Attention: Ellen Medina ~~c/o Julia Davis/daughter Elaine Thomas.~~ MHS Inc. 1202 Morena Blvd, Ste 301, SD CA 9211[illegible]
619-276-2157 fax 619-276-5493.

Julia Davis mother's address: 1631 Bayview Heights Dr. #13, San Diego CA 92105

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot / trust

Date 10/3/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for "Elaine Thomas Pin # 229655

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 10

Grave space & Care Fund	2264 00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533 00
Burial Container	170.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358 93
Paid receipt number R-59273	2,000.00
Balance due	1,358 93

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

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

Signature Colleen Medeiros for Elaine Thomas Paulette

Elaine Thomas
Print Name
c/o MHS, care. 1202 Morena Blvd #301
Address
San Diego CA 92110
City Zip Code
(619) 276-2257
Telephone

Work Order # E - 19410

Invoice #

Acct. #

RSA-104 (3-04)

This information is available in alternative formats upon request

* Conservator documentation enclosed

E 19410

mhs

Case Management - South/Dual Diagnosis
1202 Morena Blvd., Suite 301
San Diego, CA 92110
Phone: (619) 276-2157
Fax: (619) 276-5493

FAX TRANSMITTAL SHEET

COVER SHEET PLUS ____ PAGES

DATE: 10/27/05
FROM: Ellen Medina, Case Manager
TO: Paulette
FAX #: 619-527-3403

The original of this transmitted document will be sent via:

☑ Regular Mail ☐ UPS/FedEx ☐ Other ____

☐ This will be the only form of delivery

Fax Disclaimer: This fax transmittal and any pages transmitted with it are confidential and are intended solely for the use of the individual to whom or entity to which they are addressed. This communication may contain material protected by the attorney-client privilege. If you are not the intended recipient or the person responsible for delivering the fax to the intended recipient, be advised that you have received this fax in error and that any use, dissemination, forwarding, printing, or copying of this fax or it's attachments is strictly prohibited. If you have received this fax in error, please notify the sender immediately.

MESSAGE: Hi Paulette. Here are signatures on the interment orders for Elaine Thomas and Julia Davis.

E19410

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

Pin # 229655
229698

FAX TRANSMISSION

Date: 10/24/05	From: Paulette
To: ELLEN MEDINA	Telephone #: (619) 527-3400
Telephone #:	Fax #: (619) 527-3403
Fax #: 619) 276-5493	Pages (including this cover sheet):
Subject:	

COMMENTS: Good morning! Here is a fax of the locations:

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-19410

JPV Pin 227655 Rin # 229648 MHS

Thomas, Elaine lot purchased byEllen Medina from Mental Health Systems 619)276-2157

Div 12 Sec 2 Gr 10 Lot 90 Fax # 619-276-5493

		Debit	Credit	Balance
10/03/05	Opened pre-need lot/trust account. Trust includes	2264.00		2264.00
o/c $533,	h/f $206, r/f $65, b/c $270, tax on liner $20.93	1094.93		3358.93
R-59273.	Down Payment.		2000.00	1358.93
12-12-05	R-59484 Comm 1/2 Nov + Dec 05		113.24	1245.69
12-14-05	R-59494 3-24		1245.69	0

PAID

DEC 14 2005

MOUNT HOPE CEMETERY

R-59494

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: December 14, 2005

From: MHS INC. c/o Elaine Thomas Address: on record

Twelve hundred forty-Five and 69/100 Dollars ($ 1245.69)

in Full Payment of Pre-need of Elaine Thomas paid in full.

Lot 10 Grave 90 Row _____ Section 2 Division Block 12

Invoice No. E-19410

Acct. No. _____

W.O. _____

BALANCE DUE $0

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

Pre-need Trust | X | Cash | | Check | X | 27649

AC-212 (Rev. 10-02)
This information is available in alternative formats upon request.

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

PAID

DEC 14 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	100.76
20% Sales Care	77184 100	
80% Sales of Lots	77184 100	
Opening/ Closing	77181 100	
Burial Containers	77182 100	
Handling Fee	77185 100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033 77186	1094.93
Sales Tax	60101 78390	
TOTAL PAID	$	1245.69

R-59484

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Date: December 12, 20 05

From: MHS, Inc. Address: 1202 Morena Blvd., Ste 200 SD Ca 92110

One Hundred thirteen and 24/00 Dollars ($ 113.24)

in part Payment of Pre-need Lot + trust

Lot 90 Grave 10 Row ____ Section 2 Division 12 ~~Block~~

Invoice No. E-19410

Acct. No. ____

W.O. ____

BALANCE DUE $ 1245.69

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

Pre-need Trust | | Cash | | Check | ✓

AC-212 (Rev. 10-02) 27627

This information is available in alternative formats upon request.

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

PAID

DEC 12 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
60% 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	$	113.24

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need
Lot / trust

Date 10/3/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Julia Davis Pin# 229654

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 Masonic Section P Blk/Row _____ Lot 25 Grave 9

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number _____	
Balance due _____	

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code

Telephone _____

Paulette

Work Order # E - 19411

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Address: 1631 Bayview Heights Dr
#13
San Diego CA 92105

fax of Ellen medina
2765493
phone 2762157

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
15 Chairs

Date 10/4/05
pin #229692

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSIE LEE WILLIAMS

in a LINER (Type of Burial Container) Funeral, date, time Sat. Oct 8th 11:00

Church, Chapel, Graveside _____ : California 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 2

Grave space & Care Fund	2264.—
Overtime/Late Arrival Fees SATURDAY FEE	851.—
Opening/Closing & Setup	533.—
Burial Container	270.—
Handling Fees	206.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.—
Sales taxes	20.93
Total Due	4209.93
Paid receipt number R-59269	4209.93
CK# 5791 Balance due	Ø

PAID
OCT - 4 2005
MOUNT HOPE CEMETERY

nat'l city fax# 229-2750

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

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

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

David Lugo

Invoice # _____

Work Order # E - 19412

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19412

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

	249 #6 Chamberlain	#1	#2 X			

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

Interment space for: Rosie C Williams

Interment Date: Sat Oct 8th Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 250 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: 10-5-05

E19412

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 75

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

1A. NAME OF 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	LEE	WILLIAMS	02/24/1930	09/30/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	CHERYL DENNISE KENNEDY-DAUGHTER 330 CORALWOOD DRIVE SAN DIEGO CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL, 2200 HIGHLAND AVE NATIONAL CITY CA 91950	FD 1689	▶ Chadell Ross	10/04/2005

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	10/05/2005 C. RUSS	2516243 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 10-8-05	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
15 Chairs

Date 10/4/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSIE LEE WILLIAMS

in a LINER (Type of Burial Container) Funeral, date, time Sat. Oct. 8th 11:00

Church, Chapel, Graveside California 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 2

Grave space & Care Fund	2264.—
Overtime/Late Arrival Fees SATURDAY FEE	851.—
Opening/Closing & Setup	533.—
Burial Container	270.—
Handling Fees	206.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.—
Sales taxes	20.93
Total Due	4209.93
Paid receipt number R-59269	4209.93
CK# 5791 Balance due	Ø

PAID
OCT - 4 2005
MOUNT HOPE

nat'l city bk# 229-2750

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

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

X Barbara K Flowers
Signature

X Barbara K Flowers
Print Name
X 9725 Avenida Ricardo
Address
X Spring Valley 91977
City Zip Code
X (619) 741-0691
Telephone

David Lugo

Work Order # E - 19412

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-05-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William George Taylor 223861

in a TS vault (Type of Burial Container) Funeral, date, time MON OCT 10th 05 1:30

Church, Chapel, (Graveside) ; Geraldine E 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.

Division 10 Section ____ Blk/Row ____ Lot 5335 Grave ____

Grave space & Care Fund E-13336 (1996)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container TS vault	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 attached for signature

Invoice # ____

Work Order # E-19413

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19413

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.

229228

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

William David Taylor
Signature

229228

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

:29 GREENWOOD MORTUARY E19413 61952

AT-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-05-05

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

in a TS vault (Type of Burial Container) Funeral, date, time MON OCT 10th 05 1:30

Church, Chapel, (Graveside) Greenwood (Cemetery) 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 5335 Grave _____

Grave space & Care Fund E-13336 (1996)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container TS vault	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 William David Taylor 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.

William David Taylor
Signature

Mr William David Taylor
Print Name
5525 Arizona Ave
Address
La Mesa, Ca. 91942
City Zip Code
(619) 463-3908
Telephone

Work Order # E-19413

Invoice # _____

Acct. # _____

PEA-104 (3-04)

This information is available in alternative formats upon request.

E19413

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. TS Vault

		Mary Gilmore	Taylor X	Ishisaki Tsugiyo		

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

Interment space for: George Taylor

Interment Date: MON OCT 10th, 2005 Time: 1:30 (GS)

Div: 10 Sect: ____ Blk/Row: ____ Lot: S 335 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Nauer Date: 10-6-05

E19415
of 25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	WILLIAM	TAYLOR	01/19/1920	10/05/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]SANTEE	SAN DIEGO	WILLIAM DAVID TAYLOR - SON 5425 ARIZONA AVENUE LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY - I-805 & IMPERIAL AVE. SAN DIEGO, CA 92102	FD 843	▶ Deborah King	10/07/2005

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	10/07/2005 D. King]	▶ 2516384

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-10-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	*13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS*	*13B. DATE RECEIVED*	*13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY* ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

pre-need trust

INTERMENT ORDER

City of San Diego

Date 10-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Robert S. Hill Pin # 208614

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 23 Grave 4

Grave space & Care Fund	D-5191 PAID
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	270—
Handling Fees	206—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.—
Sales taxes	20.93
Total Due	1094.93
Paid receipt number R-59278	1094.93
Balance due	0

OCT 0 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. Pin# 229660

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

x Sherry L. Thompson
Signature

x SHERRY L. THOMPSON
Print Name

x 7112 JACMAR AV
Address

x SAN DIEGO 92114
City Zip Code

x 619-264-2841
Telephone

Paulette

Work Order # E-19414

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marvin E. Johnson 229695

in a Liner (Type of Burial Container) Funeral, date, time Tues OCT 11, 2005 2:00 P.M

Church, Chapel, Graveside ; Lorna Belville 295-2177 Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. Tony M. Johnson X

Division 11 Section 1 Blk/Row ____ Lot 87 Grave 3

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$3,536.93
Paid receipt number R-59293	3,536.93
Balance due	0

PAID
OCT 10 2005
MOUNT HOPE CEMETERY

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

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

Tony M. Johnson X
Signature

229696
X Tony Johnson
Print Name
X 247 Tacoma AVE South
Address
X Tacoma 98402
City Zip Code
X 1-253-272-5636
Telephone

Invoice # ____

Work Order # E -19415

Acct. # ____

REA 104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19415

Washington Mutual

(If handwritten, please print in blue or black ink)

1. PARTICIPANT/BENEFICIARY INFORMATION

YOUR NAME

Marvin E. Johnson

REFERENCE ACCOUNT NUMBER* [redacted]

*THESE DISTRIBUTION INSTRUCTIONS APPLY TO THE ENTIRE DEPOSIT IRA WHICH INCLUDES THE ACCOUNT NUMBER REFERENCED ABOVE

MAILING ADDRESS ON DEPOSIT IRA ACCOUNT (Street, City, State, Z

4110 Texas ST. Unit 1, San Diego, CA, 92104

IF YOU ARE A BENEFICIARY, COMPLETE THE FOLLOWING I

NAME OF PARTICIPANT

E19415

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

Liner

		Robert Lewis	#3 X	Josaphus Webb		
			#9 John Scott			

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

Interment space for: MARVIN E JOHNSON

Interment Date: THES OCT 11TH 2005 Time: 2:00 P.M. GS

Div: 11 Sect: 1 Blk/Row: ____ Lot: 87 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/11/05

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59293
E19415

Date: 10-10-05 , 20 ___

From: Merkley Mitchell Address: 3655 5th Ave S.D.

Three Thousand Five hundred Thirty-six 93/100 Dollars ($ 3,536.93)

in Full Payment of AT-Need Services For MARVIN E. Johnson

Div 11 Sec 1 Blk/Row ___ Lot 87 Grave 3

Invoice No. E-19415

Acct. No. ___

W.O. ___

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

3375000601
3375-000603

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.

OCT 1 0 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	452	80
20% Sales Care	77184		
80% Sales	100	1,811	20
of Lots	77184		
Opening/	100	533	00
Closing	77181		
Burial	100	270	00
Containers	77182		
	100	206	00
Handling Fee	77185		
Recording &	100	243	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	20	93
	78390		
TOTAL PAID	$	3,536	93

3375000601

ALDERWOODS GROUP INC.
MERKLEY-MITCHELL MORTUARY
3655 5TH AVENUE
SAN DIEGO, CA 92103
PHONE (619) 295-2177

BANK OF AMERICA
32-1/1110

Two Thousand And 00/100 Dollars

DATE Oct. 10, 2005

AMOUNT $2,000.00

PAY TO THE ORDER OF: Mt. Hope Cemetery

NOT VALID FOR AMOUNTS OVER $2500.00

AUTHORIZED SIGNATURE

⑈3375000601⑈ ⑆111000121⑆ 375 631 8922⑈

3375000603

ALDERWOODS GROUP INC.
MERKLEY-MITCHELL MORTUARY
3655 5TH AVENUE
SAN DIEGO, CA 92103
PHONE (619) 295-2177

BANK OF AMERICA
32-1/1110

DATE 10/10/2005

AMOUNT

ONE THOUSAND FIVE HUNDRED THIRTY-SIX DOLLARS AND 93/100**********$1,536.93

PAY TO THE ORDER OF:
MT. HOPE CEMETERY
3751 MARKET ST
SAN DIEGO, CA 92102

NOT VALID FOR AMOUNTS OVER $2500.00

AUTHORIZED SIGNATURE

RE: JOHNSON, MARVIN

E19415

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARVIN	EUGENE	JOHNSON	08/20/1930	10/04/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TONY JOHNSON (SON) 247 TACOMA AVENUE #307 TACOMA, WA 98402

7A. TYPED NAME AND ADDRESS OF 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]	10/07/2005

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO 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. K. CONRAD 10/07/2005	▶ 2516423

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10/11/05	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.

MT. HOPE CEMETERY

Disinterment **INTERMENT ORDER**

City of San Diego

Date 10/6/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLY GABRIEL 153541

in a Liner (Type of Burial Container) Funeral, date, time Friday Oct 21 9:00

Church, Chapel, Graveside _____ ; El Camino Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 587-

will be applied and billed to undersigned. _____

Division 10 Section n/a Blk/Row n/a Lot 1500 Grave n/a

Grave space & Care Fund PAID

Overtime/Late Arrival Fees

Opening/Closing & Setup OCT 12 2005

Burial Container

Handling Fees MOUNT HOPE CEMETERY

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees Disinterment fees 1887.00

Sales taxes

Total Due 1887.00

R-59287 160.00

CDL 4524077 4-06

Paid receipt number Mastercard 1727.00

Balance due 1727.00

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

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

Signature

Paulette

CHRISTINE PAPOUSEK
Print Name

6988 WELLER ST.
Address

SAN DIEGO, CA 92122
City Zip Code

858-453-7714
Telephone

Invoice # _____

Work Order # E - 19416

Acct. # _____

REA-104 (3/04)

This information is available in alternative formats upon request.

Employees: norman / Ken
Disinterment Ferguson / Collins

Printed on recycled paper

E19416

Beech Liner

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		Hanson	Barnes	Gesen		
		Downs	X	Henton	Henton	
		Pargo	Cooley			

Blind Check Initiated By: Paulette Date: 10 18

Interment space for: Elly Gabriel (Disinterment)

Interment Date: 10/21/05 Time: 9:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1500 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Moniz Date: 10-19-05

E 19416

THE CITY OF SAN DIEGO

AUTHORIZATION OF APPROVAL FOR DISINTERMENT OF:

Elly Gabriel

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Elly Gabriel 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 Elly Gabriel 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 Elly Gabriel is identified as: Division 10 Section n/a" Lot 1500 Grave "n/a"

We acknowledge that we have been advised that the remains of (insert name) may not be present and/or intact.

SIGNATURE(S)	RELATION TO DECEASED
	CHRISTINE PAPOUSEK daughter-in-law
	EVA BURLESON granddaughter

John Crepeau
WITNESSED BY

Oct. 12, 2005
DATE

17459C

DHS 163702

S163702 (06/04)

E19416

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 67

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELLY	-	GABRIEL	04/05/1908	11/18/1975	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	CHRISTINE PAPOUSEK-DAUGHTER 6988 WELLER ST. SAN DIEGO, CA 92122

7A. TYPED NAME AND ADDRESS OF 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-SORRENTO VALLEY CHAPEL 5600 CARROLL CANYON RD. SAN DIEGO, CA 92121	FD-1260	▶ Carla Grier	10/10/2005

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/10/2005 C GRIER	2516471 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 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 EL CAMINO MEMORIAL PARK 5600 CARROLL CANYON RD. SAN DIEGO, CA 92121	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 CREMATED REMAINS POSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

Transfer fee

City of San Diego

Date 10/7/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Transfer from Papousek to Lugo, Manuel David Pin# 229706

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 10 Section _____ Blk/Row _____ Lot 1500 Grave _____

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing Transfer Fees / Deed	60.00
Sales taxes	—
Total Due	60.00
Paid receipt number R-59288	60.00
Balance due	Ø

PAID

OCT 07 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

Manuel D Lugo
Print Name

3431 Park Blvd #305
Address

San Diego, CA 92103
City Zip Code

(619) 297-2865
Telephone

Invoice # _____

Work Order # E -19417

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

AT-Need
(NON-Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-07-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Clark (X) 229721

in a No Ash Vault Reg (Type of Burial Container) Funeral, date, time Thurs OCT 20, 2005 11:00

Church, Chapel, (Graveside) ; CA Burial Martin 234-3272 Mortuary.

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

Division 8 Section 4 Blk/Row Lot 465 Grave

Grave space & Care Fund	$566.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container NO Vault Reg	0
Handling Fees	0
(Flower vases) – Marker setting fee gal WO#4656	43.47
Recording/Filing/Transfer Fees	$85.00
Sales taxes	0
Total Due	$893.47
Paid receipt number pd by M/C	893.47
Balance due	0

PAID
OCT 07 2005
MOUNT HOPE C

I hereby certify I am the Daughter 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.

229722

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

Signature: Toni McClear X

X Toni McClear
Print Name

X 5245 Wood Street Apt P
Address

X CA MESA CA 91941
City Zip Code

X 619-464-1268-02.
Telephone (619) 571-7790.

Invoice #

Work Order # E -19418

Acct. #

REA 104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19418

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. No Ash Vault

			#465 X			
			#474			
		#480 Harris				

Blind Check Initiated By: Sandra Date: 10-13-05

Interment space for: Willie Clark (X)

Interment Date: Thurs OCT 20,05 Time: 11:00(GS)

Div: 8 Sect: 4 Blk/Row: ____ Lot: 465 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 10-13-05

E19418 page 10

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

4892-03

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
WILLIE	JEFF	CLARK	06/24/1935	10/06/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LaSHERRY GRANGER-DAUGHTER 2385 GROVE AVE. #7 SAN DIEGO CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO CA 92115	FD-1357	▶ [signature]	10/11/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/13/2005 V MITCHELL	▶ 2516702

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 10-20-05	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 10/14/05	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.

E19418

need to put in next

[redacted] 4656

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY – WORK REQUEST

Date: 10-20-05 Submitted By: Sandra

Name of Contact Person: Tonia

Address: _____ Apt./ Space: _____

City: _____ State: _____ Zip Code: _____

Telephone: 619 571-7790 Relationship to Deceased: _____

Name of Deceased(s): Willie Clark

LOCATION:

Div: 8 Sect: 4 Row/Blk: _____ Lot: 465 Gr: _____

pd by mc

- ☐ Raise / Level / Reseed / Resod Grave
- ☐ Raise / Lower / Level Marker
- ☑ Install Galvanize Flower Can
- ☐ Install Trion Flower Vase
- ☐ Install Foundation Size _____
- ☐ Install Border with ____ Vase(s) / without
- ☐ Install Government Marker – Bronze / Granite
- ☐ Install Marker(s) – as indicated below
- ☐ Other Special Instructions: _____

Work Completed By: _____ Date: _____

Work Signed Off By: _____ Date: _____

REA-110 (1-04)

E19419

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-need
Public Guardian
case/Estate Burial

Date 10-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carmela Mascola Pin # 134008

in a Liner (Type of Burial Container) Funeral, date, time weds Oct 12, 05 10:00

Church, Chapel, Graveside Delivery only: CA Burial Mortuary. 234-3272 Janette

All Funeral cars must arrive 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 164 Grave 3

Grave space & Care Fund E-17835 (2003)	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
Public Guardian Fax 858 495-5127 Total Due	0
Greg Brown Paid receipt number _____	0
RIO E-17835 Balance due	0
1-858-694-3508	

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-19419

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19419

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed Public Guardian Case

134008

Date 6/12/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Carmela Mascola

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 164 Grave 3 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-56360	$1664.73
Balance due	Ø

PAID
JUN 13 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Public Guardian
Greg Brown
858-694-3508

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

Case no. 200115876

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

_____
Signature of recorded holder of deed

Probate no. P 179892

Paulette

Work Order # E 17835

See copies of reciept

Signature

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
Public Guardian
Case

Date 10-10-05

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

in a Liner (Type of Burial Container) Funeral, date, time weds oct 12 05 10:00

Church, Chapel, Graveside Delivery Only CA Burial 234-3272 Janette Monuary

All Funeral cars must arrive 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 164 Grave 3

Grave space & Care Fund	E-17835 (2003)	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		0
Balance due		0

Public Guardian Fax 858 495-5127
Greg Brown
R10 E-17835
1-858-654-3508

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 [signature]

X Print Name
X Address
X City Zip Code
X Telephone

Public Administrator
Public Guardian
5201-A Ruffin Road
San Diego, California 92123

Invoice # _____

Work Order # E -19619

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19419

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

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

		Tree	#3 X		#5 Dorothy Moore	Jimmie #6 Robinson
			#9 Alberto Picaso	#10 Michael Rosen		

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

Interment space for: Carmela Mascola

Interment Date: weds OCT 12, 05 Time: 10:00 (Delivery only)

Div: 12 Sect: 1 Blk/Row: ____ Lot: 164 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 10/11/05

Flagged

E19419

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 93

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CARMELA	-	MASCOLA	08/17/1912	09/24/2005	F

[redacted]TY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]HULA VISTA	SAN DIEGO	GREGORY BROWN CONSERVATOR 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO CA 92115	FD-1357	▶ [signature]	09/30/2005

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	10/03/2005	V MITCHELL ▶ 2516075

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 CA 92102	11B. DATE BURIED 10-12-05	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 ▶
[redacted] AT SEA OR [redacted]SPOSITION OTHER [redacted]HAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

~~In Grave of~~ ~~Reynard Moore Jr.~~ Total of 16 Chairs

Date 10/10/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Job Allison (Infant) 229716

in a D Liner "B" (Type of Burial Container) Funeral, date, time Thurs. Oct. 13 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 9 Section 1 Blk/Row _____ Lot 2611 Grave B

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 35" L x 11" W x 13" L	178.00
Burial Container O Liner [redacted]	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-59295	527.67
Balance due	Ø

PAID OCT 11 2005 MOUNT HOPE CEMETERY

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

133983

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

x Andrea N Allison
Signature

x Andrea Allison
Print Name

x 6169 Wunderlin Ave
Address

x SD 92114
City Zip Code

x 619-255-7699
Telephone

Paulette

Work Order # E-19420

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19420

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.

			Pearman			
			X			

Blind Check Initiated By: Paulette Date: 10/12

Interment space for: Job Allison (Infant)

Interment Date: 10/13/05 Time: 11:00 GS

Div: 9 Sect: 1 Blk/Row: ____ Lot: 2611 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

E19420

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 1 Day

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOB	-	ALLISON	10/06/2005	10/07/2005	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	ARTHUR ALLISON-FATHER 6169 WUNDERLIN 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
CALIFORNIA BURIAL CHAPEL, 2200 HIGHLAND AVE NATIONAL CITY CA 91950	FD 1689	▶ Cudella Russ	10/12/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/12/2005 C RUSS	2516580 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10-13-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Harvey L. Farber	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

E19920

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOB	-	ALLISON	10/06/2005	10/07/2005	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	ARTHUR ALLISON-FARRER 6169 WUNDERLIN 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 using permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL, 2200 HAGHLAND AVE NATIONAL CITY CA 91950	FD 1689	▶ Arthur Russ	10/12/2005

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	10/12/2005 C RUSS	2516580 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 10-13-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Harvey L. Farrer
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 10/11/05

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

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. _____

11/14/05

Division 12 Section 1 Blk/Row _____ Lot 60 Grave 7

Per Greg family

Paid

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93

Greg Brown P.A.
FAX 858-495-5127
858-694-3508

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.

Print Name _____

Address _____

Signature _____

City _____ Zip Code _____

Telephone _____

Paulette

Work Order # E -19421

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need
IDT & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/11/05

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

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. _____

11/14/05 VOID! Per Greg Brown hasn't enough family money.

Division 12 Section I Blk/Row _____ Lot 60 Grave 9

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number	
Balance due	

P.A. Greg Brown fax 858-495-5127

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

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

_____
Signature

Print Name _____

Address _____

City _____ Zip Code

Telephone _____

Paulette

Work Order # E -19422

Invoice # _____

Acct. # _____

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 12 chairs

Date 10/11/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jack Asimovic 229720 FRI OCT 14th 1:00

in a T.S. Vault (Type of Burial Container) Funeral, date, time ~~SAT OCT 15, 2005~~

(Church), Chapel, Graveside : Clairemont Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned.

Division IOOF Section (Blk/Row) 21 Lot 1 Grave 2

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees ~~SAT Fee Refund~~	~~851.00~~
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	4358.51
Paid receipt number (2) Mastercards	4358.51
(1) Visa Balance due	0

PAID

OCT 11 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.

Pin # 229703

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

Nancy Morris
Print Name

9696 Oviedo St.
Address

San Diego CA 92129
City Zip Code

858-538-4183
Telephone

Signature

Res. CDL C0984785 11-7-09

Invoice # _____

Work Order # E -19423

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19423

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 11-07-09

C0884785

CLASS: C



JACK ASIMOVIC
3970 MT ABRAHAM AVE
SAN DIEGO CA 92111



SEX:M
HT:5-10
HAIR:BLK
WT:180
EYES:BLK
DOB:11-07-44

09/30/2004 23S RB FD/09

E 19423

Vera Rakic
270-1108 (858)

Robert Asimovic
(858) 538-0158

Type names on legal disc card

E 19423

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.

		Stenseth	Bridgham	Bridgham		
			X			
			Dining			

Blind Check Initiated By: Paulette Date: 10/11

Interment space for: Jack Asimovic

Interment Date: ~~Sat OCT 15~~ Fri. OCT 14th Time: 1:00 Church

Div: IOOF Sect: ____ Blk/Row: ____ Lot: 1 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Warren Date: 10-12-05 Flag

E19423

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JAKUP	-	ASIMOVIC	11/07/1944	10/10/2005	M

CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NANCY MORRIS - DAUGHTER 9696 OVIEDO STREET SAN DIEGO, CA 92129

7A. TYPED 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
CLAIREMONT MORTUARY, 4266 MT. ABERNATHY AVE. SAN DIEGO CA 92117	FD 1126	▶ Debra King	10/13/2005

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	10/13/ 2005 D. King	▶ 2516668

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-14 05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Mike Lee
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

(2) Pre-need lots

Date 10/11/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Asimovic family

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division IODF Section _____ Block (2) 21 Lot 1 Grave 1 & 3

Grave space & Care Fund 2 @ 2264.00 = 4528.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID

OCT 11 2005

MOUNT HOPE CEMETERY

Total Due 4528.00

(3) Master card 4528.00

Paid receipt number (1) USA

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.

Pin 229703

I hereby authorize the interment in lot I hold under deed.

Signature

verified Resident

Nancy Morris
Print Name

9696 Oviedo St.
Address

San Diego CA 92129
City Zip Code

858-538-4183
Telephone

Paulette E -19424
Work Order #

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT-need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-11-55

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Willard Wise 229709

in a Liner (Type of Burial Container) Funeral, date, time Sat Oct 15, 9:00 A.M.

Church, Chapel, Graveside ; Greenwood Gabriel Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. Guan Ying Wise X

Division 11 Section 2 Blk/Row _____ Lot 139 Grave 4

Grave space & Care Fund		0
Overtime/Late Arrival Fees	SAT. Fees	$1 851.00
Opening/Closing & Setup		$ 533.00
Burial Container	Liner	270.00
Handling Fees		206.00
Flower vases – Marker setting fee	pd additional $14.00 to get a bronze marker R-59307	178.00
Recording/Filing/Transfer Fees	(192.00)	65.00
Sales taxes		20.93
Total Due		$1 2,123.93

PAID
OCT 11 2005
MOUNT HOPE CEMETERY

Paid receipt number R-59296 $2,123.93

Balance due 0

I hereby certify I am the Wife 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.

229710

I hereby authorize the interment in lot I hold under deed.

Guan Ying Wise X
Signature

X GUAN YING WISE
Print Name

X 2473 Bartel Street
Address

X San Diego CA 92123
City Zip Code

X (858) 560-0384
Telephone

Invoice # _____

Work Order # E-19425

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19425

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Liner

			#4 X			
	#8 Yung Sheng Zhang		#10 Lam Yee Lai			

Blind Check Initiated By: Sandra Date: 10-11-05

Interment space for: Raymond Willard Wise

Interment Date: SAT OCT 15, Time: 9:00A Chapel

Div: 11 Sect: 2 Blk/Row: Lot: 139 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 10-12-05

Flagged

E 19425
67

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
[redacted]YMOND	WILLARD	WISE	01/12/1938	10/10/2005	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	GUAN Y. WISE - WIFE 2473 BARTEL STREET SAN DIEGO, CA 92123

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 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [signature]	10/12/2005

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	10/13/2005 D. King	▶ 2516696

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-15-05	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.

E19425 PROOF OF Residents

美國山姐咕埠中華會館

Chinese Consolidated Benevolent Association

0951

428 THIRD STREET

SAN DIEGO, CALIF., U. S. A.

華人墓園籌款委員會
聖地牙哥市
鑑印款捐
Chinese Cemetery Financing Committee

DATE April 2005

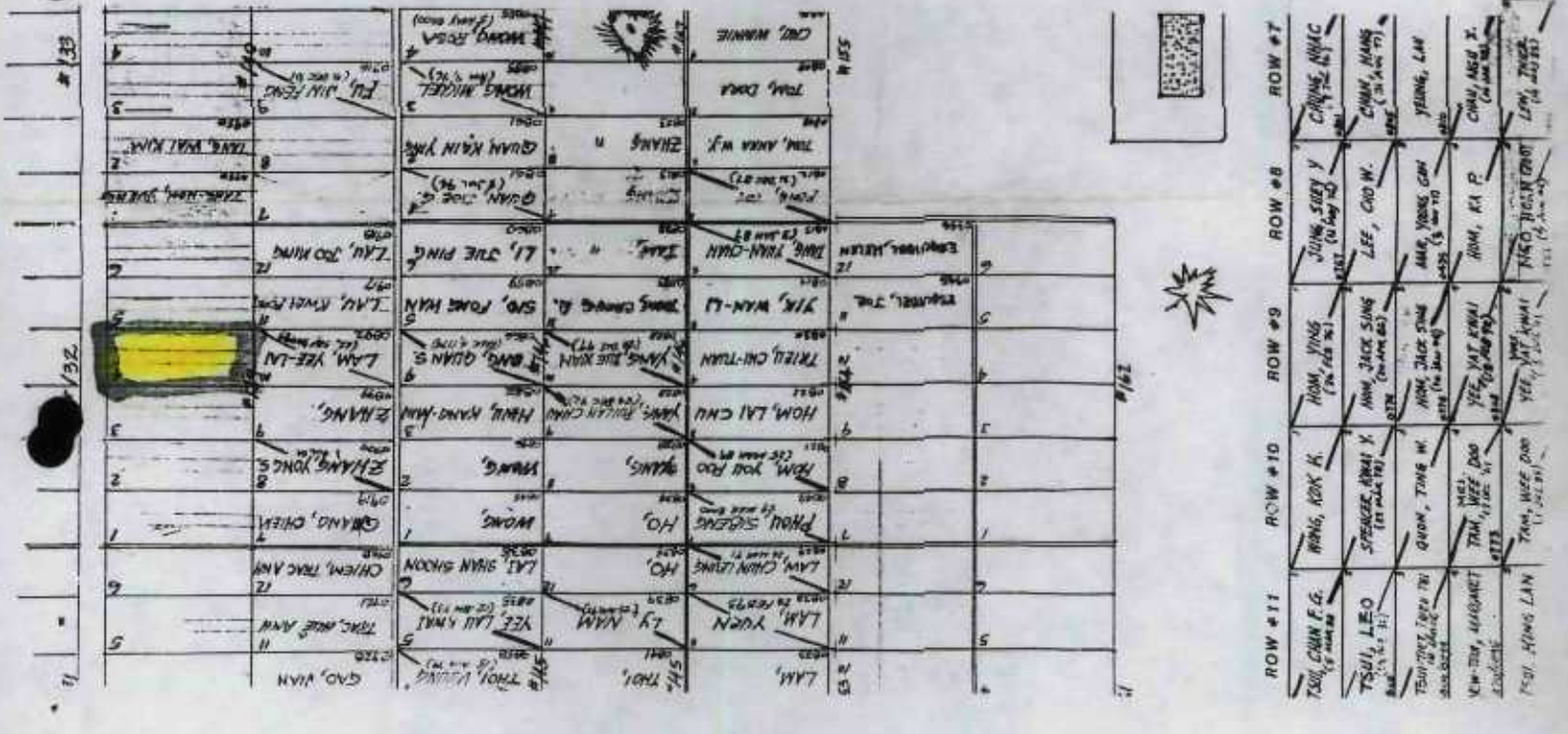
姓名 MR. WISE, RAYMOND W.

住址 2473 BARTEL STREET, SAN DIEGO, CA

經費 DIVISION #11 LOT #139
SECTION #2, Chinese Area GR #4 $50.00

收款人簽名 Albert Wong, CCBA Coordinator

美國中華會館



E19425

MOUNT HOPE CEMETERY (CHINESE AREA)

Date: 5 April 2005

The undersigned hereby requests and authorizes the interment of the remains of

Mr. Wise, Raymond W (NAME) in Lot #139, Gr #4, Row —, Sec. CHINESE, Section #2 Block/Division #11 **in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability and account of said authorization and interment.**

Signature of relative or legal representative	**Address & relationship to deceased or authority to sign authorization**

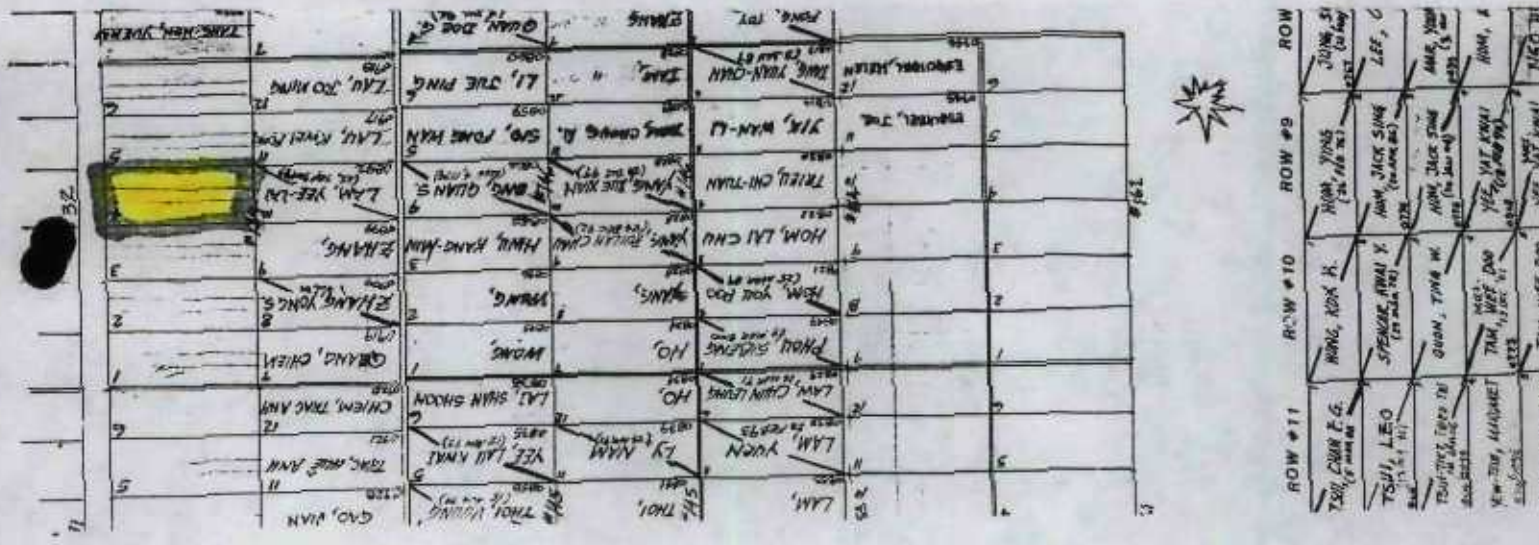
(Signature)

Albert Wong Cross Country

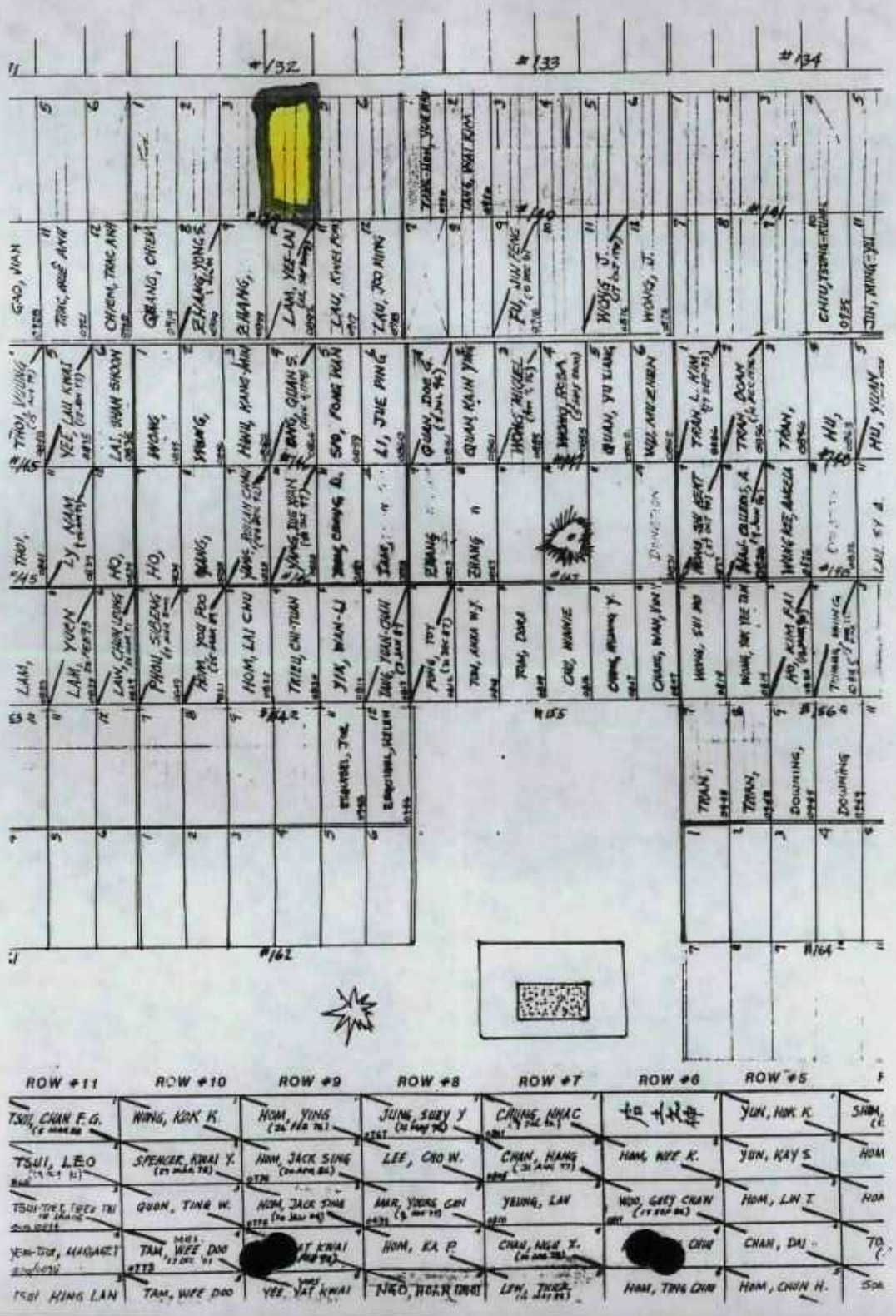
(Print name & title)

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc., Owners.

Receipt #0951



E19425



Division #11
Section #2
Chinese Area

LOT #139
GR #4

Mr. Raymond WISE

Pre-Need (Res) trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cair Houry 229694

in a Muslim Slab (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 $ 213.00 will be applied and billed to undersigned. Cama Mansour X

Lot 63 Grave _____ Row _____ Section _____ (Division) Block MUSL

Grave space & Care Fund E-13101 (1996)	—
Additional spaces and care fund	—
Opening/Closing & Setup	$ 533.00
Burial Container ..... Slab	$ 114.00
Handling Fees ..... PAID	—
Flower vases – Marker setting fee	—
Recording and filing fee ..... OCT 14 2005	$ 65.00
Sales taxes	$ 8.84
MOUNT HOPE CEMETERY Total Due	$ 720.84
Paid receipt number R-59316	$ 720.84
Balance due	0

I hereby certify I am the daughter 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.

Cama Mansour X
Signature of recorded holder of deed

X Cama Mansour
Signature
X 6392 Bernadette Ln.
Address
X S.D. CA. 92120
City Zip Code
X (619) 287-8348
Telephone

Invoice # _____

Work Order # E-19426

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E19426

DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 12-30-12

CS 112995



CAIR HOURY
7855 CONLES MTN CT #21
SAN DIEGO CA 92119



SEX:F HAIR:BLN EYES:BRN
HT:5-04 WT:150 DOB:12-30-19

cair Houry

05/15/2003 669 23 FD/12

E 19426

12083

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

C.M.

Cair Houry

OWNERSHIP AND INTERMENT PRIVILEGES

TO ~~Cair Houry~~ (Paid for by Muslum Assoc. of S.D.) for the sum of $ 550.00 (DOLLARS)

LEGAL DESCRIPTION Grave 63, Muslim Section

AS DESCRIBED ON PURCHASE ORDER NUMBER E-13101

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flat Marker Only allowed, 12" X 24".

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

E-13101

THE CITY OF
SAN DIEGO
3751 Market Street
San Diego, California 92102

Jeanie WAITS

DS-01-96 SAN DIEGO CA 92

527-3400

ED HOURY
PO BOX 421512
SAN DIEGO CA 92142

AUTO

led paper

AT-Need
(NON-RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ozette Aebi 206340

in a Liner (Type of Burial Container) Funeral, date, time Fri Oct 21, 2005 1:00

Church, Chapel, Graveside ; Frank Jackson 425-9111 Humphey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00 will be applied and billed to undersigned. Fred O. Aebi X

Lot 111 Grave 3 Row ____ Section 1 Division/Block 12

Grave space & Care Fund E-4245	0
Additional spaces and care fund	
Opening/Closing & Setup	$708.00
Burial Container Liner	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	0
Recording and filing fee	85.00
Sales taxes	27.82
Total Due	$1,454.82
Paid receipt number R-59322	$1,454.82
Balance due	0

PAID
OCT 18 2005
MOUNT HOPE CEMETERY

I hereby certify I am the 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.

Fred O. Aebi X
Signature of recorded holder of deed

X Fred O. Aebi
Signature

X 1100 Industrial Blvd Sp. I53
Address

X Chula Vista 91911
City Zip Code

X 619-427-0283
Telephone

Invoice # ____

Work Order # E-19427

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E19427

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

LINER

		MANLEY VICE	#3 X	ESSIE BLAKE		
				#10 DE SOTO		

Blind Check Initiated By: Sandra Date: 10-18-05

Interment space for: Ozette Aebi

Interment Date: FRI OCT 21, 05 Time: 1:00 (GS)

Div: 12 Sect: 1 Blk/Row: ____ Lot: 111 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 10-18-05

7 flagged

E19427

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
OZETTE	-	AEBI	03/03/1918	10/17/2005	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	FRED O. AEBI (SPOUSE) 1110 INDUSTRIAL BLVD. #I-53 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	▶	10/21/2005

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	10/21/2005 SANDRA PENA	2517163 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO: P.O. BOX 85222 SAN DIEGO, CA 92186	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 10-21-5	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.

E19427

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

Nº 11126

OWNERSHIP AND INTERMENT PRIVILEGES

TO Ozette Aebi for the sum of $ 320.00 (DOLLARS)

LEGAL DESCRIPTION Lot 111, Grave 3, Section 1, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-4245

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. *The rights hereby conveyed for interment privileges shall not be relinquished without the consent* of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and *natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment* of the Cemetery. The following type of memorial will be permitted:

Flush marker only

Robert Sutton
Cemetery Manager

Martin Brulan
Property Director

PY-844

E19427

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31578

DATE 3-16 1984

FROM Ozette Aebi ADDRESS 1100 Industrial Blvd. Sp. 153 Chu 92011

Four Hundred Thirty Five Dollars & NO/100 DOLLARS ($ 435.00)

IN Full PAYMENT OF Pre-Need Grave & Court Marker

INSTALLATION

LOT 111 GRAVE 3 ROW SECTION 1 DIVISION 12 ~~BLOCK~~

INVOICE NO. Check

W.O. E-4245

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-212 (REV. 8-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE

PAID
MAR 16 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Sutton

CREDIT 20% SALES CARE	67001 77184	64	00
80% SALES OF LOTS	100 77184	256	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	115	00
SALES TAX	60101 9020		
TOTAL PAID $		435	00

Robert Sutton
Cemetery Manager

Martin Luken
Property Director

PY-884

E 19428

NOT INCLUDED IN THIS SPINDLE

E_19400_E19499

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcia Howse pin# 227640

in a Liner (Type of Burial Container) Funeral, date, time Thurs OCT 20 2005 9:30

Church, Chapel, Graveside : Merkley Mitchell Mortuary. Lorna, 295-2177

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. D Taylor X

Change of Lot OK QT.

Lot 137 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E-18394	0
Additional spaces and care fund	0
Opening/Closing & Setup	0
Burial Container Liner	0
Handling Fees	0
Flower vases -- Marker setting fee ✓ pd E-18394 3-26-04 R-57371	0
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number _____	
Balance due	0

I hereby certify I am the Son X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X D Taylor X
Signature of recorded holder of deed

X David G. Taylor
Signature

X 2019 54th St
Address

X S.D. Ca. 92105
City Zip Code

X D Taylor
Telephone

Invoice # _____

Work Order # E-19429

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E19429

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need paid

Date 3/26/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Marcia Howse 227640

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot ~~164~~ 137 Grave ~~2~~ 9 Row Section 1 Division/~~Block~~ 12

Grave space & Care Fund	985.00
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases - Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57370	1833.20
Balance due	Ø

PAID
MAR 2 6 2004
Paid See R-57371
MOUNT HOPE CEMETERY

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

David G. Taylor 227659

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: David G. Taylor

Address: 2019 54th St.

City: S.D. Ca Zip Code: 92105

Telephone: 619 262 4596

Raulette

Work Order # E 18394

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

LINER

	#1 Gladys Woods			#4 Leona Hooks		
	#7 Teddy Barnett		#9 X	#10 Hosea Hall		

Blind Check Initiated By: Sandra Date: 10-17-05

Interment space for: MARCIA HOWSE

Interment Date: OCT 20, 2005 (Thurs) Time: 9:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 137 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 10/18/05

7 losses

E19429
of 85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
[redacted]RCIA	MARY	HOWSE	02/29/1920	10/15/2005	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 MESA	SAN DIEGO	LUTHER TAYLOR (SON) 6798 AKINS 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 — (Funeral facility permit)	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVE. SAN DIEGO, CA 92103	FD-119	▶	10/20/2005

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
[redacted]	10/20/2005	2517057 SANDRA PENA ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [ ] J. SCIENTIFIC USE
- [ ] E. TEMPORARY 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 10-20-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT- Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Dean Newport 229725

in a TS Vault (Type of Burial Container) Funeral, date, time Friday OCT 21, 2005 11:00

Church, Chapel, Graveside ; Featheringill 583-7511 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned Freda C Newport X

Location verified by spouse

Lot 705 (Grave 1) Row Section 1 Division/Block 8

Grave space & Care Fund	C-3250	0
Additional spaces and care fund		
Opening/Closing & Setup		$533.00
Burial Container	TS Vault	355.00
Handling Fees		$263.00
Flower vases - Marker setting fee	VA(appl) mailed 10/19/05	178.00
Recording and filing fee		65.00
Sales taxes		27.51
	Total Due	$1,421.51
	Paid receipt number pd by m/c	$1,421.51
	Balance due	0

PAID OCT 18 2005 MOUNT HOPE CEMETERY

I hereby certify I am the WIFE 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.

Freda C Newport
Signature of recorded holder of deed

X Freda C Newport 220719
Signature

X 4832-68th Street
Address

X San Diego Ca 92115
City Zip Code

X 619-466-4583
Telephone

Invoice #

Work Order # E-19430

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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E19430

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
NEWPORT WILLIAM D	37 496 020	Sgt	AC	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
561 AAFBU Rosecrans Fld Mo	23 Oct 45	Sep Base LAAF Lincoln Nebr

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
306 E Walnut Nevada Mo	10 Mar 1908	Nevada Mo

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPEND
See 9	Blue	Brown	5'11"	165 LBS.	3

18. RACE			19. MARITAL STATUS			20. U.S. CITIZEN		21. CIVILIAN OCCUPATION AND NO.
WHITE	NEGRO	OTHER (specify)	SINGLE	MARRIED	OTHER (specify)	YES	NO	
X				X		X		Cabinet Maker 4-32.100

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
5 Jan 43		5 Jan 43	Ft Leavenworth Kans

SELECTIVE SERVICE DATA	26. REGISTERED YES	26. REGISTERED NO	27. LOCAL B.S. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		1	Vernon Co Mo	See 9

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
Ap & Engine Mech 747	AAF Tech Badge with AM Carbine SS

32. BATTLES AND CAMPAIGNS

None

33. DECORATIONS AND CITATIONS

None

FOR CONVENIENCE, A CERTIFICATE OF ELIGIBILITY NO. 15339 Calif 50.. HAS BEEN ISSUED BY THE VETERANS ADMINISTRATION TO BE USED FOR THE FUTURE PROCUREMENT OF LIFE INSURANCE BENEFIT UNDER TITLE III OF THE SOLDIERS AND SAILORS CIVIL RELIEF ACT OF 1940, AS AMENDED, THAT MAY BE AVAILABLE TO THE PERSON TO WHOM THIS SEPARATION PAPER WAS ISSUED. 12-13-50 bm

34. WOUNDS RECEIVED IN ACTION

None

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
4 Feb 44	4 Feb 44	18 Mar 43	See 55		None	

37. TOTAL LENGTH OF SERVICE						38. HIGHEST GRADE HELD
CONTINENTAL SERVICE			FOREIGN SERVICE			
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
2	9	19	0	0	0	Sgt

39. PRIOR SERVICE

None

40. REASON AND AUTHORITY FOR SEPARATION

RR 1-1 & Sec V WD Cir 269 1945

41. SERVICE SCHOOLS ATTENDED

Airplane & Engine Mech

APPLICATION FOR READJUSTMENT ALLOWANCE PUBLIC LAW #346 78th MADE THROUGH Sandiego STATE California DATE 1/6/46

42. EDUCATION (Years)		
Grammar	High School	College
8	4	0

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT			
2	9	19	$ 200.00	$ 100.00	None	$ 15.85	$159.25 HQ BUCK LT COL CD

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			49. HOW PAID		50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO		
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V. A.				Continue	Continue (Only)	Discontinue
X			X		31 Oct 45	30 Nov 45	$7.60	X		

54. RIGHT THUMB PRINT

55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)

Typhus 2 Mar 44
Cholera 2 Mar 44
Yellow Fever 17 Aug 43
Lapel Button Issued

56. SIGNATURE OF PERSON BEING SEPARATED: William D. Newport

57. PERSONNEL OFFICER (Type name, grade and organization - signature): ROBERT C O'BRIEN 2nd Lt Air Corps Robert C O'Brien

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.

E19430

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5/27/1966

2531

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO William D. and Freda C. Newport for the sum of $ 740.00 (DOLLARS)

LEGAL DESCRIPTION Lots 705, 706, 708, and ~~709~~ Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-3250

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

2' X 1' Flush Marker Only

R. H. Dickie RHD
Cemetery Manager

Public Works Director

FORM PW-584

E_19430

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 97

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	Dean	Newport	03/10/1908	10/15/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Freda Newport (Spouse) 4832 68th Street 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
Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115	FD-1083	▶ M Dom	10/17/2005

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	10/18/2005 N. Dominguez	2516870 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 10-21-5	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.

E19430

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.

TS vault

		#704 Bernice Morris	#705 X		#707 Larry Newport	

Blind Check Initiated By: Sandra Date: 10-18-05

Interment space for: William Newport

Interment Date: Friday Oct 21, 05 Time: 11:00

Div: 8 Sect: 1 Blk/Row: ____ Lot: 705 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 10-19-05

Flagged

E 19430

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 03-10-07

B1096097

CLASS: C



WILLIAM DEAN NEWPORT
4832 68TH ST
SAN DIEGO CA 92115

SEX:M HAIR:BRN EYES:BLU
HT:5-11 WT:162 DOB:03-10-08

RSTR: CORR LENS 06 07

W D Newport

03/18/2005 669 42/12 FD/08

Low from Assist.

AT-Need
(Res)
1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Loretta Calhoun 229737

in a DD Crypt "A" Type of Burial Container Funeral, date, time Sat OCT 22, 2005 11:00

Church Chapel, Graveside ; Bishop 466-4462 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00X will be applied and billed to undersigned. Michelle Powe X KFJ KFJ

Lot 17 Grave 1 Row Section 2 Division Block 7311

Grave space & Care Fund	$ 4,132.00
Additional spaces and care fund Sat Fee	851.00
Opening/Closing & Setup	266.50
Burial Container DD crypt "A"	269.50
Handling Fees	227.00
Flower vases – Marker setting fee	0
Recording and filing fee	32.50
Sales taxes	20.88
Total Due	$ 2,799.38
Paid receipt number pd by Visa	2,799.38
Balance due	0

PAID
OCT 19 2005
MOUNT HOPE CEMETERY

I hereby certify I am the daughter 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.

Crystal Ransone
Signature of recorded holder of deed

c/o Purchaser Michelle Powe 229738

Work Order # E-19431

229737
X Crystal Ransone
Signature
X 9076 Blokview Ln
Address
X Spring Valley 91977
City Zip Code
X (619) 644-9151
Telephone

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

Arrival Time 1:30 - 2:00
Church in Linda Vista

E19431

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 01-23-10

C1829982



LORETTA CALHOUN
3628 MONROE AVE APT 9
SAN DIEGO CA 92116

SEX:F HAIR:BLK
HT:5-03 WT:188



DOB:01-23-43

Loretta Calhoun

03/01/2004 586 18 FD/10

E1943

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 09-26-88

B4968752

CLASS: C



MICHELLE POWE
754 PIDGEON ST
SAN DIEGO CA 92114

SEX:F HAIR:BLK
HT:5-05 WT:185

EYES:BRN
DOB:09-26-61

DONOR

Michelle Powe

08/22/2003 Z35 MB FD/88

E19431

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. DP Crypt

			#1 X LOT 17			
			#7	#8 TOMMY DAWSEY	#9	#10 Billie Bishop

Blind Check Initiated By: Sandra Date: 10-20-05

Interment space for: Loretta Calhoun

Interment Date: SAT OCT 22 Time: 11:00 Church

Div: II Sect: 2 Blk/Row: ____ Lot: 17 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: 10-20-05

Flagged

E19431

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

age 67

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
[redacted]oretta	-	Calhoun	01/23/1943	10/16/2005	F

[redacted]Y OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Crystal Ransome, Daughter 9076 Berkview Lane 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
Bishop Mortuary 3444 Citrus Street, Lemon Grove, CA 91945	FD-1673	▶ [signature]	10/20/2005

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	G. Mitchell 10/20/2005	▶ 2517086

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
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- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'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 10 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 [redacted]SPOSITION OTHER [redacted]W. IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

E19431

10/18/2005 00:09 619 531 2746 OB REC. CENTER → 18906 NO. 9

EP-07-04 TUE 09:54 AM RESOURCE CEN & AQUA OFC FAX 619 533 6741 PAGE 2

THE CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT
"WE ENRICH LIVES THROUGH QUALITY PARKS AND PROGRAMS"

FEE WAIVER FORM

Participant fees are charged so that we are able to keep the programs available to the public. Fee waivers are meant for thos who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

☐ Check here if you cannot afford the program fee but are able to contribute a small amount to the scholarship fund so th more children can participate in the programs. $ _____ (amount of donation).
☐ Cash ☐ Check Please make your check payable to: San Diego Friends of Parks and Recreation Foundation or
[redacted] Recreation Council.

Please waive the fees for Loretta Calhoun (activity)

Total fee: $ _____

NAME OF PARTICIPANT: Loretta Calhoun AGE: 62
ADDRESS: 3628 Monroe Ave Apt. 9 San Diego CA PHONE: (619) 644-9151

CLASS/ACTIVITY LOCATION: _____ DATE: 10/19/2005 TIME: _____

~~QUARTER: (Circle one)~~ ~~FALL~~ ~~WINTER~~ ~~SPRING~~ ~~SUMMER~~ ~~YEAR~~ _____

SIZE OF FAMILY (Check one)

		Annual Income			Annual Income
[redacted]	1	_____	$12,950	4	_____	$35,970
	2	_____	$21,230	5	_____	$42,450
	3	_____	$29,140	6	_____	$49,640

For larger families, add $7,190 per additional member. (Not all Park and Recreation programs are eligible for low income waivers.) Please submit your current Internal Revenue Service (IRS) tax return, Health and Human Services - Notice of A (dated within 30 days), or Social Security - Award/Benefit Letter.
I hereby certify that my family's economic situation falls under the category checked, and I reside in the City of San Diego

Crystal Karsome DATE: 10/19/05
HEAD OF HOUSEHOLD

Proof of Residency: ☐ Valid California Driver's License/Identification Card displaying City of San Diego address and [redacted] of the following: ☐ current utility bill, ☐ current monthly checking statement, ☐ rental/lease agreement and curr [redacted]nth rent receipt, ☐ property tax statement, ☐ active duty military identification card, ☐ retired military identificatic card.

_____ DATE: ___/___/___
APPROVED BY

Current IRS Tax Retu
verified on:
DATE: ___/___/___
Approved by

Rev. 7/04

E19431

Good Neighbors
San Diego
Housing Commission

- 1625 Newton Avenue
- San Diego, California 92113-1038
- 619/231 8833
- FAX: 619/578 7370
- www.sdhc.net

RENTAL ASSISTANCE PROGRAM
NOTICE OF FAMILY OBLIGATIONS

THE FAMILY MUST:

A. Supply any information that SDHC or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. "Information" includes any requested certification, release or documentation.

B. Supply any information requested by the SDHC or HUD for use in regularly scheduled reexamination or interim reexamination of family income and composition.

C. Disclose and verify Social Security numbers and must sign and submit consent forms for obtaining information.

D. Supply true and complete information.

E. Be responsible for a Housing Quality Standards breach caused by the family.

F. Allow the SDHC to inspect the unit at reasonable times and after reasonable notice.

G. Notify the SDHC and the owner in writing at least 30 days before the family moves out of the unit or terminates the lease.

H. Give/mail the SDHC a copy of any owner eviction notice within ten (10) days from receipt of the notice.

I. Use the assisted unit for residence by the Family. The unit must be the Family's only place of residence.

J. Report to SDHC the birth, adoption or court awarded custody of a child, except for foster children, within ten (10) days of the change. The Family must request in writing, SDHC approval to add any other family member, including foster children or live-in-aide as an occupant of the unit PRIOR to moving into the assisted unit.

K. The Family must notify SDHC in writing within ten (10) days if any family member no longer resides in the unit.

L. Ensure that if the family engages in legal profit making activities in the unit, that such activities are incidental to primary use of the unit for residence by members of the family and the property owner approves.

M. Supply information or certification to verify that the family is living in the unit or relating to the family's absence from the unit. if the absence will be for more than 30 days, the family must notify the SDHC in writing within ten (10) days from their absence.

THE FAMILY MUST NOT:

N. Commit any serious or repeated violation of the lease (such as non-payment of rent or violent criminal or drug activity.

O. Sublease, assign the lease or transfer the unit.

P. Own or have any interest in the unit.

Q. Engage in drug related criminal activity or violent criminal activity.

R. Receive another housing subsidy for the same unit or a different unit.

S. Commit fraud, bribery, or any other corrupt or criminal act in connection with the Rental Assistance Program. This includes making "side payments" or "under the table" payments with the owner.

By signing this form I/We certify that I/We have read and understand all my Family Obligations under the Rental Assistance Program. I/We certify that **ALL** household members, whether adults or minors, must follow the above program rules and regulations. Failure to follow them may result in the termination of my Rental Assistance eligibility. All adult household members, age 18 years and older must sign and date this form.

X _____ Date: _____

X _____ Date: _____

X _____ Date: _____

X _____ Date: _____

Translator Certification: I Certify that I,_____ translated the above information.

_____ ____/____/____
Signature Date

E 19431

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: March 5, 2005
Claim Number: 179-34-7046 DI

954 CMP3,M02,349,087785 000087785 01 AT 0.292

LORETTA CALHOUN
3628 MONROE AVE
APT 9
SAN DIEGO CA 92116-3671

Type of Payment
Individual--Disabled

We are writing to tell you about changes in your Supplemental Security Income payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are only changing your payments for future months. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
April 1, 2005	Continuing	$812.00 This includes $233.00 from the State of California.

Why Your Payments Changed

Your SSI includes money from the State of California. Your State changed the amount of money it tells us to pay its residents. Therefore, we will increase your State payment amount for April 2005.

Information About Your Payments

Your regular monthly check of $812.00 will be sent to your bank or other financial institution about the first day of April 2005.

See Next Page

You Can Review The Information in Your Case

The decisions in this letter are based on the law. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Any Questions."

Things To Remember

Would you like to work? If so, you should know about special Supplemental Security Income (SSI) rules. These rules can help you keep Medicaid and may help you keep getting some SSI even though you are working. The enclosed fact sheet tells you more about special SSI rules for people who work.

If You Disagree With The Decision

You do not have the right to appeal the State's decision to change payments for its residents.

However, if you disagree with the way we figured your payment, you may appeal this part of the decision. We will review your case and consider any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

E 19431

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: November 25, 2001
Claim Number: 179-34-7046 DI

954
LORETTA CALHOUN 488
4440 32ND ST
APT 1
SAN DIEGO CA 92116-4506

We are writing to tell you about changes in your Supplemental Security Income payments. The rest of this letter will tell you more about this change.

Information About Your Payments

- The amount due you beginning January 2002 will be $750.00. This amount includes $205.00 from the State of California.
- The amount due you is being raised because the law provides for an increase in Supplemental Security Income payments in January 2002 if there was an increase in the cost-of-living during the past year.

Things To Remember

- You may use this letter when you need proof of your SSI payment amount for other assistance programs such as rent subsidies, energy assistance, medical assistance, bank loans, or for other purposes. However, if you get another letter saying your SSI payment is changing again, use that letter instead.
- We may share information about you with other government agencies that pay benefits. Agencies use such information to see if a person qualifies for benefits. We sometimes use computer matching to share information and compare our records with those of other Federal, State, or local government agencies. The law allows us to use computer matching even if you do not agree.

If You Disagree With The Decision

If you disagree with the decision, you have the right to appeal. We will review your case and consider any new facts you have.

- You have 60 days to ask for an appeal.

See Next Page

- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

For general information about SSI, visit our website at www.ssa.gov on the Internet. There, you will also find the law and regulations about SSI eligibility and SSI payment amounts.

For general questions about SSI or specific questions about your case, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-619-557-5257. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SUITE 1265
880 FRONT STREET
SAN DIEGO CA 92101

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

12 CHAIRS

Date 10/20/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BEATRICE JOHNSON 225804

in a DBL DEPTH "B" Type of Burial Container Funeral, date, time Wed. Oct 26 11:00

Church, Chapel, Graveside Good Samaritan church : 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 11 Section 2 Blk/Row _____ Lot 64 Grave 6

Grave space & Care Fund E-6828/E-7960	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup "	—
Burial Container "	—
Handling Fees "	—
Flower vases – Marker setting fee N/A	—
Recording/Filing/Transfer Fees "	—
Sales taxes "	—
Total Due	—
Paid receipt number N/A	—
Balance due	—

Rose Allmon
CONTACT PERSON
(619) 264-6566

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.

Rose M. Allmon
Signature

Rose M. Allmon
Print Name

1806 Tilden St.
Address

San Diego, Ca. 92102
City Zip Code

619 264-6566
Telephone

Paulette

Invoice # _____

Work Order # E-19432

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19432

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Marker on grave 12 x 30 w/ mr. & mrs thurmans name recds Death date

			OBO200			
	Celestine	Clewis	X	Pounds SR		
	Gilmore			Faniel	nelson	

Blind Check Initiated By: Paulette Date: 10/24

Interment space for: Beatrice Johnson

Interment Date: 10/26/05 Time: 11:00 CHURCH

Div: 11 Sect: 2 Blk/Row: ____ Lot: 64 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DARKE/1 Date: 10-24-05

E 19432

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
LAURA	BEATRICE	JOHNSON	08/12/1915	10/18/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ROLAND	ARKANSAS	ROSE ALLMON - DAUGHTER 1806 TILDEN 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
EL CAMINO MEMORIAL CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113	FD670

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 10/25/2005

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/25/2005 E GALVEZ	2517297 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	VITAL RECORDS PO BOX 85222 SAN DIEGO CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 10-26	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.

Quit claim
Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Transfer From Marie D. Collins To Mr. H. W. Ragsdale, III

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 161 Grave 5

Grave space & Care Fund	PAID
Overtime/Late Arrival Fees	
Opening/Closing & Setup	NOV 22 2005
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	MOUNT HOPE CEMETERY
Recording/Filing Transfer Fees	$65.00
Sales taxes	
Total Due	$65.00
Paid receipt number pd by visa	$65.00
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.

X Maxine Starks
Signature

X Maxine Starks
Print Name

X 20802 Cave Creek Road #50
Address

X Phoenix, AZ 85024
City Zip Code

X (602) 971-5420
Telephone

Work Order # E-19433

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Quit claim
Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-22-05

collins
Pin# 207306

Ragsdale
Pin# 215868

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Transfer From Marie D. Collins To Hartwell W. Ragsdale III

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 161 Grave 5

PAID

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

NOV 22 2005

Opening/Closing & Setup ..... _____

Burial Container ..... _____

MOUNT HOPE CEMETERY

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing Transfer Fees $65.00

Sales taxes ..... _____

Total Due $65.00

Paid receipt number pd by visa $65.00

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.

X _____
Signature

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

see attach for signature

Invoice # _____

Work Order # E-19433

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19433

MT. HOPE CEMETERY- CITY OF SAN DIEGO
DECLARATION OF RIGHT TO INTER

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 12 Section 1 Lot 161 Grave 5

2. My legal authority to the above property is based on the following facts: I am the legal heir to Marie D. Collins. I am her daughter & legal next of Kin.

3. I have presented the following evidence to support the above facts. Receipt of purchase from Mt. Hope Cemetery.

DL

Rev. 08/05

E19433

FOR OFFICE USE ONLY

Witnessed:

Signed on _____, _____ in _____
(Date) (City)

Signature _____ Print Full Name _____

Documents Presented:

_____

_____

_____

Processed by: _____

Approved by Cemetery Manager: _____

Transfer allowed: Yes _____ **No** _____

If no, reason:

_____

_____

_____

Transfer fee paid ($65.00) _____ **New Deed Issuance Paid** ($65.00) _____

E19433

I declare under penalty of perjury under the laws of the State of California that the statements before mentioned are true and correct.

Signed on 10/26/05 (Date), _____ in PHOENIX, ARIZONA (City)

Signature Maxine Starks Print Full Name MAXINE STARKS

To have deed sent to you, fill in your mailing address here:

Full Name _____

Address _____

City, State & Zip Code _____

4. **The Last Step:** To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**

(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.

(3) Enclose a check or money order for ($130) for Transfer fee ($65) and Deed Re-issue ($65). These monies will be returned if transfer not allowed.

5. **Notarization:** Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of California

County of San Diego ss.

On this 26th day of October in the year 2005, before me Valerie M. Ragsdale personally appeared Maxine Starks, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they executed it.

VALERIE M. RAGSDALE
Commission # 1472746
Notary Public - California
San Diego County
My Comm. Expires Feb 26, 2009

Valerie M. Ragsdale
Notary Public

E 19433

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301322156665644

DATE: 11/22/05 TIME: 15:06:57
MER#: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0014
BATCH: 024
CD TYPE: VISA
TR TYPE: PR

TOTAL: $65.00

ACCT: **********7814 EXP: ****
AP: 896815
NAME: [illegible] RAGSDALE
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
PAGE [illegible] AGAIN

H. H. Ragsdale III

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Quit Claim Transfer
From Marie D. Collins -
To MR Skipper Ragsdale
E-19433

Pin # 207306

Div 12 Sec 1
LOT 161 GR 5

MT. HOPE CEMETERY

AT-Need

INTERMENT ORDER

NON-RES

City of San Diego

Add to EXISTING Grave
with Marion Francis Mcelroy

Date 10-21-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Margaret Leitch Mcelroy (X) 229741

in a Ash Vault (Type of Burial Container) Funeral, date, time Fri. Oct 28, 05 10:00 A.m

Church, Chapel (Graveside) Family will Delivery Mortuary

All Funeral cars must arrive 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 123 Grave 9

Grave space & Care Fund E-14951 (1999)	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	$199.00
Burial Container Ash Vault	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	$510.06
Paid receipt number Visa Card	510.06
Balance due	0

PAID
OCT 25 2005
MOUNT HOPE CEMETERY

I hereby certify I am the Son-in-law 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 Roger Harman
Print Name

X 6025 Castroville Dr
Address

X San Diego 92117
City Zip Code

X 858 571 0780
Telephone

Invoice # _____

Work Order # E-19434

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Melinda Harmon
Daughter
858 571-0780

E19434

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.

Ash Vault In Grave - Frances with Marion McElroy

	#1 Ruby Morrow	#2	#3			
	#7 Doris Manson	#8 steven marquell	#9 X mcElroy			

Blind Check Initiated By: Sandra Date: 10-25-05

Interment space for: Margaret L. McElroy

Interment Date: Friday 10/28/05 Time: 10:00 Am

Div: 12 Sect: 2 Blk/Row: ____ Lot: 123 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-25-05

7 logged

E19434 45495

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
MARGARET	ELIZABETH	McELROY	02/14/1918	10/22/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Newark	Alameda	Sydney Belanger-Daughter 40720 Wolcott Drive Fremont, CA 94538

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Fremont Chapel of the Roses 1940 Peralta Blvd., Fremont, CA 94536	FD1007	▶ Trina Williams	10/25/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge an agreement that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	Trina Williams 10/25/2005	▶ 45000

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
1000 Broadway, Suite 5000 Oakland, CA 94607	P.O. Box 85222 San Diego, CA 92112

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE BURIED 10-28-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Irvington Memorial Crematory 41001 Chapel Way Fremont, CA 94538	12B. DATE CREMATED 10-25-5	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ K. Funeral	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

(Res)
At. Need

Date 10/24/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earlene Morrow 229739

in a Liner (Type of Burial Container) Funeral, date, time Thurs. OCT. 27 12:00

(Church) Chapel, Graveside ; Preferred Mortuary.

Macedonia

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row ____ Lot 135 Grave 11

Grave space & Care Fund E-19397	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container PAID Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee OCT 26 2005	—
Recording/Filing/Transfer Fees	65.00
Sales taxes MOUNT HOPE CEM	20.93
Total Due	1094.93
Paid receipt number R-5-9337	$ 1,094.93
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

Paulette

X
Print Name

X
Address

X
City Zip Code

X
Telephone

See attached

Invoice # ____

Work Order # E-19435

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

(Res)
At. need

Date 10/24/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earlene Morrow

in a Liner (Type of Burial Container) Funeral date, time Thurs OCT. 27 12:00

(Church) Chapel, Graveside Macedonia Preferred Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned X

Division 12 Section 2 Blk/Row ____ Lot 135 Grave 11

Grave space & Care Fund E-19397	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup.	533.00
Burial Container PAID Liner	270.00
Handling Fees. OCT 26 2005	296.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes MOUNT HOPE	20.93
Total Due	109 K.93
Paid receipt number R-5-9337	$ 409.93
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

Paulette

229740

X Lola Bryant / LOLA BRYANT
Print Name

X 6163 Monterey ave
Address

X S. D. Ca 92115
City Zip Code

Telephone 231-3898

Invoice # _____

Work Order # E-19435

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper.

SD MT. HOPE CEMETERY • 9584703B 10:00

E 19435

EXPIRES ON BIRTHDAY

STATE OF CALIFORNIA
IDENTIFICATION CARD

1973

ISSUED IN ACCORDANCE WITH THE CALIFORNIA VEHICLE CODE

Keith Bell

CHIEF, DIVISION OF DRIVERS LICENSES

A598149

. Earlene Morrow
. 2904 Webster Ave.
. San Diego, Cal. 92113

SEX	HAIR	EYES	HEIGHT	WEIGHT	MAR
F	blk	brn	4-8	118	Sgl

DATE OF BIRTH: 3-14-28 AGE: 40

SOCIAL SECURITY NUMBER

OTHER ADDRESS

THIS CARD IS PROVIDED SOLELY FOR THE PURPOSE OF ESTABLISHING THAT THE BEARER DESCRIBED ON THE CARD WAS NOT THE HOLDER OF A VALID CALIFORNIA DRIVER'S LICENSE AS OF THE DATE OF ISSUANCE OF THIS CARD

Earlene Morrow

3-4-69 DATE F.O. Chv CC 37 bf

NOT A LICENSE—ISSUED FOR IDENTIFICATION PURPOSES ONLY

E19435

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

LINER

		Loretta Horton	#11 X	#12	Nichols Johnson	

Blind Check Initiated By: Sandra Date: 10-26

Interment space for: Earlene Morrow

Interment Date: Thurs. Oct 27 Time: 12:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 135 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morrison Date: 10-26-05

E19435

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS age 77

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Earlene	-	Morrow	03/14/1928	10/13/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Lola Bryant - Baughter 4269 Wilson Avenue #5 San Diego, California 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
Preferred Cremation and Burial 6163 University Avenue San Diego, California 92115	FD-1746	▶	

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
10/18/2005 $11.00	10/18/2005 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 San Diego, California 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR 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, California 92113	11B. DATE BURIED 10-27-05	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
Resident

Date 10-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rufus Alfern Dunn 229764

in a D.O. Crypt "B" (Type of Burial Container) Funeral, date, time Nov. 10th Thurs. 10:00AM

Church (Chapel) Graveside _____ : Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 5175 Grave 1

Grave space & Care Fund E-8202	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container E-10448	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	—
Total Due	598.-
Paid receipt number R-59390	598.-
Balance due	0

PAID
NOV 09 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 see attached for signature

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E-19436

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
Resident

Date 10-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rufus Alfern Dugan

in a D.D. Crypt "B" Funeral, date, time Nov 10th Thurs. 10:00am
(Type of Burial Container)

Church (Chapel) Graveside _____ : Anderson-Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 5175 Grave 1

Grave space & Care Fund E-8202	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container E-10498	0
Marking Fees	0
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.—
Sales taxes	—
Total Due	598.—
Paid receipt number _____	—
Balance due _____	

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot sold under deed.

Gloria Jackson
Signature

Paulette

Gloria J. Jackson
Print Name
1311 11th Street NW
Address
Washington, DC 20001
City Zip Code
Telephone

Invoice # _____

Order # E-19436

Acct. # _____

Available in alternative formats upon request.

E 19436

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. in grave of Jearline Dunn

King	King	King	x	Iwashita	Iwashita	
		Johnson	Mukai	Takeshita		

Blind Check Initiated By: Paulette Date: 11-8

Interment space for: Rufus A. Dunn "B"

Interment Date: Thurs. Nov 10, 05 Time: 10:00 am Chapel

Div: 10 Sect: — Blk/Row: ____ Lot: 5175 Gr: 1

Grave Laid out by: Norman Fay

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Collins Date: 11/9/05

E19436

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

age 72

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUFUS	ALFERN	DUNN	11/05/1932	10/22/2005	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	GLORIA J. JACKSON: DAUGHTER 1311 11TH STREET SW WASHINGTON, DC 20001

7A. TYPED NAME AND ADDRESS OF 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	10/31/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code; and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S.PRYOR 10/23/2005	▶ 2517640

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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.

AT-Need (RES) 1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-24-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carmen Perez 229726

in a DD CrypT "A" (Type of Burial Container) Funeral, date, time Weds Oct 26, 2005 1:00

(Church) Chapel, Graveside ____ : Atlan 234-3307 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Arnulfo Perez X

Division 12 Section 2 Blk/Row ____ Lot 246 Grave 3

Grave space & Care Fund	$ 2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$ 533.00
Burial Container DD CrypT	$ 539.00
Handling Fees	$ 454.00
Flower vases – Marker setting fee 65.71 + $ 178.00	$ 243.71
Recording/Filing/Transfer Fees	$ 65.00
Sales taxes	$ 41.77
Total Due	$ 4,140.48
Paid receipt number R-57334 Visa	2,140.48 2,000.00
Balance due pd IN Full	$ 4,140.48 Balance 0

PAID OCT 24 2005 MOUNT HOPE CEMETERY

I hereby certify I am the Arnulfo Esposo 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.

229727

I hereby authorize the interment in lot I hold under deed.

Arnulfo Perez X
Signature

X Arnulfo Perez
Print Name

X 3822 35th St #D15
Address

X San Diego CA 92104
City Zip Code

X619 284-5189
Telephone

Invoice # ____

Work Order # E-19437

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19437

MEXICO MATRICULA CONSULAR CONSULAR ID CARD



Nombre/Name
CARMEN RAQUEL
ROSALES-DE PEREZ

Lugar y Fecha de Nacimiento/Place of Birth and Birth Date
TEPIC, NAY.
11 JUL 1964

Dirección/Address
3822 35TH ST APT.5
SAN DIEGO, CA 92104

Fecha de Emisión/Date of Issue
28 ABR 2005

Fecha de Expiración/Date of Expiry
28 ABR 2010

Autoridad/Authority
CONSULMEX
SAN DIEGO

2806812

E19437

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.

DID CRYPT "A" 1st Burial

#6 LOT 245 John Allum IV	#1	#2	#3 X LOT 246			
			#9 Irma Ramirez			

Blind Check Initiated By: Sandra Date: 10-24-05

Interment space for: CArmen Perez

Interment Date: Wed s OCT 26, 05 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 246 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 10-25-05

Flagged

E19437

age 41

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Carmen	Raquel	Rosales de Perez	07/11/1964	10/22/2005	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	Arnulfo Perez Garcia-Husband 3822 35th St. Apt #5 San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — Person taking permit ▶	8B. DATE SIGNED
		Leah A Mata	10/25/2005

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	Leah A. Mata 10/25/2005	▶ 2517313

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 921023	11B. DATE BURIED 10-26-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACIL ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

E19437

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

MONEY ORDER

The Check Cashing Place, Inc.
1-800-479-6677
(ISSUING AGENT)

08-353028539

AGENT 707807 DATE 102405
TIME 1409 N
083530285397 LOCATION 000007

1000.00 ****

82-40/1021

** PAY EXACTLY ONE THOUSAND DOLLARS AND NO CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF Mt Hope Cemetery

PAYMENT FOR/ACCT. #

PURCHASER'S ADDRESS

3822 35 th St Apt 5 San Diego Arnulfo Perez

PURCHASER, SIGNER FOR DRAWER
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.

Issued by Integrated Payment Systems Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑆102100400⑆ 40083530285397⑈

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

MONEY ORDER

The Check Cashing Place, Inc.
1-800-479-6677
(ISSUING AGENT)

08-353028540

AGENT 707807 DATE 102405
TIME 1409 N
083530285406 LOCATION 000007

1000.00 ****

82-40/1021

** PAY EXACTLY ONE THOUSAND DOLLARS AND NO CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF Mt Hope Cemetery

PAYMENT FOR/ACCT. #

PURCHASER'S ADDRESS

Arnulfo Perez

PURCHASER, SIGNER FOR DRAWER
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.

Issued by Integrated Payment Systems Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑆102100400⑆ 40083530285406⑈

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

MONEY ORDER

The Check Cashing Place, Inc.
1-800-479-6677
(ISSUING AGENT)

08-353028541

AGENT 707807 DATE 102405
TIME 1409 N
083530285415 LOCATION 000007

140.48 ****

82-40/1021

** PAY EXACTLY ONE HUNDRED FORTY DOLLARS AND FORTY-EIGHT ***
CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF Mt Hope Cemetery

PAYMENT FOR/ACCT. #

PURCHASER'S ADDRESS

3822 35 th St Apt 5 San Dg Arnulfo Perez

PURCHASER, SIGNER FOR DRAWER
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.

Issued by Integrated Payment Systems Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑆102100400⑆ 40083530285415⑈

E19437

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4001322156665644

DATE: 10/24/85 TIME: 14:25:22
MERH: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0004
BATCH: 021
CD TYPE: MC
TR TYPE: PR

TOTAL: $2000.00

ACCT: **********2669 EXP: ****
AR: 009698
NAME: ARNULFO PEREZ
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

Arnulfo Perez
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

PARTial payment FOR
CARMEN Perez
E-19437
Balance was paid
IN money orders
DIV 12 sec2 LOT246
GR3
AT- Need (RES)

MT. HOPE CEMETERY

INTERMENT ORDER

At Need Non-Res. fee

In 3:25

City of San Diego

Date 10/24/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold Traylor 229742

in a T.S. Vault Funeral, date, time Thurs OCT. 27th 2:00

Type of Burial Container

Church, Chapel, Graveside ; Conrad Mortuary. Grant

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ $288.- X will be applied and billed to undersigned

Division 8 Section 1 Blk/Row Lot 403 Grave 1

Grave space & Care Fund	B-3967	0
Overtime/Late Arrival Fees		283.-
Opening/Closing & Setup	E-10543	0
Burial Container	"	—
Handling Fees	"	0
Flower vases – Marker setting fee	"	—
Recording/Filing/Transfer Fees	"	0
Sales taxes	"	0
	Total Due	283.-
PAID OCT 26 2005	Paid receipt number R-59344	283.-
	Balance due	0

I hereby certify I am the MOUNT HOPE CEMETERY of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

X Signature

X Print Name

X Address

X City Zip Code

X Telephone

See the attached

Paulette

Work Order # E-19438

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Need
Non-res. fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/24/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold Traylor in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs OCT. 27th 2:00 (Church, Chapel, Graveside) : Conrad Mortuary. Grant

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 288.- will be applied and billed to undersigned. X

Division 8 Section 1 Blk/Row	Lot 403 Grave 1	
Grave space & Care Fund	B-3967	0
Overtime/Late Arrival Fees		283.-
Opening/Closing & Setup	E-10543	0
Burial Container		—
Handling Fees		0
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		283.—
Paid receipt number		—
Balance due		—

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Roberta R Snow
Signature

X Roberta A Snow
Print Name
X 24217 Se Hollybrook Dr.
Address
X Canby, OR 97013
City Zip Code
X 503-632-6621
Telephone

Paulette
Work Order # E-19438

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19438

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.

T. S. U.

			Daves			
	Arnster	Langlois	x	L. Traylor	Leslie	
	Kramer	Kramer		Herrill		

Blind Check Initiated By: Paulette Date: 10/25

Interment space for: Harold Traylor

Interment Date: Thurs. Oct. 27th Time: 2:00 Church

Div: 8 Sect: 1 Blk/Row: ____ Lot: 403 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

7/08

Blind Check & Verified By: _____ Date: _____

E 19438
pg 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
HAROLD	AUBREY	TRAYLOR	05/13/1912	10/21/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Portland	Oregon	Holberta A. Snow - Daughter 24717 S. Hollybrook Lane Canby, OR 97013

7A. TYPED 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	FD941

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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
		▶ Kim Beaulieu	10/26/2005

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$11.00	Kim Beaulieu 10/27/2005	2517470 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10-27-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Jones
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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)

IN Grave
with Cathron + Winston
Christiansen

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nadine L. McMullen (D) 229743

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon. Oct 31, 05 11:00

Church, Chapel (Graveside) Family will Delivery Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ #283.00 will be applied and billed to undersigned. X

Division 11 Section 2 Blk/Row _____ Lot 68 Grave 12

Grave space & Care Fund D-9360	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	#199.00
Burial Container Ash Vault	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	#510.06
Paid receipt number pd by m/c	#510.06
Balance due	0

PAID
OCT 25 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-19439

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Patti Thrash
714 894-3322 X312
Ronald Thrash
714 972-5700

AT-need
(Non-Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nadine L. McMullen (X)

in a Ash vault (Type of Receptacle) Funeral, date, time MON. OCT 31, 05, 11:00

Church Chapel (Graveside) Family will Delivery Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00 will be applied and billed to undersigned. X

Division 11 Section L Blk/Row ____ Lot 68 Grave 12

Grave space & Care Fund ..... 1) -9360 C

Overtime/Late Arrival Fees .....

Opening/Closing & Setup 699.00

Burial Container ..... Ash V PAID 104.00

Handling Fees 114.00

Flower vases – Marker setting fee ..... OCT 25 2005 .....

Recording/Filing/Transfer Fees 85.00

Sales taxes ..... MOUNT HOPE CEMETERY 8.06

Total Due $510.06

Paid receipt number pd by m/c $510.06

Balance due 0

I hereby certify I am the Ronald C Thrash of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 229744

I hereby authorize the interment in lot I hold under deed.

Signature: Ronald C Thrash

X Ronald C. Thrash
Print Name
X 5588 E. Vista Del Rio
Address
X Anaheim, CA 92807
City Zip Code
X (714) 685-1287
Telephone

Invoice # ____

Work Order # E-19439

Acct # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Ash Vault IN Grave with Christiansen

			#6 Marjorie White	#1	#2 LOT 69 Virginia Hendrix	
#9 Dessie Young	#10	#11	#12 X LOT 68	#6 LOT 69 Mireles		

Blind Check Initiated By: Sandra Date: 10-25-05

Interment space for: Nadine L. McMullen

Interment Date: MON OCT 31, 05 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 68 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Ashes @ ft of grave per Norm

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

Flagged

E19438

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS age 80

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Nadine	Louise	McMullen	05/14/1925	10/22/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Ronald C. Thrash, Son 5588 E. Vista Del Rio Anaheim, CA 92807

7A. TYPED NAME AND ADDRESS OF 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 Funeral Alternatives 1020 E. Pennsylvania Ave., Escondido, CA 92025	FD1624	▶ [signature]	10/25/2005

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	10/26/2005 M. Jungas	2517459 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 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 10-31-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services, Inc. 2570 Fortune Way, Vista, CA 92083	12B. DATE CREMATED 10/27/2005	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9 (REV 6/04)

E 19438

ADVANCED HEALTH CARE DIRECTIVE

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 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.

INSTRUCTIONS

PART 1 - POWER OF ATTORNEY

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 institution where your 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:

1. Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
2. Select or discharge health care providers and institutions.
3. Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
4. Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
5. Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

PART 2 - INSTRUCTIONS FOR HEALTH CARE

You can 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. You also can add to the choices you have made or 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 - DONATIONS OF ORGANS

You can express an intention to donate your bodily organs and tissues following your death.

PART 4 - PRIMARY PHYSICIAN

You designate a physician to have primary responsibility for your health care.

PART 5 - SIGNATURE

Completing this form, sign and date the form at the end.

Oct. 25 2005 11:59AM P1
FAX NO. :7604804593
FROM :
7604804593

E 19438

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

Signature of Witness: _____

Signature of Witness: _____

PART 6 - SPECIAL WITNESS REQUIREMENT

(6.1) The following statement is required only if you are a patient in a skilled nursing facility - a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

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.

Date: _____

Name: _____ _____
(sign your name) *(print your name)*

Address: _____

_____

Oct. 25 2005 12:00PM P6 FAX NO. :7604804593 FROM :

E19438

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

Name of Physician: _____

Address: _____

_____

Telephone: _____

PART 5 - SIGNATURE

(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 here:

Date: 1-24-2004

Name: Nadine McMullen (sign your name) NADINE McMULLEN (print your name)

Address: 4729 Baylor Dr.
San Diego, CA 92115

(5.3) STATEMENT OF WITNESS: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advanced directive, and (5) that I am not the individual's health care provider, an employee of the individual's 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, nor an employee of an operator of a residential care facility for the elderly.

FIRST WITNESS

Name: David Sullivan

Address: 5207 Richard Ave
Dallas, TX 75206

Signature of Witness: David Sullivan

Date: 1-24-2004

SECOND WITNESS

Name: RONALD C. THRASH

Address: 5588 E. VISTA DR #10
ANAHEIM, CA. 92807

Signature of Witness: Ronald C. Thrash

Date: 1/24/04

Oct. 25 2005 12:00PM P5 FAX NO. :7604804593 FROM :

E19438

(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:

(Add additional sheets if needed)

(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:

(Add additional sheets if needed)

PART 3 - DONATION OF ORGANS AT DEATH (OPTIONAL)

(3.1) Upon my death (mark applicable box):

☐ I give any needed organs, tissues, or parts, OR

☐ I give the following organs, tissues, or parts only_____.

My gift for the following purposes (strike any of the following you do not want):

☐ Transplant

☐ Therapy

☐ Research

☐ Education

PART 4 - PRIMARY PHYSICIAN (OPTIONAL)

(4.1) I designate the following physician as my primary physician:

Name of Physician:_____

Address:_____

_____

Telephone:_____

FROM : FAX NO. :7604804593 Oct. 25 2005 12:00PM P4

E19438

(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:

(Add additional sheets if needed)

(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 make 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:

(Add additional sheets if needed)

(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 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 have marked below:

☐ 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

☐ Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

FROM : FAX NO. :7604804593 Oct. 25 2005 12:00PM P3

E 19438

PART 6 - SPECIAL WITNESS REQUIREMENT

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 advanced health care directive or replace this form at any time.

PART 1 - POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

Name of individual you choose as agent: RON THRASH

Address: 5588 E. ~~VISTA~~ VISTA DEL RIO

ANAHEIM, CA 92807

Telephone: (714) 685-1787 (714) 917 5700

(home phone) *(work phone)*

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 first alternate agent:

Name of individual you choose as alternate agent: _____

Address: _____

_____

Telephone: _____

(home phone) *(work phone)*

OPTIONAL: If I revoke the authority of my agent and first alternate or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Name of individual you choose as second alternate agent: _____

Address: _____

_____

Telephone: _____

(home phone) *(work phone)*

Single Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need
lot & trust

Date 10/25/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for self & or family

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 230 Grave 3

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-59338	839.73
Balance due	2519.20

PAID
SEP 25 2007
MOUNT HOPE CEMETERY

P-00986 $105.12
Paid in full

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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# 208235

I hereby authorize the interment in lot I hold under deed.

X
Signature

(Res fee Verified)

Paulette

Work Order # E-19440

X Augustine Griffin per the attached copy of signature
Print Name

X
Address

X
City Zip Code

X
Telephone

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00462

Date: 8/29, 20 06

From: A. Griffin Address: 3305 Imperial Ave., SD ca 92102

One hundred four and 96/00 Dollars ($ 104.96)

in part Payment of Pre-need lot, trust

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E- 19440

Acct. No.

W.O.

BALANCE DUE $ 1,469.60

NOT VALID FOR PURPOSES STATED UNLESS *STAMPED "PAID" IN THIS SPACE*

PAID

AUG 29 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	57007	
20% Sales Care	77184	104. 96
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	104 96

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 6071

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 00409

Date: 7/26, 2006

From: A. Griffin Address: on record

Dollars ($ 104.96)

in PART Payment of Pre-need Lot, trust. Component #9

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E-19440

Acct. No.

W.O.

BALANCE DUE $1574.56

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 26 2006

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	104.96
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 104.96

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☒ Check (6053)

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 00507

Date: 9-26 , 20 06

From Augustine Griffin Address: on record

One hundred, four 96/00 Dollars ($ 104 96)

in Part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E-19460

Acct. No.

W.O.

BALANCE DUE $1,364.64

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
SEP 26 2006
MOUNT HOPE CEMETERY

ISSUED BY Jacquette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	104. 96
Trust	77186	
TOTAL PAID		$ 104 96

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 6085

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 00557

Date: 10-31, 2006

From: A Griffin Address: on record

Dollars ($ 104 96)

in Part Payment of Coupon #12

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E0 19948

Acct. No.

W.O.

BALANCE DUE $ 1,259.68

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 3 1 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	104. 96
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	104 96

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 6103 ISSUED BY Paulett

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00589

Date: 11/22, 2006

From: A. Duffin Address: on record

One hundred four and 96/00 Dollars ($ 104 96)

in part Payment of Pre-need lot trust #13

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E 19440

Acct. No.

W.O.

BALANCE DUE $ 1,154.72

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 22 2006

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	104.	96
Trust	77186		
TOTAL PAID		$ 104	96

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 6111

MOUNT HOPE CEMETERY

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 00248

Date: _____, 20 ____

From: Augustine Griffin Address: 3305 Imperial Ave, SD

One hundred Four and 96/100 Dollars ($ 104.96)

in part Payment of Preneed lot / trust.

Div 12 Sec 2 Blk/Row _____ Lot 230 Grave 3

Invoice No. E-19440

Acct. No. _____

W.O. _____

BALANCE DUE $ 1,889.44

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 24 2006

MOUNT HOPE CEMETERY

CREDIT	63037	
20% Sales Care	77184	104. 96
Pre-Need	63033	
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 5094 ISSUED BY Paulette C.

TOTAL PAID $ 104. 96

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 00311

Date: 5-31, 20 06

From: Augustine G. Address: on record

Onehundred four and 96/100 Dollars ($ 104.96)

in Court Payment of Pre-need Lot, trust.

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E-19440

Acct. No.

W.O.

BALANCE DUE $1,764.48

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 6019

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

CREDIT	*87007*		
20% Sales Care	77184		
Pre-Need	53033	104	96
Trust	77186		
		2	
TOTAL PAID	$	104.	96

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA -
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00356

Date: 6-23, 20 06

From: Augustine Griffin Address: on record

One hundred four and 96/00 Dollars ($ 104.96)

in Part Payment of Pre-need lot, trust.

Div 12 Sec 2 Blk/Row ____ Lot 230 Grave 3

Invoice No. E-19440

Acct. No. ____

W.O. ____

BALANCE DUE $ 1,679.52

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 23 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	104 96
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 6033

ISSUED BY Crawford

TOTAL PAID $ 104 96

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 00189

Date: 3/30, 20 06

From: Augustine Griffin Address: 3305 Imperial Ave, SD CA 92102

~~Fifty~~ One hundred and four and 96/100 Dollars ($ ~~104.96~~)

in part Payment of Pre-need lot, trust,

Div 12 Sec 2 Blk/Row _____ Lot 230 Grave 3

Invoice No. E-19440

Acct. No. _____

W.O. _____

BALANCE DUE $ 1,994.40

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 5982

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 30 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	104.96
Trust	77186	
TOTAL PAID		$ 104.96

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 00177

Date: 3/15, 2006

From: Augustine Griffin Address: on record

One hundred and four 96/00 Dollars ($ 104.96)

in Part Payment of Pre-need Lot, trust.

Div 12 Sec 2 Blk/Row _____ Lot 230 Grave 3

Invoice No. E-19440

Acct. No. _____

W.O. _____

BALANCE DUE $ 2099.36

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check 5474

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 14 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	104.96
Trust	77186	

TOTAL PAID $ 104.96

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00640

Date: 1-4 , 20 07

From: A. Griffin Address: on record

Dollars ($ 104 96)

in Part Payment of Pre-need lot, trust. Coupon # 15

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E - 14440

Acct. No.

W.O.

BALANCE DUE $ 944.80

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 05 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	104 96
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 6130

ISSUED BY Paulette

TOTAL PAID $ 104 96

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 00955

Date: 8/31, 2007

From: A. Griffin Address: On file

Two Hundred nine and 92 ——— Dollars ($ 209.92)

in Part Payment of PN coupons 22, 23

Div 12 Sec 2 Blk/Row ——— Lot 230 Grave 3

Invoice No. E 19440

Acct. No. ———

W.O. ———

BALANCE DUE 105.12

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP - 4 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	209 92
Trust	77186	
TOTAL PAID	$	209 92

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 6213

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 00004

Date: Dec 19, 20 05

From: Augustine Griffin Address: on record

One Hundred four and 96 - Dollars ($ 104 96)

in part Payment of Pre-need Lot + trust.

Div 12 Sec 2 Blk/Row _____ Lot 230 Grave 3

Invoice No. E-19440

Acct. No. _____

W.O. _____

BALANCE DUE $ 2414.24

☑ 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 19 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	87007	
20% Sales Care	77184	
Pre-Need	63033	104. 96
Trust	77186	
TOTAL PAID	$	104 96

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00053

Date: 1/12, 20 06

From: Augustine Griffin Address: on record

One hundred four .96/00 Dollars ($ 104 96)

in part Payment of Pre-need

Div 12 Sec 2 Blk/Row _____ Lot 220 Grave 3

Invoice No. E - 19440

Acct. No. _____

W.O. _____

BALANCE DUE 2309.28

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 12 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	104. 96
Trust	77186	
TOTAL PAID		$ 104. 96

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 5949 ISSUED BY

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 00097

Date: 2/3, 20 06

From: Augustine Griffin Address: on record

One hundred and four and 96 Dollars ($ 104.96)

in part Payment of Pre-need Lot & trust

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E 19440

Acct. No.

W.O.

BALANCE DUE $2204.32

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	104 96
Trust	77186	
TOTAL PAID	$	104 96

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 5462

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

P00714

Date: Feb. 22 , 20 07

From: Augustine Griffin Address: on record

Dollars ($ 104.96)

In Part Payment of Pre-need Lot, Trust

Div 12 Sec 2 Blk/Row _____ Lot 230 Grave 3

Invoice No. E - 19440

Acct. No. _____

W.O. _____

BALANCE DUE $ 839.84

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 644

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 2 1 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	57007		
20% Sales Care	77184		
Pre-Need	53033	104	96
Trust	77186		
TOTAL PAID		$ 104	96

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00631

Date: 12/26/ , 20 06

From: Augustine Buffin Address: on record

One hundred four 96/00 Dollars ($ 104.96)

in part Payment of 1 Pre-need lot, trust. #14

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E-19440

Acct. No.

W.O.

BALANCE DUE $ 1,049.76

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 26 2006

MOUNT HOPE

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	104.96
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☐ Check 6023 ISSUED BY Paulette

TOTAL PAID $ 104.96

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

P00767

Date: March 28, 20 07

From Augustine Kruffin Address: on record

Dollars ($ 104.96)

in part Payment of PN lot trust coupon #37

Div 12 Sec 2 Blk/Row _____ Lot 230 Grave 3

Invoice No. E-19440

Acct. No. _____

W.O. _____

BALANCE DUE ~~$~~ 734.88

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 2 8 2007

MOUNT HOPE CEMETERY

ISSUED BY pauletti

CREDIT	67007		
20% Sales Care	77184	104.	96
Pre-Need	63033		
Trust	77186		
TOTAL PAID		$ 104.	96

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 6163

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

P00812

Date: 5-7- , 20 07

From: Augustine Griffin Address: On record

One hundred four 96/00 Dollars ($ 104 96)

in part Payment of PN - TRUST Coupon #18

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E 19440

Acct. No.

W.O.

BALANCE DUE $ 62992

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY - 7 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	104. 96
Pre-Need	63033	
Trust	77186	

TOTAL PAID $ 104.96

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☐ Check 6073

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

P00846

Date: 5- 31 , 2007

From: Augustine Buffen Address: on file

Dollars ($ 104.96)

in part Payment of PN Lot/ Trust, Coupon #19

Div 12 Sec 2 Blk/ Row Lot 230 Grave 3

Invoice No. E-19440

Acct. No.

W.O.

BALANCE DUE $524.96

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 6185

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 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	57007		
20% Sales Care	77184		
Pre-Need	53033	104	96
Trust	77186		
TOTAL PAID	$	104	96

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P00882

Date: 7/3, 20 07

From: A. Griffin Address: on file

One hundred four 96- Dollars ($ 104.96)

in part Payment of Pre-need Lot/Trust coupon #20

Div 12 Sec 2 Blk/Row _____ Lot 230 Grave 3

Invoice No. E-19440

Acct. No. _____

W.O. _____

BALANCE DUE $420.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL - 2 2007

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	104.96
Trust	77186	

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 6197 ISSUED BY PC

TOTAL PAID $ 104.96

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

P00912

Date: 7-27 , 20 07

From: AUGUSTINE GRIFFIN Address: 3305 IMPERIAL AVE SD CA 92102

ONE HUNDRED-FOUR & 96/100 Dollars ($ 104 96)

in _____ Payment of _____

Div 12 Sec 2 Blk/Row ~~2330~~ Lot 230 Grave 3

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 315.04

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 27 2007

MOUNT HOPE CEMETERY

ISSUED BY _____

CREDIT	67007	104	96
20% Sales Care	77184		
Pre-Need	63033		
Trust	77186		
TOTAL PAID		$ 104	96

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check #125

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 00986

Date: 9/25 , 20 07

From: Augustine Griffin Address: On file

One hundred five and 12/00 Dollars ($ 105.12)

in Part Payment of P.N. acct. for lot/trust, Coupon #24

Div 12 Sec 2 Blk/Row Lot 230 Grave 3

Invoice No. E-9440

Acct. No.

W.O.

BALANCE DUE Ø

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 25 2007

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	105 12
Trust	77186	
TOTAL PAID	$	105 12

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 6229

AC-212 (11-05)

This information is available in alternative formats upon request.

E-19440 Pin # 208235 Two yr CONTRACT First payment Due Dec 15, 05 monthly $104.96 Final $105.12 Pre-need lot/trust

GRIFFIN, AUGUSTINE 3305 Imperial Avenue, SD CA 92102 CONTRACT EXPIRES Dec 2007

DIVISION 12 SEC 2 LOT 230 GRAVE 3

				debit	credit	bal
10/25/05	Opened pre-need lot/trust. Trust includes o/c $533, b/c $270, h/f $206, r/f $65, Tax on liner $20.93			2264.00		2264.00
				1094.93		3358.93
10/25/05	Down payment R-59338				839.73	2519.20
12/19/05	P-00004	Coupon #1	Dec 2005		104.96	2414.24
1-12-06	P-00053	" 2	Jan 2006		104.96	2309.28
2-3-06	P-00097	" 3	Feb 06		104.96	2204.32
3/15/06	P-00177	" 4	Mar 06		104.96	2099.36
3/30/06	P-00189	" 5	April 06		104.96	1994.40
4-25-06	P-00249	" 6	May 06		104.96	1889.44
5-31-06	P-00311	" 7	June 06		104.96	1784.48
6/23/06	P-00356	" 8	July 06		104.96	1679.52
7-26-06	P-00409	" 9	Aug 06		104.96	1574.56
8-27-06	P-00462	# 10	Sept 06		104.96	1469.60
9-26-06	P-00507	# 11	Oct 06		104.96	1364.64
10/31/06	P-00557	# 12	Nov 06		104.96	1259.68
11/28/06	P-00589	# 13	Dec 06		104.96	1154.72
12/26/06	P-00C031	#14	Jan 07		104.96	1049.76
1-4-07	P-00640	#15	Feb 07		104.96	944.80
2-21-07	P-00714	#16	Mar 07		104.96	839.84
					~~104.96~~	~~734.88~~

— over —

E-19440 12-2-230-3

PN Lot / Trust			Debit	Credit	Balance
	Balance forwarded				839 84
3/28/07	P-00767	Coupon #17		104 96	734-88
4/27/07	P-00804	" 18		104 96	629 92
5/31/07	P-00846	Coupon #19		104 96	524 96
7-3-07	P-00882	" 20		104 96	420 -
7-27-07	P-00917	" 21		104 96	315.04
8-31-07	P-00955	" 22 23		209 92	105 12
9/25/07	P-00986	" 24		105 12	0

PAID
SEP 25 2007
MOUNT HOPE CEMETERY

E 19440

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS ESTABLISHED FOR:

23 months @ $104.96
1 month @ 105.12

Name

Address

PURCHASER

X X Augustine Griffin
Print Name

X Augustine Griffin
Signature

X 3305 Imperial Ave.
Street Address (Mail)

X San Diego, Ca. 92102
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Paulette Crawford

SLW:st(62-1)
1-26-90

AT-Need
NON-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-26-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harvey Malcolm

in a Liner (Type of Burial Container) Funeral, date, time Tues Nov 1st, 05 1:00

Church, Chapel, Graveside Bayview Baptist ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row ____ Lot 241 Grave 10

Grave space & Care Fund	$3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$708.00
Burial Container Liner	$359.00
Handling Fees	$275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	$85.00
Sales taxes	$27.82
Total Due	$4,465.82

Cancel per Sienn Ika 8:40 A.M. 10-31-05 Ragsdale Family went to Greenwood

mort. to pay

Paid receipt number ____

Balance due ____

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Print Name

X Address

X City Zip Code

X Telephone

Signature X

Invoice # ____

Work Order # E-19441

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 "X-DEEP"

Date 10/26/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert S. Hill 208614

in a Liner (Type of Burial Container) Funeral, date, time Weds. Nov 2 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 $ John Leggett will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row ____ Lot 23 Grave 4

Grave space & Care Fund D-5191	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup R-59278	0
Burial Container "	0
Handling Fees "	0
Flower vases – Marker setting fee "	—
Recording/Filing/Transfer Fees "	0
Sales taxes	0
Total Due	0
Paid receipt number ____	—
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Paulette

Work Order # E-19442

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19442

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

In grave of Nola Hill. Marker on Grave

				King		
		Machado	x	Mathews		
			Brown	Valencia		
	McGowan					

Blind Check Initiated By: Paulette Date: 10/28

Interment space for: Robert S. Hill

Interment Date: 11-2-05 Time: 11:00 church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 23 Gr: 4

Grave Laid out by: Norman Fosquera

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [signature] Date: 10285

E19442

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	SIEMAL	HILL	03/29/1926	10/25/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	SHERRY THOMPSON: DAUGHTER 7112 JACMAR 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	Sunula Pryor	10/31/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S.PRYOR 10/31/2005	2517629

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 11-2-05	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

AT-Need

INTERMENT ORDER

City of San Diego

Date 10-27-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David W. Piker 229745

in a Liner (Type of Burial Container) Funeral, date, time Tues Nov 1, 05 2:00

Church, Chapel (Graveside) Eva Clarke ; Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 10 Section ____ Blk/Row ____ Lot 281 Grave ____

Grave space & Care Fund C8455, E-11798, E-4356	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases, Marker setting fee Tues 65.71 178	$ 243.71
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	$ 243.71
Paid receipt number R-59347	243.71
Balance due	0

PAID
OCT 27 2005
MOUNT HOPE CEMETERY

I hereby certify I am the Power of Attorney 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.

Eva C Clark X
Signature

X EVA C. CLARK
Print Name
X 4250 70th # 35
Address
X LA Mesa CA 91941
City Zip Code
X 6197464569O
Telephone

Invoice # ____

Work Order # E-19443

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

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11-8-05
WO# 4691
to install tiger vase

ORDER E19443 MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 05-31 19 84

CHARGE TO. David Piker 232-1587

ADDRESS 1345 Grove St. SD. Ca. 92102

NAME OF DECEASED Preneed

OWNER

ADDRESS

MORTUARY

LOT 280/281 GR ROW SEC BLK DIV 10		
OPENING/CLOSING TIME DAY DATE	530	00
VAULT/LINER Bell SIZE	460 27	68 08
REC. FEE/REMOVAL/FOUNDATION	70	00
TOTAL	1087	60
PAID RECEIPT NUMBER 31740	1087	60
BALANCE	-0-	

Prices not guaranteed.

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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 David Piker

ORDER TAKEN BY

INVOICE NO.

W.O. NO. E 4356

PAID
MAY 31 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

PY-593 (4-82)

E 19443

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Liner

	#279 Gilbert Piker	#280 Winifred Piker	#281 X	#282 Dorothy Tibbetts		

Blind Check Initiated By: Sandra Date: 10-27-05

Interment space for: David Piker

Interment Date: Tues Nov 1, 05 Time: 2:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 281 Gr: ____

Grave Laid out by: Norman Pierce

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

Flagged

E19443

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	WILLIAM	PIKER	03/29/1922	10/25/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	EVA CLARK - DPOAHC 4750 70TH STREET, #35 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
GREENWOOD MORTUARY - I-805 & IMPERIAL AVE. SAN DIEGO, CA 92102	FD 843	▶ Debra King	10/31/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/31/2005 D. King	▶ 2517687

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-1-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Jennings	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 10-28-05

Pin# 217614

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Eugene Wins III

in a Liner (Type of Burial Container) Funeral, date, time Friday Nov. 4 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 $ X 213.—

will be applied and billed to undersigned

Division 10 Section — Blk/Row — Lot 599 Grave 1

Grave space & Care Fund	2264.—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	270.—
Handling Fees	206.—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fee	65.—
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-59367	3358.93
Balance due	Ø

PAID

NOV 0 1 2005

MOUNT HOPE CEMETERY

GRD TRION WO# 4672

MOM 2 Pony (Father)

I hereby certify I am the X Richard E Wins of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

Pin 229803 II

X Richard Wins
Print Name

X 4790 Sobola
Address

X S.D., Ca. 92113
City Zip Code

X
Telephone

619.264.3597
Invoice #

Paulette

Work Order # E-19444

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19444

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.

		Ward	X			
			Maris		Stanger	

Blind Check Initiated By: Paulette Date: 10/31/05

Interment space for: Richard E. Winslll

Interment Date: 11-4-05 Time: 1.00 Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 599 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARLEY/ Date: 10-31-05

E19444

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
RICHARD	EUGENE	WINS, III	12/20/1956	10/27/2005	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	RENITA WINS: DAUGHTER 2012 CRENSHAW STREET SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD01329	Renita Pryor	10/31/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100059 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 11/01/2005	2517690

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 10-1-5	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
Indigent
pin #2

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-28-05

Pin # 229732

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Duane Leroy Johns PA# 20060563

in a DD CryPT 2B (Type of Burial Container) Funeral, date, time weds NOV 2nd 05 10:00 Robert 4/6-2006

Church, Chapel, Graveside Delivery : 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 13 Section _____ Blk/Row _____ Lot 20 Grave 2B

Grave space & Care Fund	$131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container DD CryPT 2B	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 Phone 11-16-05	$776.23
Balance due	0

PAID

NOV 16 2005

MOUNT HOPE CEMETERY

Billed PA 11-2

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

PA Jim Fetch
858-694-3512
858-694-3987-fax

X _____ Print Name
X _____ Address
X _____ City Zip Code
X _____ Telephone

see attach for signature

Invoice # 429690

Work Order # E-19445

Acct. # 00952

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT-Need
Indigent
pin #2

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Duane Leroy Johns PA# 20060563

in a DD Crypt (Type of Burial Container) Funeral, date, time Weds Nov 2nd 05 10:00 Robert 426-2006

Church, Chapel, Graveside Delivery ; Humphey Mortuary.

All Funeral cars 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 2 B

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	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	$776.23

Paid receipt number _____

Balance due _____

I hereby certify I am the 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] DPAX
Signature

PA Jim Fetch
858-694-3522
858-694-3987

Work Order # E-19445

X James R Fetsch
Print Name

X Public Administrator
Address

X Public Guardian
City

5201-A Ruffin Road
Zip Code

X San Diego, California 92123
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19445

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
JEAN M. SHEPARD, DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

CHARLES E. MATTHEWS III
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

**********FAX COVER SHEET**********

PLEASE DELIVER TO:

Name: SANDRA

Agency: MT. HOPE

Fax Number: 619 527 5403

FROM:

JAMES FETSCH
DEPUTY PUBLIC ADMINSTRATOR/GUARDIAN

Telephone Number: (858) 694-3522

Fax Number: (858) 495-5127

SUBJECT: Duane Lacey dhns

Number of pages (including cover sheet): 2

MESSAGE: Tim Thompson 858-694-3501
will call you Re: Payment.

E19445.

CITY OF SD MT HOPE CEMETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4301222156665644

DATE: 11/16/05 TIME: 13:21:59
MERH: 322156665644 STR#: 4301 TERH: 0002
S-A-L-E-S D-R-A-F-T

REF: 0007
BATCH: 024
CD TYPE: VISA
TR TYPE: HP

TOTAL: $776.23M

ACCT: **********6313 EXP: ****
AP: 042712
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

PAID

NOV 16 2005

MOUNT HOPE CEMETERY

pd by phone/Visa
by persida Ramos
INVOICE # 429690
Decease: Duane Leroy
Johns PA# 20060563
INVOICE # 429690
Div 13 LOT 20 GR 2B

E19445

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Duane	LeRoy	Johns	06/21/1944	10/20/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Jim Fetch - 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
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 10053 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
			10/28/2005

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$11.00	10/28/2005 D. Humphrey	2517614 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 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 Ht. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 11-2-05	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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

Date 10-31-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHAWN HARPER MANSON 229747

in a T.S. VAULT (Type of Burial Container) Funeral, date, time WEDS NOV. 2 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 214 Grave 7

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container T. S. VAULT	355.-
Handling Fees PAID	263.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees OCT 31 2005	65.-
Sales taxes	27.51
Total Due	3507.51

MOUNT HOPE CEMETERY

Paid receipt number R-59355 $1600.-

R-59361 $758.93 R-59356 $1000.- R-59359 Balance due $148.58 BAL.

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.

229748

I hereby authorize the interment in lot I hold under deed.

X Vera M Brewer
Signature

X Vera Brewer
Print Name

X 232 woodway Ct
Address

X San Diego 92114
City Zip Code

X 619-470-1547
Telephone

Paulett e

Work Order # E-19446

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E19446

DMV **CALIFORNIA** DMV

DRIVER LICENSE

CLASS: C

EXPIRES 03-17-08

U5154371



ALONZO LOUIE MANSON, JR
156 S MEADOWBROOK DR
SAN DIEGO CA 92114



SEX: M HAIR: BLK EYES: BRN
HT: 5-08 WT: 165 DOB: 03-17-66

RSTR: CORR LENS

07/10/2003 506 05/08 FD/08

E19446

MT HOPE CEMETERY 39 yrs

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Gutierrez			X			
			Buckhanan	Buchanan		

Blind Check Initiated By: Paulette (Harper) Date: 10-31

Interment space for: Shawn Manson

Interment Date: 11-2-05 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 214 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: Kenneth [illegible] Date: 10/31/05

E19446

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHAWN	TERREE	HARPER-MANSON	10/04/1966	10/26/2005	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	ALONZO MANSON-HUSBAND 156 S. MEADOWBROOK DR. SAN DIEGO, CA 92114

7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO CA 92115	FD-1357	▶ Matthew Mitchell	10/28/2005

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	10/28/2005 V MITCHELL	▶ 2517563

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 CA 92102	11B. DATE BURIED 11-2-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Joe Corrales
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need
SD. Res
8 month-pre-mature
IN womb

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-31-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alexa Adriana Gonzalez-Tablas 229749

in a Infant-Liner (Type of Burial Container) Funeral, date, time Thurs NOV 3rd 12:00 NOON

Church, Chapel, Graveside : SD memorial Mortuary. Joseph 692-3090

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Alejandro S Gonzalez X

Division 9 Section 1 Blk/Row _____ Lot 1807 Grave _____

Grave space & Care Fund	$142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container Liner	99.00
Handling Fees	36.00
Flower vases (TRION) Marker setting fee PAID Trion $65.71 + Marker Setting $114.00	179.71
Recording/Filing/Transfer Fees	65.00
Sales taxes OCT 31 2005	7.67
Total Due	$707.38
Paid receipt number pd by phone with visa	$707.38
Balance due	0

MOUNT HOPE CEMETERY

I hereby certify I am the Father 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.

229750

I hereby authorize the interment in lot I hold under deed.

Signature Alejandro S Gonzalez

X Alejandro S Gonzalez
Print Name
X 303 47st #E-11
Address
X San Diego CA
City
92102
Zip Code
X
Telephone

Invoice # _____

Work Order # E-19447

Acct. # _____

REA-104 (3-04)

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pd by Visa
Gabriela Bracesda.
21323 Canon of Circle
Santa Clarita, Ca 91350

to install twin vare
wo # 4693

E 19447

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. per sid mem will c/b with casket size per David Lugo 14x9 on casket

	#1717 Sabino	#1718				
		#1806 Derrian Still	#1807 X			
			#1902 maya Gordon	#1903 DeJeon Leshay Screen		

Blind Check Initiated By: Sandra Date: 10-31-05

Interment space for: Alexa Adriana Tablas

Interment Date: Thurs NOV 3, 05 Time: 12:00 NOON

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1807 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-1-05

7 lagged

E19447

Attn: Paulet

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 02-27-06

B8989703

CLASS: C

ALEJANDRO SEGOVIANO

GONZA

303 47TH ST SP E11
SAN DIEGO CA 92102

SEX:M HAIR:BLK
HT:5-08 WT: 150

DOB: 02-27-80

RSTR: CORR LENS

12/19/2002 677 25 10/06

E19447

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALEXA	ADRIANA	GONZALEZ TAMLAS	10/27/2005	10/27/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VAN NUYS	LOS ANGELES	ALEJANDRO S. GONZALEZ-FATHER 3696 NILE ST. 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 filing permit	8B. DATE SIGNED
WMS, SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Jesus Ramos Jr.	11/01/2005

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	11/02/2005 J. LEMON JR.	▶ Thomas J. Lemon Jr.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N FIGUEROA ST RM. L-1 LOS ANGELES, CA 90012	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-3-05	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.

AT-Need
1st Burial only
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnnie Mae West 229752

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Friday Nov 4, 05 1:00 p.m

Church Chapel, Graveside Macedonia Missionary Baptish : Mark Preferred 584-7000 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row ____ Lot 147 Grave 2

Grave space & Care Fund part of E-19398 Bal. Remaining on grave $ 2,246.25

Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container DD Crypt A	539.00
Handling Fees	454.00
Flower vases - Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	$2,057.02
Paid receipt number R-59370	2,057.02
Balance due	2,539.73

PAID
NOV 0 2 2005
MOUNT HOPE CEMETERY

mort To pay

res. verified by deceased
SDG+E Bill 3927 Thorn St. SD

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 Paulette

X
Print Name

X
Address

X
City Zip Code

X
Telephone

See attached Signature

Invoice # ____

Work Order # E-19448

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19448

pre-need
10% res. fee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/30/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mark Jenkins Pin# 185

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 147 Grave 2,4,5

Grave space & Care Fund	30 985.00	2955.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes		
Total Due		2955.00
Paid receipt number R-59259		738.75
Balance due		2216.25

Paid down 9/30/05

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____
Signature

MARK JENKINS
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

DD attached

Invoice # _____

Paulette

Work Order # E 19398

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

AT-need
1st Burial only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(Need proof of Residency)

Date 11-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnnie Mae West

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Friday Nov 4 05 1:00 p.m

Church, Chapel, Graveside Macedonia Missionary Baptist Mark 584-7000 Preferred Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. X

Division 12 Section 2 Bk/Row ____ Lot 147 Grave 2

Grave space & Care Fund part of E-19398 Bal. Remaining on grave	246.25
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container DD Crypt A	539.00
Handling Fees	454.00
Flower vases Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Mort To pay Total Due	$2,057.02

Paid receipt number ____

Balance due ____

I hereby certify I am the -daughter- 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.

229753 Pin#

I hereby authorize the interment in lot I hold under deed.

X Signature

X Jessie Thomasson
Signature

X 3025 43rd #2
Address

X S.D Ca 92105
City Zip Code

X 280-0255
Telephone

Invoice # ____

Acct. # ____

Work Order # E-19448

REA-104 (3-04)

This information is available in alternative formats upon request.

© Production in the Image

E 19448

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

DD crypt 1st Burial

		OBina	X	mazurkiewicz		Tree
						Varner

Blind Check Initiated By: Paulette Date: 11-2-05

Interment space for: Johnnie Mac West

Interment Date: Nov. 4 2005 Time: 1:00p.m

Div: 12 Sect: 2 Blk/Row: ____ Lot: 147 Gr: B

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag on grave

Blind Check & Verified By: DARKEY1 Date: 11-3-05

E 19488

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
[redacted]Johnnie	Mae	West	12/14/1933	10/30/2005	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Jessie Mae Thomasson -- Daughter 3625 43rd Street #2 San Diego, California 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
Preferred Cremation and Burial 6163 University Avenue San Diego, California 92115	FD-1746	▶ [signature]	

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/01/2005	▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, California	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [redacted] 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 Cemeteryt 3751 Market Street San Diego, California 92102	11B. DATE BURIED 10 - - 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.

E19488

address verified by mail tracing

[redacted]

Account Number: 2375 788 6245
JOHNNIE MAE WEST
3927 THORN ST SD
Date Mailed: Jun. 10, 2004

Questions? Comments?
Please Call Us Toll Free (Same):
1-800-411-SDGE (7343)
Web Address: www.sdge.com
email: info@sdge.com

Service/Rate Meter #	Dates/ Meter Readings		Meter Constant	Therm Multiplier	Total Usage	Amount
GAS/GRLI #00348575	05-10 5751	06-09 5775	1.000	1.014	24 Therms	$18.85
					Baseline Allowance 15 Therms	
					CARE Baseline 15 Therms @ $.83020 1/ 30 Days	
					CARE Non-Baseline 9 Therms @ $.97459 1/ 30 Days	
					CARE Baseline 15 Therms @ $.77100 29/ 30 Days	
					CARE Non-Baseline 9 Therms @ $.91539 29/ 30 Days	
					SDG&E's Average Cost Per Therm This Month $.65300	
					Reflects a CARE Discount Of $4.96	
					Total Gas Charges	13.85
ELEC/DRLI #01492387	05-10 34539	06-09 34809	1		270 kWh	$21.74
					Baseline Allowance 354 kWh	
					CARE Baseline Usage 270 kWh @ $.08050	
					Residential CARE Discount	- 7.31
					CARE Electric Energy Charge	
					Baseline - 270 kWh @ $.04817	13.01
					Total Electric Charges	27.44

The Total Electric Charges shown above include the following components. Please see definitions on back of bill.

Electric Energy	13.01
Transmission	1.94
Distribution	5.86
Public Purpose Programs	1.79
Nuclear Decommissioning	.20
Trust Transfer Amount	2.64
Competition Transition Charge	.87
Reliability Must Run Costs	1.63
Total Electric Costs	27.44

OTHER ACCOUNT CHARGES	
City of San Diego Franchise Fee Differential 1.03% Gas 5.78% Electric	1.16
Franchise Fees on Electric Energy Supplied by Others	0.75
State Surcharge Tax .00030/kWh	0.08
State Regulatory Fee .00076/Therm .00012/kWh	0.05
Public Purpose Program - Gas .03276/Therm	0.79
TOTAL AMOUNT DUE	**$50.12**

All customers are required to pay a Competition Transition Charge as part of the charges above, including those who choose an electric service provider other than SDG&E.

Your electric energy charges include charges for that portion of your energy usage provided by the Department of Water Resources (DWR). SDG&E collects charges for power provided by DWR as an agent of DWR. DWR is collecting 8.814 cents for each kWh it provides.

11/02/2005 02:49 6195847030 PREFERRED CREMATION PAGE 02

AT-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Van Belt Burt JR. (X) 229815

in a Ash Vault (Type of Burial Container) Funeral, date, time Thurs Dec 8 05 9:30 Owen

Church Chapel, Graveside Delivery Only : Bishop 46-4462 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 11 Section 1 Blk/Row _____ Lot 163 Grave 6

Grave space & Care Fund E-16523 (2001)	$ 0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$149.00
Burial Container Ash Vault	$79.00
Handling Fees	85.00
Flower vases/Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Mort To pay MOUNT HOPE CEMETERY Total Due	$384.12
Paid receipt number R 54478	$384.12
Balance due	0

PAID

DEC 07 2005

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-19449

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT-Need (ReS) (~~Needs proof of Residency~~)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Van Burt JR.

in a Ash Vault (Type of Burial Container) Funeral, date, time

Church Chapel, Graveside Delivery Only : Bishop Owen 466-4462 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned X

Division 11 Section 1 Blk/Row Lot 163 Grave 6

Grave space & Care Fund E-16523 (2001) $ 0

Overtime/Late Arrival Fees

Opening/Closing & Setup $149.00

Burial Container Ash Vault $79.00

Handling Fees 85.00

Flower vases X Marker setting fee 0

Recording/Filing/Transfer Fees 65.00

Sales taxes 6.12

Mort To pay

Total Due $384.12

Paid receipt number R-59478 $384.12

Balance due 0

PAID DEC 07 2005 MOUNT HOPE CEMETERY

I hereby certify I am the Cousin 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
Signature

X THOMAS DAVIS
Print Name

X 1916 W VICTORY RD
Address

X BURBANK 91506
City Zip Code

X 818 606 6863
Telephone

Invoice #

Work Order # E-19449

Acct. #

...formation is available in alternative formats upon request.

E 19449

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 VAN Burt & cecelia Burt / Family has Trion vase / Please Replace After Burial

		LOT 140 #11 Alyce Fabian	LOT 140 #12			
			LOT 163 X GR 6	LOT 164 Earl Cochran GR1		

Blind Check Initiated By: Sandra Date: 12-7-05

Interment space for: Van Burt JR

Interment Date: 12-8-05 Time: Delivery only

Div: 11 Sect: 1 Blk/Row: ____ Lot: 163 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

7 lagged

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 REV 1/99

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): Van
2. MIDDLE: Pelt
3. LAST (Family): Burt, Jr.
AKA ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST): Vanpelt Burt, Jr.
4. DATE OF BIRTH (mm/dd/yyyy): 09/13/1952
5. AGE (Yrs.): 53
If Under One Year: Months / Days
If Under 24 Hours: Hours / Minutes
6. SEX: M
7. BIRTH STATE/FOREIGN COUNTRY: TX
8. SOCIAL SECURITY NUMBER: 557-88-1765
9. EVER IN U.S. ARMED FORCES? YES [ ] NO [X] UNK [ ]
10. MARITAL STATUS (At Time of Death): Never Married
11. DATE OF DEATH (mm/dd/yyyy): 10/23/2005
12. HOUR (Military): 1344
13. EDUCATION — Highest Level Completed (Specify Only Highest Grade or Degree): 12
14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) YES [ ] NO [X]
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): Black
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: Janitor
18. KIND OF BUSINESS OR INDUSTRY (i.e., grocery store, road construction, employment agency, etc.): Education
19. YEARS IN OCCUPATION: 2

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or rural route): 305 Thrush Street
21. CITY: San Diego
22. COUNTY/PROVINCE: San Diego
23. ZIP CODE: 92114
24. YEARS IN COUNTY: 52
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: Thomas E. Davis, cousin
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 1916 W Victory Blvd., Burbank, CA 91506

SPOUSE AND PARENTS' INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: -
29. MIDDLE: -
30. LAST (Maiden Name): -
31. NAME OF FATHER — FIRST: Van
32. MIDDLE: Pelt
33. LAST: Burt
34. BIRTH STATE: AR
35. NAME OF MOTHER — FIRST: Cecelia
36. MIDDLE: -
37. LAST (Maiden): Unknown
38. BIRTH STATE: LA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/yyyy): 11/08/2005
40. PLACE OF FINAL DISPOSITION: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102
41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: John Q Funeral
43. LICENSE NUMBER: 6536
44. NAME OF FUNERAL ESTABLISHMENT: Bishop Mortuary
45. LICENSE NUMBER: FD1673
46. SIGNATURE OF LOCAL REGISTRAR:
47. DATE (mm/dd/yyyy): 11/04/2005

PLACE OF DEATH

48A. PLACE OF DEATH: Paradise Valley Hospital
48B. IF HOSPITAL, SPECIFY ONE: IP [X] ER/OP [ ] DOA [ ]
48C. IF OTHER THAN HOSPITAL, SPECIFY ONE: Hospice [ ] Nursing Home/ICF [ ] Decedent's Home [ ] Other [ ]
48D. COUNTY: San Diego
48E. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and Number or location): 2400 E 4th Street
48F. CITY: National City

CAUSE OF DEATH

27. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused the 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) Cardiac arrest
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: (b) Ischemic cardiomyopathy (c) (d)

Time Interval Between Onset and Death: (a) Mins (b) Years (c) (d)

28. DEATH REPORTED TO CORONER? YES [ ] NO [X]
29. AUTOPSY PERFORMED? YES [ ] NO [X]
30. AUTOPSY PERFORMED? YES [ ] NO [X]
31. USED IN DETERMINING CAUSE? YES [ ] NO [ ]

32. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1: COPD, Respiratory failure

33. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 27 OR 32? (If yes, list type of operation and date): -
34. IF FEMALE, PREGNANT IN LAST YEAR? YES [ ] NO [ ] UNK [ ]

PHYSICIAN'S CERTIFICATION

35. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Pronounced Dead On: (a) 10/20/2005
Decedent Last Seen Alive: (b) 10/23/2005
35A. SIGNATURE AND TITLE OF CERTIFIER:
35B. LICENSE NUMBER: 20A6973
35C. DATE: 11/03/2005
35D. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: David J. Beckes, M.D. 2400 E 4th Street National City, CA 91950

CORONER'S USE ONLY

36. 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 [ ]
36A. PLANNED AT WORK? YES [ ] NO [ ] UNK [ ]
36B. INJURY DATE (mm/dd/yyyy):
36C. HOUR OF INJURY (Military):
37. PLACE OF INJURY (e.g., home, construction site, vacated area, etc.):
38. DESCRIBE HOW INJURY OCCURRED (Describe what resulted in injury):
39A. LOCATION OF INJURY (Street and number or location, and city, and ZIP): 2517996
39B. SIGNATURE OF CORONER / DEPUTY CORONER:
39C. DATE (mm/dd/yyyy):
39D. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR: A | B | C | D | E
FAX AUTH. #:
CENSUS TRACT:

E19449

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Van	Pelt	Burt, Jr.	09/13/1952	10/23/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Thomas E. Davis, cousin 1916 W Victory Blvd. Burbank, CA 91506

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Bishop Mortuary 3444 Citrus Street, Lemon Grove, CA 91945	FD1673	▶	11/04/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	G. Mitchell 11/04/2005	▶ 2517996

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 11-8-05	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 11/10/05	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.

AT-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katherine H. Baxter 229758

in a Liner (Type of Burial Container) Funeral, date, time Tues Nov 8, 05 12:00

Church, Chapel, Graveside _____ ; C.A. Burial Janette 234-3272 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned X

Division 12 Section 2 Blk/Row _____ Lot 218 Grave 7

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	Ø
Opening/Closing & Setup	533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	Ø
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$3,358.93
Paid receipt number R-59373	3,358.93
Balance due	Ø

PAID
NOV 02 2005
MOUNT HOPE CEMETERY

mort. To pay
fax 229-2750

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-19450

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

6192292750
11 6192292750
10:23 6192292750
09:54 SD MT. HOPE CEMENTERY → 92292750

CALIFORNIA BURIAL
CALIFORNIA BURIAL

AT-Nee
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katherine H. Baxter

in a Liner (Type of Burial Container) Funeral, date, time Tues Nov 8 05 12:00

Church (Chapel) Graveside : CA Burial Jamette 234-3372 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row ____ Lot 218 Grave 7

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Liner	270.00
Handling Fees	206.00
Flower vases – Marker cutting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$3,358.93

mort. To pay
fax 229-2750

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.

Godfrey A Young

229759
X Godfrey A Young
X 29590 Clear View Ln
X Highland CA 92346
X 909 4250325

Invoice # ____

Work Order # E-19450

Acct. # ____

REA-104 (8-04)

This information is available in alternative formats upon request.

E19450

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Liner

			#1 Early Lillian			#4 Willis Jonathan
			#7 X			

Blind Check Initiated By: Sandra Date: 11-03-05

Interment space for: Katherine H. Baxter

Interment Date: tues Nov 8, 05 Time: 12:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 218 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Joe Date: 11-3-05

UNION BANK OF CALIFORNIA

NATIONAL CITY

RFRINF01 UB32525 Retail Customer Information 1 001 10-31-2005

KATHRYN H BAXTER (0001)
3929 KANSAS ST APT 39
SAN DIEGO CA 92104

Org Unit . . : COM
Comments . . . . . :

Status	: OPEN	Soc Sec #/Cert Cd	: XXX-38-8745 9
Branch	: 007	Certification Date	: 07 01 1990
Officer	:	Customer Since .	: 07 01 1990
Birth Date	: 12 20 1934		
Solicit/Info Share	: YES YES		
Sex	: FEMALE	Mother's Maiden Nm	: BAXTER
Mail Code	: 0	Internal Mail Code	:
Home Phone	: (619) 297-0473	Business Phone	: (619) 000-0000
Customer Is	: INDIVIDUAL	CONSUMER	
Relationships . . .	: DDA 002 EFT 001		

Command===> RFRINF01,KATHRYN H BAXTER,1
F1=Help F3=Menu F4=Next F8=Forward F11=Break F12=Exit

22 East 8th Street, National City, California 91950
619 336 2000 Fax 619 336 2012

CARE

CUSTOMERS ARE THE REASON WE EXIST

E19450

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
KATHERINE	-	BAXTER	12/09/1934	10/28/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	JELANI S. YOUNG--GRANDSON 5955 #B EL CAJON BLVD. 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
CALIFORNIA BURIAL CHAPEL, 2200 HIGHLAND AVE NATIONAL CITY CA 91950	FD 1689	▶	11/01/2005

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	11/01/2005	K JONES 2517731 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 11-8-5	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.

Residency verified by Medical Records @ Paradise Valley 11/3/05 MPS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-2-05

casket size 33"W x 88"L

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Bess 229754

in a Oversize Liner #7 (Type of Burial Container) Funeral, date, time Mon. 7th NOV 2005 11:00

Church, Chapel Graveside : S.A. memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $213.00 will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row _____ Lot 108 Grave 1

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Oversize Liner #7	312.00
Handling Fees	206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	$24.18
Total Due	$3,404.18
Paid receipt number R-59375	3,404.18
Balance due	0

PAID

NOV 2 2005

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.

MOUNT HOPE CEMETERY

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

see attach. for signature

Invoice # _____

Work Order # E-19451

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

50 SD MT. H CEMENTERY * 96920896

Proof of Residency Needed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E19451

Date 11-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Bess

in a oversize Liner #7 (Type of Burial Container) Funeral, date, time Mon. 7th NOV 2005 11:00

Church, Chapel, Graveside S.D. memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned X

Division 12 Section 2 Site/Row _____ Lot 108 Grave 1

Grave Space & Care Fund	$ 2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Oversize Liner #7	312.00
Handling Fees	206.00
Flower Vases – Bunker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	$ 24.18
Total Due	$ 3,404.18
Pmt receipt number	
Balance due	

I hereby certify I am the daughter 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. 229755

I hereby authorize the interment in an I hold under deed

Signature Stephanie Bess X

Print Name Stephanie Bess

Address 1401 Aurora St

City San Diego Co. Zip Code 92102

Telephone X (619) 248-9520

Invoice # _____

Work Order # E-19451 Acct. # _____

REA-104 (3-04) This information is available in alternative formats upon request.

E19451

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.

oversize #7 33" W x 88" L casket size

			#1 X		#3 mildred conquest	
				#7 warner prenters		

Blind Check Initiated By: Sandra Date: 11-3-05

Interment space for: William Bess

Interment Date: mon Nov 7th, 05 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 108 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: 11/3/05

7 Ragged

E19451

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	DAVID	BESS	11/15/1948	10/26/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	STEPHAINE BESS--DTR. 401 AURORA 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
WMS. SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSTIY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Bonnie Pryor	11/03/2005

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	11/03/2005 R. PRYOR	2517893 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 11-07-5	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 11-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Sophia Ritchie 216652

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Mon. Nov 7, 05 1:00 p.

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. X

Division 6 Section 3 Blk/Row _____ Lot 87 Grave 1

Grave space & Care Fund C-4511 (1967)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container DD Crypt "A"	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number _____	0
Balance due	0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

11-4-05 10:00 advised family of mark set up

X
Print Name

X
Address

X
City Zip Code

X
Telephone

We attack for signature & Final verification of location

Invoice # _____

Work Order # E-19452

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Florence Cray
Cell # 619 857-3990
619 442-3990

Daughter Debbie Davis
619 987-9376

E19452

AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-2-05

Family please sign by all (X's)
Also please initial location where your love one will be buried

Location Verified w/Sandra FLC

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Sophia Ritchie

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Mon. Nov 7, 05 1:00 p.

Church, Chapel (Graveside) Greenwood Mortuary.

All Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. Florence L. Craig X

Division 6 Section 3 Blk/Row _____ Lot 87 Grave 1

Grave space & Care Fund C-45.11 (1967)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container DD Crypt "A"	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	0
Balance due	0

I hereby certify I am the Florence L. Craig 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.

Florence L. Craig
Signature

X Florence L. Craig
Print name
X 1302 Clarke Drive
Address
X El Cajon CA 92021
City Zip Code
X Florence L. Craig
Telephone

Invoice # _____

Work Order # E-19452

Acct. # _____

RSA-104 (3-04) This information is available in alternative formats upon request.

Please print or type

E19452

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. DD Crypt "A"

			Margaret Ritchie	Shirk Neta		
			X			

Blind Check Initiated By: Sandra Date: 11-4-05

Interment space for: Margaret Sophie Ritchie

Interment Date: Mon Nov 7th, 05 Time: 1:00 p.

Div: 6 Sect: 3 Blk/Row: ____ Lot: 87 Gr: 1

Grave Laid out by: Norman Langloss

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-4-05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19452

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	SOPHIA	RITCHIE	03/17/1908	11/02/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	FLORENCE CRAIG - NIECE 1302 CLARKE DRIVE EL CAJON, CA 92021

TYPED NAME AND ADDRESS OF 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	▶ Richard King	11/03/2005

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	11/03/2005 D. King	▶ 2517932

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-07-5	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
NON-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-2-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joan S. Volker (X) 228037

in a Ash Vault (Type of Burial Container) Funeral, date, time Shut. NOV 10, 2005 11:00

Church, Chapel, Graveside Delivery ONLY ; Chulavista Jeff Halley 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 8 Section 3 Blk/Row _____ Lot 679 Grave 1 (A)

Grave space & Care Fund C-1755 (1965)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container Ash Vault	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	237.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	$747.06
Paid receipt number R-59371	$747.06
Balance due	0

PAID
NOV 02 2005
MOUNT HOPE CEMETERY

I hereby certify I am the Charles M. Volker 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.

Charles M. Volker X
Signature

X Charles M. Volker
Print Name

X 6050 Henderson Dr. #25
Address

X La Mesa, CA 91942
City Zip Code

X 469-9856
Telephone

Invoice # _____

Work Order # E-19453

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

January 22, 1965

E19453 577

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Charles M. and Joan S. Volker for the sum of $ 75.00 (DOLLARS)

LEGAL DESCRIPTION Lot 679 Section 3 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-1755

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

One 2' By 1' Flush Marker Only

R. W. Dehne
Cemetery Manager

L. Ernest
Park and Recreation Director

FORM PR-584

E19453

Baker plot under marker right side

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.

Ash vault

#676	#677 ELEANOR OLIVER		#679 X			

Blind Check Initiated By: Sandra Date: 11-14-05

Interment space for: Joan S. Volker ⊗

Interment Date: Thurs NOV 10, 2005 Time: 11:00

Div: 8 Sect: 3 Blk/Row: ____ Lot: 679 Gr: 1

Grave Laid out by: David Noreiga

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: A Warren Date: 11-14-05

E19453
19941

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOAN	STAUBACH	VOLKER	07/12/1927	11/01/2005	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	CHARLES VOLKER (SPOUSE) 6050 HENDERSON DR. #25 SAN DIEGO, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY CHULA VISTA, CA 91910	FD-964		11/03/2005

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	11/04/2005 SANDRA PENA	2517963

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
SAN DIEGO CO. P.O. BOX 85222
SAN DIEGO, CA 92186

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 CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE. COSTA MESA, CA 92626	12B. DATE CREMATED NOV 09 2005	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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 (Res)

Date 11-3-05

IN Grave with Cruzbert Ortiz

Pin# 29784

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Salustio Santibanez Ocampo (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time Fri NOV 18, 05, 9:00

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 $ $213.00 will be applied and billed to undersigned. Celia Santibanez X

Division 12 Section 2 Blk/Row ____ Lot 42 Grave 5

Grave space & Care Fund E-5602	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container Ash PAID	79.00
Handling Fees	85.00
Flower vases – Marker setting fee NOV 0 2 2005	0
Recording/Filing/Transfer Fees	65.00
Sales taxes MOUNT HOPE CEMETERY	6.12
Total Due	$384.12
Paid receipt number pd by Visa	$384.12
Balance due	0

I hereby certify I am the ESPOSA 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.

229785

I hereby authorize the interment in lot I hold under deed.

Celia Santibanez X
Signature

X Celia SanTibanez
Print Name
X 1702 32nd ST
Address
X San Diego CA 92102
City Zip Code
X (619) 237-0014
Telephone

Invoice # ____

Work Order # E-19454

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Celia
619 548-1521

E19454


CALIFORNIA
IDENTIFICATION CARD
A5935624
EXPIRES 09-30-99
SALUSTRIO SARTIGANEZ OCAMPO
1702 32ND ST
SAN DIEGO CA 92102
SEX:M HAIR:BLK EYES:BLK
HT:5-02 WT:160 DOB:09-30-48
04/19/94 613 331
1169

E19454

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 03-03-10

C2064524



CELIA ORTIZ SANTIBANEZ
1702 32ND ST
SAN DIEGO CA 92102



SEX:F HAIR:BRN EYES:BRN
HT:5-00 WT:140 DOB:03-03-54

Celia Santibanez

04/13/2004 506 10 FD/10

IN Grave with Cruzbert which is located Top 1/3 of grave at head

E19454

Ashes place at foot of grave

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. Ash Vault / Call office to type on records Location of Ashes

		Johnny Jones	X	William yurick		

Blind Check Initiated By: Sandra Date: 11-16-05

Interment space for: Salustio Santibanez Ocampo

Interment Date: Fri Nov 18, 05 Time: 9:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 42 Gr: 5

Grave Laid out by: Herman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E19454

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SALUSTIO	SANTIBANEZ	OCAMPO	09/30/1948	10/16/2005	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]IJUANA	MEXICO	CELIA ORTIZ SANTIBANEZ-SPOUSE 1702 32ND 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 control	8B. DATE SIGNED
WMS. SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Bonnie Ryan	10/26/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	10/26/2005 R. PRYOR	2517450 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11 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 [redacted]OSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/02/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia M. Davis #2296454

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 9

Grave space & Care Fund	$2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$ 3358.93
Paid receipt number	M/C R-59376 3358.13
Balance due	0

PAID

NOV 03 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Same Person of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 #2296454

I hereby authorize the interment in lot I hold under deed.

Julia M. Davis
Signature

Julia M. Davis
Print Name

1631 Bayview Heights Dr. #B
Address

San Diego, CA 92105
City Zip Code

(619) 262-2975
Telephone

DAVIDWJO

Work Order # E-19455

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Helen Cramer 229762

in a TS Vault (Type of Burial Container) Funeral, date, time Weds Nov 9, 2005 10:30

(Church) Chapel, Graveside ____ : Goodbody Allen 582-1700 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned Herman G. Cramer X

Location verified Herman G. Cramer

Division 3 Section ____ Blk/Row 1 Lot 333 Grave 1

Grave space & Care Fund C-7424 (1969)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container TS Vault	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	1,421.51
Paid receipt number R-59379	1,421.51
Balance due	0

PAID
NOV 07 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.

229763

I hereby authorize the interment in lot I hold under deed.

Herman G. Cramer X
Signature

X HERMAN G. CRAMER
Print Name
X 8469 WHELAN DR.
Address
X SAN DIEGO 92119-1910
City Zip Code
X CA
Telephone (619) 465-4427

Invoice # ____

Work Order # E-19456

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

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7/7/1969

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

Herman D
& Mary Helen Cramer
~~2 Lyle M~~
~~+ Mary M. Thomas~~

DEED

4421
E19456

OWNERSHIP AND INTERMENT PRIVILEGES

TO Doris E. Cramer for the sum of $ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lot 333 Graves 1 & 2 SBlock 1

AS DESCRIBED ON PURCHASE ORDER NUMBER C-7424

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Flush Marker Only

R. W. Dehne
Cemetery Manager

Eric Quartz
Public Works Director

FORM PW-584

E19456

DMV CALIFORNIA

EXPIRES ON BIRTHDAY



SEX:F HAIR:BLK
HT:5 04 WT:1
SENIOR CITIZEN

X Mary Helen Cramer
06-21-86 614 A1
DO NOT LAMINATE

proof of Residency
FOR Mary Helen Cramer

E19455

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS: C

EXPIRES 07-28-10

W0754465



HERMAN GEORGE CRAMER, JR
8469 WHELAN DR
SAN DIEGO CA 92119

SEX:M HAIR:BRN EYES:BLU
HT:5-10 WT:175 DOB:07-28-23

RSTR: CORR LENS

DONOR

Herman G. Cramer Jr

07/18/2005 669 46 FD/10

Husband of decease

E19455

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. TS Vault

			Halvorsen			
	crub		X	Lumb		

Blind Check Initiated By: Sandra Date: 11-7-05

Interment space for: Mary Helen Cramer

Interment Date: weds Nov 9, 05 Time: 10:30

Div: 3 Sect: ____ (Blk)/Row: 1 Lot: 333 Gr: 1

Grave Laid out by: Norman Long

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Jose Date: 11-7-05

E19456

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
MARY	HELEN	CRAMER	04/01/1918	11/04/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	HERMAN G. CRAMER - HUSBAND 8469 WHELAN DRIVE SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY - 5027 EL CAJON BLVD. SAN DIEGO, CA 92115	FD 790	▶ Debra L King	11/08/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/08/2005 D. King	▶ 2518133

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 11-9-05	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 11-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Anthony G. Dorsey 229772 Gerald

in a Liner Funeral, date, time Mon. Nov 14, 2005 11:00AM

Type of Burial Container

Church, Chapel, Graveside Witness ~~Only~~ Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section — Blk/Row — Lot 603 Grave 1

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Galv. vase WO# 4713 Flower vases – Marker setting fee	33.09
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,392.02
Paid receipt number R-59386	3,392.02
Balance due	Ø

PAID

NOV 0 8 2005

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

S.A. Resident

Paulette

Print Name

Address

City Zip Code

Telephone

See attached

Invoice # _____

Work Order # E-19457

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19457

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 11-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony G. Dorsey in a Liner (Type of Burial Container) Funeral date time Mon Nov 14 2005 11:00 AM

Church, Chapel, Graveside Witness Only Preferred Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section — Blk/Row — Lot 603 Grave 1

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Market seeding fee (Gaw. vase)	33.09
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3392.02

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: [signature]

Adele Johnson
Name
3415 Washington St. #18
Address
Lemon Grove, CA 91945
City Zip Code
619/741-0081
Telephone

Paulette

Work Order # E-19457

Invoice # _____

Acct. # _____

REV-104 (3-04)

This information is available in alternative formats upon request.

E19457


CALIFORNIA
IDENTIFICATION CARD
N9869813
EXPIRES 10-17-02
ANTHONY GERALD DORSEY
102 BUCCANEER DR
SAN DIEGO CA 92114
SEX: M HAIR: BLK EYES: BRN
HT: 6-03 WT: 270 DOB: 10-17-62
10/15/96 614 A9/
1825

E19457

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.

West			X	Moon		Padgett
			Stourgeon	Herrnberger	Hernberger	Tveson

Blind Check Initiated By: Paulette Date: 11/8/05

Interment space for: Anthony Darsey

Interment Date: Mon. Nov. 14 Time: 11:00 G.S.

Div: 10 Sect: ____ Blk/Row: ____ Lot: 603 Gr: 1

Grave Laid out by: Norman Ferry

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: A Warren Date: ____

E194577

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Anthony	Gerald	Dorsey	10/17/1962	10/31/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Mesa	San Diego	Adele Johnson - Sister 3415 Washington Street #18 Lemom Grove, California 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED
Preferred Cremation and Burial 6163 University Avenue San Diego, California 92115	FD-1746		

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/04/2005	▶ Steven L Cowen RD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, California 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [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 CORONOR'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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Non-Resident Pre-need lot + trust in grave with John H. Bowlby Sr.

Date 11-7-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John H. Bowlby, Jr. Pin # 229757

in a Ash Vault (Type of Burial Container) Funeral, date, time NOV 29 05 12:00

Church, Chapel, Graveside Delivery Only! ; Featherlite Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division Lo Section Lo Blk/Row _____ Lot 29 Grave 8

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases ~~Marker setting fee~~	237.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	747.06
Paid receipt number R-59384	747.06
Balance due	0

PAID

NOV 07 2005

MOUNT HOPE CEMETERY

Part of

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

MARY E. LOW P.n# 229756

I hereby authorize the interment in lot I hold under deed.

Signature _____

(914) 941 4854

Paulette

Print Name _____

Address _____

City _____ Zip Code

Telephone _____

* See the attached signature of MS. Low.

Invoice # _____

Work Order # E-19458

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19458

MARY ELLEN LOW

78 ALDER DRIVE, BRIARCLIFF MANOR, NEW YORK 10510

November 4, 2005

Paulette Crawford
Mount Hope Cemetery
3751 Market Street
San Diego, Calif. 92102

Dear Paulette:

I enclose my check for $1,062.90

which covers:

#1	repair of foundation for Marguerite Baird, John H. Bowlby and Marguerite Bowlby	315.84
#2	Burial of John H. Bowlby, Jr., ashes	510.06
#3	Set stone for John Jr.	237.00

Thank you.

CK#4102
6-6-29, gr. 8&9
R-59384

*Mary Ellen Low

E19458

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.

		Hedquist		Baird		
		Olson	X	Bowlby		

Blind Check Initiated By: Paulette Date: 11/21/05

Interment space for: John H. Bowlby Jr

Interment Date: 11/22 Time: AM

Div: 6 Sect: 6 Blk/Row: ____ Lot: 29 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 11-21-05

E19458

Certificate of Cremation

BY

FERNCLIFF CREMATORY

HARTSDALE – WESTCHESTER COUNTY – NEW YORK

162259 — Cremation No.

05/21/05 — Cremation Date

KNOW ALL MEN BY THESE PRESENTS, that

JOHN BOWLBY

HAS BEEN CREMATED AT FERNCLIFF CREMATORY
VANDALISM FEE COLLECTED

Superintendent

E19458

Certificate of Cremation

BY

FERNCLIFF CREMATORY

HARTSDALE – WESTCHESTER COUNTY – NEW YORK

162259 — Cremation No.

05/21/05 — Cremation Date

KNOW ALL MEN BY THESE PRESENTS, that

JOHN BOWLBY

HAS BEEN CREMATED AT FERNCLIFF CREMATORY
VANDALISM FEE COLLECTED

Superintendent

E19458

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
John	Hudson	Bowlby, Jr.	02/13/1927	05/16/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Mt. Pleasant	New York	Mary Ellen Low (Sister) 78 Alder Dr. Briarcliff Manor, NY 10510

7A. TYPED NAME AND ADDRESS OF 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 Domeq	11/25/2005

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	11/28/2005	2519161 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,	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 CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 11-27-	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.

AT-Need
(Res)
1st + 2nd
Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Val Guthrie 229770

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time MON NOV 14, 2005 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 $ 213.00

will be applied and billed to undersigned. [signature] X

Division 11 Section 1 Blk/Row _____ Lot 157 Grave 1

Grave space & Care Fund		$2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 @ $533.00	$1,066.00
Burial Container	DD Crypt	539.00
Handling Fees		454.00
Flower vases (WO#) Marker setting fee (Trion)	vase $65.71 + marker setting $178.00	243.71
Recording/Filing/Transfer Fees	2 @ $65.00	130.00
Sales taxes		41.77
	Total Due	$4,738.48
	Paid receipt number pd by Visa	$4,738.48
	Balance due	0

PAID
NOV 0 8 2005
MOUNT HOPE CEMETERY

I hereby certify I am the SON X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229771

I hereby authorize the interment in lot I hold under deed.

[signature] X
Signature

Ricardo Guthrie
(co-purchaser)

X MARIO GUTHRIE
Print Name

X 975 BARN OWL CT
Address

X CHULA VISTA CA 91913
City Zip Code

X 619-934-7487
Telephone

Invoice # _____

Work Order # E-19459

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19459

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 02-14-08

K0101324

CLASS: C



ROBERT VAL GUTHRIE
4636 BAXTER CT
SAN DIEGO CA 92117

SEX:M HAIR:GRY EYES:BRN
HT:6-01 WT:210 DOB:02-14-30

RSTR: CORR LENS

01/29/2003 519 10 FD/08

E19459

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: CRISE ROBERT VAL
2. SERVICE NUMBER: AF24 338 882
3 a. GRADE, RATE OR RANK: SGT E-5 (T)
3 b. DATE OF RANK (Day, Month, Year): 1 May 57
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: AF Purple Reg AF
5. PLACE OF BIRTH (City and State or Country): Chicago, Illinois
5. DATE OF BIRTH: DAY 24 MONTH Feb YEAR 30
7 a. RACE: Negroid
7 b. SEX: Male
8. COLOR HAIR: Black
8. COLOR EYES: Brown
8. HEIGHT: 5'8"
8. WEIGHT: 175
8. U.S. CITIZEN: ☒ Yes ☐ No
8. MARITAL STATUS: Married
10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: Some College 4
9. MAJOR COURSE OR FIELD: Psychology

TRANSFER OR DISCHARGE DATA

11 a. TYPE OF TRANSFER OR DISCHARGE: RE RELEASE
11 b. STATION OR INSTALLATION AT WHICH EFFECTED: Separ 2nd Air Force Base, Louisiana
11 c. REASON AND AUTHORITY: SPR 615-368 Par 3j AFR 39-16 & 2d Ind Hq 806th CSG(S) & 1st Ltr Hq Sq Sep 806th CSGP (Sac) 58 Subjs Early
11 d. EFFECTIVE DATE: DAY 6 MONTH Sep YEAR 58
12. LAST ASSIGNMENT AND MAJOR COMMAND: Hq Sq Sep 806th CSGP (SAC)
12 a. CHARACTER OF SERVICE: HONORABLE
13. TYPE OF CERTIFICATE ISSUED: DD 256 AF

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: RA 30 62
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: 1823, Lexington, Fayette, Ky
16. DATE INDUCTED: DAY N/A MONTH YEAR
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: N/A

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY N/A MONTH YEAR
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION — a. SOURCE OF ENTRY: ☐ ENLISTED (First Enlistment) ☒ ENLISTED (Prior Service) ☐ REENLISTED ☐ OTHER
b. TERM OF SERVICE (Years): 4
c. DATE OF ENTRY: DAY 29 MONTH May YEAR 55
20. HOW ENTERED REGULAR ENLISTMENTS: Enlt
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: Airman First Class
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Louisville, Kentucky
23. PERMANENT MAILING ADDRESS AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE (Number, Street, RFD, City, County and State): 274 E. 4th St., Lexington, Fayette Co, Ky
24. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	02	09	10
	(2) OTHER SERVICE	04	00	00
	(3) TOTAL (Line (1) + line (2))	07	09	10
b. TOTAL ACTIVE SERVICE		07	09	10
c. FOREIGN AND/OR SEA SERVICE		00	11	25

25 a. SPECIALTY NUMBER AND TITLE: 7515 | E4 Sr Spec
25 b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: N/A
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Hqs Cmd Ribbon
27. WOUNDS RECEIVED AS RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): N/A
28. SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

a. SCHOOL OR COURSE	b. DATES (From - To)	c. MAJOR COURSES
N/A	N/A	N/A

28. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: OJT Admin Supv Crse.

VA DATA

30 a. GOVERNMENT LIFE INSURANCE IN FORCE: ☐ YES ☐ NO
30. AMOUNT OF ALLOTMENT: $18.00
30. MONTH ALLOTMENT DISCONTINUED: a. [illegible] b. [illegible] c. N/A
31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify form): N/A

AUTHENTICATION

32. REMARKS: "E-3"//Blood Group "B Pos"//No time lost//Not entitled to HGF// Paid for 16 days accrued leave//Mech 6, Cler 7, Eqp Opr 4, Tech Sp 7, Sv 9, Crafts 5, Elect 7//SAC Compld 11 Oct 56 (4th BD OSI)(SAC)//FSSB: 26 July 1957//Perm grade of A/1C with date of rank: 29 Nov 55//Item 11c—Re assn to Attend School—AFR 39-14
33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Number, Street, RFD, City, County and State): [illegible] Lexington Ky
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Robert V Crise
35. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: Robert H Travis

DD FORM 214 NOV 52 — ROBERT H TRAVIS, CWO — OBSOLETE OF 1 JUL 52 WHICH IS OBSOLETE AFTER 1 JULY 1956.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

E19459

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. DD Crypt "A" 1st Burial

	LOT 156 #5 Elsie Williams	#6 LOT 156	GR 1 X LOT 157	Frank McFadden SR.		

Blind Check Initiated By: Sandra Date: 11-8-05

Interment space for: Robert Val Guthrie

Interment Date: MON NOV 14, 2005 Time: 10:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 157 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 11/11/05

Flagged

E19459

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ROBERT	VAL	GUTHRIE	02/14/1930	11/06/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELODIA GUTHRIE: WIFE 4636 BAXTER COURT 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
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	Sunnika Pryor	11/10/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	S.PRYOR 10/11/2005	2518310

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
Res. fee
verified

Date 11-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of D. JORDAN CHILDS 229796

in a DD CRYPT "A" Funeral, date, time Friday Nov 11, 9:00
Type of Burial Container

Church Chapel, Graveside _____ : El Camino Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 222 Grave 6

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2 @ 533.00	1066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee Tricon WO# 4738 ✓ PAID	243.71
Recording/Filing/Transfer Fees 2 @ 65.00	130.00
Sales taxes NOV 0 8 2005	41.77
Total Due	4738.48
Paid receipt number VisaCard	4738.48
Balance due	Ø

MOUNT HOPE CEMETERY

I hereby certify I am the WIFE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229797

I hereby authorize the interment in lot I hold under deed.

Signature X Childs

CDL A 3730068

9-15-09

Paulette

Work Order # E-19460

LEILANI CHILDS
Print Name

11225 PAGEMONT LANE
Address

SAN DIEGO, CA 92126
City Zip Code

(858) 689-2077
Telephone

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19460

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 08-23-05

A1193600



D JORDAN CHILDS
11225 PACEMONT LN
SAN DIEGO CA 92126



SEX:M HAIR:BLK EYES:BRN
HT:6-04 WT:215 DOB:08-23-65

10/04/1999 519 87 FD/05

E19460

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.

					Alred	
	Scott		X		Smith	

Blind Check Initiated By: Paulette Date: 11/8/05

Interment space for: Jordan Childs

Interment Date: Friday Nov 11 Time: 9:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 222 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-8-05

E19460

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	JORDAN	CHILDS	08/23/1965	11/06/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	LEILANI CHILDS - WIFE 11225 PACEMONT LN 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 control	8B. DATE SIGNED
EL CAMINO MEMORIAL SORRENTO VALLEY CHAPEL 5600 CARROLL CANYON RD SAN DIEGO CA 92121	FD1260	▶	11/10/2005

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	11/10/2005 E GALVEZ	2518320 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 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 3753 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 11-11-05	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 (Res)
1st Burial ONLY

Date 11-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Boghos Paul MARSELian 229773

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time SAT Nov 12, 05 11:00 Scott 281-0155

Church, Chapel, Graveside _____ Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Sego Marselian X

Division 10 Section _____ Blk/Row _____ Lot 601 Grave _____

Grave space & Care Fund	$ 2,264.00
Overtime/Late Arrival Fees Sat Fee	851.00
Opening/Closing & Setup	533.00
Burial Container DD Crypt "A" 1st Burial	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	$ 4,747.77
Paid receipt number pd by phone Visa	$ 4,747.77
Balance due	0

PAID
NOV 08 2005
MOUNT HOPE CEMETERY

I hereby certify I am the BROTHER 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 229774

Signature Sego Marselian X

X SEGO MARSELIAN
Print Name
X 4565 CATHEDRAL
Address
X SAN DIEGO, CA 92122
Zip Code
X 858-552-8570
Telephone

Invoice # _____

Work Order # E-19461

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Fax mayer mail
619 281-7587

8053839787

E19461

8053839787 Worley Marselian

Nov 04 05 09:24p

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 04-12-10 N4539919 CLASS: C



BOGHOS PAUL MARSELIAN
PO BX 16039
SAN DIEGO CA 92176

SEX:M HAIR:BRN EYES:BRN
HT:6-01 WT:165 DOB:04-12-55

RSTR: CORR LENS

BMarsi

E19461

CITY OF SO MT HOPE CEMETE
[illegible] MARKET ST
SAN DIEGO CA 92102
619-527-5474
[illegible]

DATE: 11/[illegible] TIME: 12:58:57
[illegible] STR#: 4381 TERM: 0002
[illegible]

REF: 0008
BATCH: 022
CD TYPE: VISA
R TYPE: MP

TOTAL: $4747.77M
[illegible] EXP: [illegible]
[illegible]

[illegible] ACKNOWLEDGES RECEIPT OF
[illegible] SERVICES IN THE AMOUNT OF
[illegible] AND AGREES TO

pd by phone
Div 10 LOT 601
E-19461
pd FOR AT-Need
services
Boghos paul
MARSELIAN
1st Burial ONLY
DD Crypt

E194461

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

DD Crypt "A" 1st Burial

			601 X	602 Ernest Moon		604 Padgett
			672 Mary Le Stourgeon	673 Clyde Hermberger		

Blind Check Initiated By: Sandra Date: 11-8-05

Interment space for: Boghos Paul Marselian

Interment Date: Sat Nov 12, 05 Time: 11:00 Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 601 Gr: ____

Grave Laid out by: Norman Fey

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 11/9/05

7 flagged

E19461

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Boghos	Paul	Marselian	04/12/1955	11/07/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Thousand Oaks	Ventura	Seto Marselian Brother 4565 Cather Ave. San Diego, CA 92122

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Crawford Mortuary 8717 Tampa Ave. Northridge, CA 91324	FD1228	▶ Brayla Elg	11/09/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/10/2005	91200

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
2240 E. Gonzales Rd. #150, Oxnard CA 93036	San Diego County, P.O Box 85222, San Diego CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'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 11-12-05	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

TRUST
(NON-RES)

Date 11-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerome D moe ~~X~~ 229813

in a Ash vault (Type of Burial Container) Funeral, date, time Thurs Dec 1, 05 2:00 GS

Church, Chapel, Graveside : Cypress view Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. Pamela Campbell X

Division IOOF Section _____ Block/Row 23 Lot 62 Grave _____

Grave space & Care Fund	C-3656 1966	0
Overtime/Late Arrival Fees		0
Opening/Closing & Setup		$199.00
Burial Container	Ash Vault	104.00
Handling Fees		114.00
Flower vases / Marker setting fee	WO#746 Galvase ✓ Galvase $43.47 + Marker Fee $237.00	280.47
Recording/Filing/Transfer Fees		85.00
Sales taxes		8.06
	Total Due	$790.53
	Paid receipt number pd by visa	$790.53
	Balance due	0

PAID

NOV 0 8 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Consa 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.

229819

I hereby authorize the interment in lot I hold under deed.

Pamela Campbell X
Signature

X PAMELA Campbell Powell
Print Name

X 600 SAMUEL ST
Address

X La Mesa Ca 91942
City Zip Code

X 619-466-8790
Telephone

619 336-4550
WK # Pamela Campbell

Invoice # _____

Work Order # E-19462

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19462

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. please no dirt on Graves, LOTS 63, 66, 67, 68 Family will have services For All Family

	#66 Minnie Peters	#63 Jake moe #64 Degener	#62 X			

Blind Check Initiated By: Sandra Date: 11-30-05

Interment space for: Jerome D moe (X)

Interment Date: Thurs Dec 1, 05 Time: 2:00 GS

Div: IOOF Sect: ____ (Blk) Row: 23 Lot: 62 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-30-05

7 lagged

87512

E19462 AEM 684

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JEROME	DALE	HOE	02/08/1939	10/29/2005	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	PAMELA CAMPBELL - COUSIN 6010 SAMUEL ST LA MESA CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
ECN CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113	FD-670

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — Person taking permit ▶	8B. DATE SIGNED
			11/00/2005

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	11/04/2005 L CASTRO	2517961 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 12-1-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kerry F. Hamm
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 11/4/2005	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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.

E19463

Not included

In this spindle

E19400_E19499

AT-need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Subhi Khalil Aziz 229768

in a Muslim Slab (Type of Burial Container) Funeral, date, time Thurs Nov 10th 05 10:00

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. [signature] X

Division Muslim Section _____ Blk/Row _____ Lot 163 Grave _____

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	$533.00
Burial Container Slab PAID	$114.00
Handling Fees	—
Flower vases – Marker setting fee NOV 09 2005	—
Recording/Filing/Transfer Fees	$65.00
Sales taxes MOUNT HOPE CEMETERY	$8.84
Total Due	$720.84
Paid receipt number R-59392	$720.84
Balance due	0

I hereby certify I am the Son X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229769

I hereby authorize the interment in lot I hold under deed.

[signature] X
Signature

X Senan Subhi Khalil
Print Name
X 12553 Montero place
Address
X San Diego 92128
City Zip Code
X (858) 673-0961
Telephone

Invoice # _____

Work Order # E-19464

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19464

DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 07-01-15

D9105696



SUBHI KHALIL AZIZ
12553 MONTERO PL
SAN DIEGO CA 92128



SEX:M HAIR:GRY EYES:BLK
HT:5-03 WT:103 DOB:07-01-28

Subhi Khalil Aziz

10/04/2005 676 17 FD/15

E19464

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X	Rahman Ghavami Amin		

Blind Check Initiated By: Sandra Date: 11-8-05

Interment space for: Subhi Khalil Aziz

Interment Date: Thurs Nov 10, 05 Time: 10:00

Div: muslim Sect: ____ Blk/Row: ____ Lot: 163 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: 11/9/05

E19464

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 77

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SUBHI	KHALIL	AZIZ	07/01/1928	11/08/2005	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	SENAN KHALIL - SON 12553 MONTERO PLACE SAN DIEGO, CA 92128

7A. TYPED NAME AND ADDRESS OF 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	▶ Rahel D. King	11/09/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated 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	11/09/2005 D. King	▶ 2518288

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 11-10-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

pre-need
lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/10/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mr. & Mrs. Joseph M. Fernandes

in a D.D. 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 10 Section _____ Blk/Row _____ Lot 2464 Grave 1

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	717.-
Handling Fees	604.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	55.57
Total Due	5180.57
Paid receipt number R-59395	5180.57
Balance due	Ø

PAID
NOV 10 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.

Pin # 22976

Richard D. Fernandes
Print Name

Richard D Fernandes
Signature

13622 Coyote Vista Way
Address

Jamul, Calif 91935
City Zip Code

619-444-1766
Telephone

Paulette

Invoice # _____

Work Order # E-19465

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/10/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for. Richard D. Fernandes

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 164 Grave 1

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fee	
Sales taxes	
Total Due	3011.-
Paid receipt number R-59395	3011.-
Balance due	0

PAID

NOV 10 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.

Pin # 239767

Richard D Fernandes
Print Name

13622 Coyote Vista Way
Address

Jamul, Calif. 91935
City Zip Code

619-441-1766
Telephone

Signature

Paulette

Work Order # E-19466

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-14-05

casket size please 24"L x 10"W x 12"H

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alexandra Blanco Castro 229776

in a Bx Liner (Type of Burial Container) Funeral, date, time weds NOV 16, 05 10:00

Church, Chapel (Graveside) : S.D. Memorial (692-3070) Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. X

Division 9 Section 1 Blk/Row _____ Lot 1637 Grave _____

Grave space & Care Fund	$142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container Bx Liner PAID	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees NOV 14 2005	65.00
Sales taxes	7.67
MORT TO pay MOUNT HOPE CEMETERY Total Due	$527.67
Paid receipt number R-59404	$527.67
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-19467

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19467

City of San Diego

Date 11-14-05

casked size per Joseph 2.4" L x 10" W x 1.1" H

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alexandra Blanco Castro

in a Bx Liner (Type of Burial Container) Funeral date, time Wed Nov 16, 05 Time

Church, Chapel (Graveside) ; S.D. Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____ X

Division 9 Section 1 Blk/Row _____ Lot 1637 Grave _____

Grave space & Care Fund	$142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	118.00
Burial Container Bx Liner	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	$527.67

MORT TO pay

Paid receipt number _____

Balance due _____

I hereby certify I am the Mother 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.

229772

I hereby authorize the interment in lot I hold under deed

Angelica Castro
Signature

X Angelica Castro X
Print Name

X 5450 University Av APT 3
Address

X San Diego CA 92105
City Zip Code

X (619) 229-89-73
Telephone

Invoice # _____

Work Order # E-19467

Acct # _____

Information is available in alternative formats upon request

E19467

proof of Residency

Unit 13

San Diego
Regional Center
for the Developmentally Disabled
4355 Ruffin Road, Suite 204, San Diego, California 92123-4396

PRESORTED
FIRST CLASS

UNITED STATES POSTAGE
PITNEY BOWES
02 1A
0004372441
$ 00.57⁷
NOV 01 2005
MAILED FROM ZIPCODE 92123

234-85-06

MR. SANTIAGO BLANCO
MS. ANGELICA CASTRO
5450 UNIVERSITY AVENUE APT 3
SAN DIEGO, CA 92105-2363

LAYEAMF 92105

California Children's Services
SAN DIEGO COUNTY (CCS)
6160 MISSION GORGE ROAD
P.O. BOX 85222
SAN DIEGO,CA 92186-5222

10/27/2005

ANGELICA CASTRO
SANTIAGO BLANCO
5450 UNIVERSITY AVE APT 3
SAN DIEGO,CA 92105

RE:	ALEXANDRA CASTRO
CCS #:	3813936
DOB:	09/12/2005
County:	SAN DIEGO
CIN #:	99315883E4

Authorization For Diagnostic Evaluation

ALEXANDRA CASTRO has been authorized for services necessary to establish a CCS medically eligible condition. Service authorization 97002794930 is effective from 09/21/2005 to 03/21/2006 with the following Special Care Center (SCC) or specialist:

CHILDRENS HOSPITAL OF SAN DIEGO - TYPE C
3020 CHILDREN'S WAY
MC 5010
SAN DIEGO, CA, 92123

Please call the above SCC or Specialist at: (858) 576-1700 to schedule your child's appointment.

Remember to take this letter, your Beneficiary Identification Card (BIC), in addition to any other Health Plan Cards to this appointment. Please inform the office of your child's CCS coverage and authorization for diagnostic evaluation.

This letter will need to be shown to CHILDRENS HOSPITAL OF SAN DIEGO - TYPE C and any other providers your child may be referred to in order to expedite your child's ability to receive additional medical services.

Please call the SAN DIEGO COUNTY (CCS) CCS office at (619) 528-4000 if your child is referred to any other source for evaluation. All authorizations must be made in advance by the CCS office.

Sincerely,

California Children's Services

C-50, 2005-627934
Diagnostic Evaluation

E19467

E19467

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Liner BX

		carolyn Howard	#1637 X			
		Alexander Vergara	Karina Sabino			

Blind Check Initiated By: Sandra Date: 11-14-05

Interment space for: Alexandra Blanco Castro

Interment Date: weds Nov 16, 2005 Time: 10:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1637 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 11-14-05

E19467

2-mos

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALEXANDRA	-	BLANCO CASTRO	09/12/2005	11/10/2005	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	ANGELICA CASTRO--MOTHER 5450 UNIVERSITY AVE. #3 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 receiving permit	8B. DATE SIGNED
WMS SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	11/14/2005

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	11/14/2005 J. LEMON JR.	▶ 2518465

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 ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Joe Lemon
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

Res. Foel ID verified AT Need

Date 11-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of E Lizabeth Starr 229778

in a Liner (Type of Burial Container) Funeral, date, time Weds Nov 16, 2:00 p.m.

Church, Chapel, (Graveside) Humphrey Jeff Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 7 Section 16 Blk/Row _____ Lot 55 Grave 9

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.-
Sales taxes	20.93
Total Due	3358.93
Paid receipt number MasterCard	3358.93
Balance due	0

PAID
NOV 14 2005
MOUNT HOPE CEMETERY

I hereby certify I am the x Daughter-in-Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229779

I hereby authorize the interment in lot I hold under deed.

x Barbara L Starr
Signature

x Barbara L. Starr
Print Name

x 3066 Grape St
Address

x San Diego, CA 92102
City Zip Code

x (619) 239-3398
Area Code

Roulette

Work Order # E-19468

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19468



E19468

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.

				Collivar		
		Alberson	X	Zollicoffer		
	Smith	Sanchez	Quinn		Booker	

Blind Check Initiated By: Paulette Date: 11/14/05

Interment space for: Elizabeth Starr

Interment Date: 11-16-05 Time: 2:00

Div: 7 Sect: 16 Blk/Row: ____ Lot: 55 Gr: 9

Grave Laid out by: Norman Fe

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-15-05

E19468

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ELIZABETH	MARIE-LUNDAHL	STARR	05/22/1911	11/12/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]AN DIEGO	SAN DIEGO	KEN STARR (SON) 3066 GRAPE ST. SAN DIEGO, CA 92102

7. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Funeral Director	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY CHULA VISTA, CA 91910	FD-964		11/15/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100058 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/15/2005 SANDRA PENA	2518570

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 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 EK.VROPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-16-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Lane
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR [redacted]OSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 11-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearl Foulks

in a Liner (Type of Burial Container) Funeral, date, time Tues Nov 22, 05 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. X

Division 11 Section 2 Blk/Row _____ Lot 80 Grave 10

Grave space & Care Fund	#2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	#3,358.93
Paid receipt number	
Balance due	

Liner per Connie Memorial 11-15-05 8:32

Cancel SD Memorial

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-19469

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 11-16-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jeanne Lew Pin# 212192

in a TS Vault (Type of Burial Container) Funeral, date, time Sat Nov 19, 05 10:00

Church, Chapel, Graveside ; Greenwood Gabriel Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. Debra L. Pangueen X

Division 10 Section _____ Blk/Row _____ Lot 1960 Grave _____

Grave space & Care Fund	E-2585	0
Overtime/Late Arrival Fees	Sat. Fee	#851.00
Opening/Closing & Setup		533.00
Burial Container	TS Vault	355.00
Handling Fees		263.00
Flower vases - Marker setting fee	Trion W4719 ✓ #67.71 Trion Vase + Setting Marker # ✓ 178.00	#245.71
Recording/Filing/Transfer Fees		65.00
Sales taxes	PAID	27.51
Total Due		#2,340.22
NOV 16 2005 Paid receipt number	R-59407	#2,340.22
Balance due		0

MOUNT HOPE

I hereby certify I am the Daughter 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.

Debra L. Pangueen X
Signature

X Debra L. Pangueian
Print Name
X 4787 Crisp Way
Address
X San Diego CA 92117
City Zip Code
X (858) 272-8410
Telephone

Invoice # _____

Work Order # E-19470

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

11-21-05
WO # 4719
to install Trion Dale

E19470

Proof of Residency



DIRECT NOTICE

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
HSBC

Member Local 2028

UY81743890 UGG 28 AV 068
Jeanne Lew
PO Box 120664
San Diego, CA 92112-0664

E19470

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. TS vault

	Henry Wong	#1959 Lily Hom	#1960 X	#1961 Kay Lew	Robert Bessette	

Blind Check Initiated By: Sandra Date: 11-16-05

Interment space for: Jeanne Lew

Interment Date: Sat Nov 19th 05 Time: 10:00 Chapel ~~Cemetery~~

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1960 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-17-05

E194770

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 76

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JEANNE	L.	LEW	08/03/1929	11/13/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DEBRA L. PANGACIAN - DAUGHTER 4787 CRISP WAY SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY - I-805 & IMPERIAL AVE. SAN DIEGO, CA 92102	FD 843	▶ Debra L King	11/17/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/17/2005 D. King	▶ 2518741

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 11-19-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Joe Juan 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

AT-Need
Res
Estate - Pin#296
Public Administrator

Date 11-15-05

Pin#229812

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ida Mayer (A) PA# 20060623

in a No Vault Required (urn garden) Type of Burial Container Funeral, date, time Tues NOV 22, 05 1:30

Church, Chapel, Graveside Delivery ONly : Mayer (Scott 281-7055) Mortuary.

All Funeral cars 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 466 Grave _____

Grave space & Care Fund	$426.00
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	149.00
Burial Container No Vault Required	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	0
Total Due	$640.00
Paid receipt number R-59418	$640.00
Balance due	0

PAID NOV 18 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

public Admin
Jim Fetsch
858 694-3522

X
Print Name

X
Address

X
City Zip Code

Telephone

See attach for signature

Invoice # _____

Work Order # E-19471

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

meyer mark
619
714 281-7587

11/18/2005 FRI 10:10 FAX 858 [redacted]5 5126 SAN DIEGO CNTY PA[redacted]

11/16/2005 09:44 SD MT [redacted] CEMETERY

Grave space & Care Funs	
Overtime/Late Arrival Fees	149.00
Opening/Closing & Setup	0
Burial Container — No vault Required	0
Handling Fees	0
Flower vases – Marker setting fee	65.00
Recording/Filing/Transfer Fees	0
Sales taxes	
Total Due	$640.00
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.

X _____
Signature

public Admin
Jim Fetch
858 694-3522

Work Order # E-19471

X _____ Print Name
X _____ Address
Zip Code
X _____ City
Telephone

Invoice # _____

Acct. # _____

... available in alternative formats upon request.

E19471

Public Administrator
Public Guardian
5201-A Ruffin Road
San Diego, California 92123

PAID

E19471

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
JEAN M. SHEPARD, DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

CHARLES E. MATTHEWS III
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

**********FAX COVER SHEET**********

PLEASE DELIVER TO:

Name: SanDRA

Agency: MT Hope

Fax Number: 619-527-3403

FROM:

JAMES FETSCH
DEPUTY PUBLIC ADMINSTRATOR/GUARDIAN

Telephone Number: (858) 694-3522

Fax Number: (858) 495-5127

SUBJECT: IDA KAYEV

Number of pages (including cover sheet): 3

MESSAGE:



R-59418

E19471

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 11-18-05 , 20 05

From: Public Admin/County SD Address: 5201-A Ruffin Road S.D. CA.

Dollars ($ 640.00)

in Full Payment of AT Need Serv

Lot 466 Grave _____ Row _____ Section 4 Division Block 8

Invoice No. E-

Acct. No. _____

W.O. _____

BALANCE DUE 0

Pre-Need Lot | | At Need | | On Acct | |

Pre-need Trust | | Cash | | Check ~~| |~~

#279502
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 18 2005

MOUNT HOPE

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184	85	20
80% Sales of Lots	100 77184	340	80
Opening/ Closing	100 77181	149	00
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183	65	00
Pre-Need Trust	63033 77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	640	00

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDERS/SIGNATURE LINE. THE REVERSE SIDE

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123

U.S. BANK
600 West Broadway, Suite 100
San Diego, CA 92101-3302

90-3582/1222

CHECK NO. 279502

DATE OF ISSUE 11/16/2005

ESTATE OF MAYEV, IDA
CASE NO. 20060623
PROBATE NO.
REASON FOR PAYMENT INTERMENT

AMOUNT OF CHECK 640.00

SIX HUNDRED FORTY..... DOLLARS
ZERO
and ..... CENTS

PAY TO THE ORDER OF: MT HOPE
3751 MARKET ST
SAN DIEGO, CA 92102-4527

Charles E. Nott Jr. MP

NOT PAYABLE AFTER SIX MONTHS FROM DATE OF ISSUE

INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW. ORIGINAL DOCUMENT CONTAINS HEAT SENSITIVE INK-RUB RED IMAGE-DISAPPEARS WITH HEAT.

⑈279502⑈ ⑆122235821⑆16184321914⑧

E1947/

MT HOPE CEMETERY

ASHES ON RH SIDE

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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 Vault Required

				457	458 Kirk Finley	
			466 X	467		
		474				
	480 Bret Harris					

Blind Check Initiated By: Sandra Date: 11-18-05

Interment space for: Ida MAyer PA#20060623

Interment Date: NOV 22, 05 Time: Delivery only

Div: 8 Sect: 4 Blk/Row: ____ Lot: 466 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: 11-18-05

7 flagged

E19471

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 94

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
IDA	-	MAYEV	05/14/1911	10/28/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JIM FETSCH - PUBLIC GUARDIAN 5201-A RUFFIN RD., SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1424

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED 11/03/2005

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	11/04/2005 R.MARTINEZ	2517938 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREM. 192 COMMERCE DR., PERRIS, CA 92571	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
NON-Res

Date 11-15-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Buchanan Pin# 229782

in a Liner (Type of Burial Container) Funeral, date, time Fri Nov 18, 05 1:00

Church, (Chapel) Graveside : Martin & Janette CA Burial Mortuary

All Funeral cars must arrive before 3:00 p.m. on regular work day or an extra charge of $ 283.00 will be applied and billed to undersigned. Mary Davis Lowe X

Division 12 Section 1 Blk/Row ____ Lot 68 Grave 8

Grave space & Care Fund	$ 3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container Liner PAID	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees NOV 15 2005	85.00
Sales taxes	27.82
Total Due	$ 4,465.82
Paid receipt number pd by phone Visa	$ 4,465.82
Balance due	0

MOUNT HOPE CEMETERY

Mary D Lowe pd by phone (951) 809-8833

I hereby certify I am the Niece X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin# 229783

I hereby authorize the interment in lot I hold under deed.

Mary D. Lowe X
Signature

X Mary D. Lowe
Print Name
X 281 Prince Albert Dr.
Address
X Riverside CA 92507
City Zip Code
X (951) 683-6982
Telephone

Invoice # ____

Work Order # E-19472

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

wanted like lot near
Lake Davis
Div 12 Sec 1 Lot 63 Gr 11

MARY D. LOWE
951 809-8833

Fax
951 683-5427

E19472

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. LINER

		#1 Battle	#2 Landrum			
		#7 Brown Tanner	#8 X		#10 Sofia Hernandez	

Blind Check Initiated By: Sandy Date: 11-15-05

Interment space for: John Buchanan

Interment Date: Fri Nov 18, 05 Time: 1:00 Chapel

Div: 12 Sect: 1 Blk/Row: ____ Lot: 68 Gr: 8

Grave Laid out by: Herman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No MAP to CAKE

Blind Check & Verified By: DAKKEN Date: 11-16-05

Flagged

E19472

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
JOHN	ALLEN	BUCHANAN	03/10/1918	11/12/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LONG BEACH	LOS ANGELES	MARY WELCH-NIECE 2181 PRINCE ALBERT DR. RIVERSIDE, CA 92507

7A. TYPED NAME AND ADDRESS OF 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	▶ Jeanne Brooms	11/19/05

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the cremated disposition listed herein is one of the dispositions authorized by section 7054(a) of the Health and Safety Code, and not authorized pursuant to Section 7117 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/17/2005	▶ [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
2525 GRAND AVENUE LONG BEACH, CA 90815	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDE ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENTOMBMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-18-05	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 1 OF THIS 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
26-weeks old

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-16-05

size of casket per Joseph will c/B

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deondra Elaine Smith 229786

in a Liner O (Type of Burial Container) Funeral, date, time Fri Nov 18 05 9:00 692-3040

Church, Chapel (Graveside) : SD. memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Merila B. Lett X

Division 9 Section 1 Blk/Row ____ Lot 1166 Grave ____

PAID
NOV 16 2005
MOUNT HOPE CEMETERY

Grave space & Care Fund	$ 142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container Liner	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	$ 527.67
Paid receipt number R-55408	$ 527.67
Balance due	0

I hereby certify I am the Grandmother 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.

229787

I hereby authorize the interment in lot I hold under deed.

Merila Lett X
Signature

X Merila Lett
Print Name
X 7609 Black Oak
Address
X San Diego 92114
City Zip Code
X 619 463-2880
Telephone

Invoice # ____

Work Order # E-19473

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E19473


CALIFORNIA
DRIVER LICENSE
D2008848
EXPIRES 04-18-07
CLASS:C
MARILYNN ELAINE LETT
7609 BLACK OAK RD
SAN DIEGO CA 92114
SEX:F
HT:5-04
HAIR:BLK
WT:172
EYES:BRN
DOB:04-18-81
RSTR: CORR LENS
Marilynn Lett
11/05/2003 SB6 17/27 FD/07

mother of baby

E19473

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. Infant - size of casket ?

			1040 Korrina Mendoza			
			1166 X	1167	1168	1169 Deshawn Booker

Blind Check Initiated By: Sandra Date: 11-17-05

Interment space for: Deondra Smith

Interment Date: Fri Nov 18, 05 Time: 9:00 GS

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1166 Gr: ____

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Morris Date: 11-17-05

Flagged

E19473

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DEONDRA	ELAINE	SMITH	11/14/2005	11/14/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MERILA LETT-GRANDMOTHER 7609 BLACK OAK DR. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ [signature]	11/16/2005

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	11/17/2005 R. PRYOR	2518704 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 11-19-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. *NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS*	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

AT-Need

INTERMENT ORDER

City of San Diego

Date 11-17-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louis A. Harrison 229809

in a DD Crypt B (Type of Burial Container) Funeral, date, time Tues Nov 22, 05 12:00 Gloria

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 $ 213.00 will be applied and billed to undersigned Lucille Davis X

Division 7 Section 14 Blk/Row ____ Lot 133 Grave 3

Grave space & Care Fund C-8752 (1970)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container DD Crypt B	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 DAUGHter 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.

Lucille Davis X
Signature

Lucille Davis
Full Name
X3776 Franklin Ave
Address
X San Diego CA
City Zip Code
X619 527-1323
Telephone

Invoice # ____

Work Order # E-19474

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

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Pre-NEED
Trust
2nd opening
& closing

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E19474

Date 6-28-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louis A. Harrison

in a Double Depth (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary

All Funeral cars must arrive before 3 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

Lot 133 Grave 3 Row _____ Section 14 Division/Block 7

Grave space & Care Fund ..... Pre-Need	-0-
Additional spaces and care fund	
Opening/Closing & Setup ..... PAID	375.00
Burial Container	
Handling Fees ..... JUN 28 2000	
Flower vases – Marker setting fee ..... MT. HOPE CEMETARY	
Recording and filing fee ..... CITY OF SAN DIEGO, C.	45.00
Sales taxes	
Total Due	420.00
Paid receipt number 52601	420.00
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 of recorded holder of deed

Lucille Davis
(Signature)
3776 Franklin Ave
(Address)
San Diego 92113
(City) (Zip Code)
619 528-8785
(Telephone)

Invoice # _____

Work Order # E

Acct. # 15788

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E1947U

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. DD crypt "B" 2nd Burial

		Roy Cox #134-1	X 133-3	Leona Tidwell 133-2	Neal 133-1	

Blind Check Initiated By: _____ Date: _____

Interment space for: Louis A. Hamson

Interment Date: Tues Nov 22, 05 Time: 12:00 Chapel

Div: 7 Sect: 14 Blk/Row: _____ Lot: 133 Gr: 3

Grave Laid out by: Norman L Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 11-16-05

E19474

ag-81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	A.	HARRISON	10/02/1924	11/16/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	LUCILLE DAVIS-DAUGHTER 3776 FRANKLIN AVE. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950	FD-1689	▶ Claudette Russ	11/21/2005

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	11/21/2005 C. RUSS	▶ 2518895

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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, 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot/trust Res. Fee

Date 11-18-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Thomas P. McDowell Pin # 229781

in a T.S. Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row — Lot 144 Grave 11

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	3507.51
Paid receipt number Visa AP 001640	877.00
Balance due	2630.51

PAID
OCT 11 2007
MOUNT HOPE CEMETERY

paid in full AL#911217
Visa card

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 # 229781

I hereby authorize the interment in lot I hold under deed.

x Thomas P. McDowell
Signature

x Thomas McDowell
Print Name

x 3678 8th Ave #203
Address

x San Diego CA 92103
City Zip Code

x 619-501-3679
Telephone

Paulette

Work Order # E-19475

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E19475

[illegible]

[illegible]

REF: 0005
BATCH: 234
CD TYPE: VISA
TR TYPE: MP

TOTAL: $110.00M

ACCT: [illegible] EXP: [illegible]
AP: [illegible]
M-CODE MATCH

CARDMEMBER ACKNOWLEDGES RECEIPT OF
GOODS AND/OR SERVICES IN THE AMOUNT OF
THE TOTAL SHOWN HEREON AND AGREES TO
PERFORM THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

X

[illegible]

Pin # 229781 Two year contract Expires Nov 2007 Monthly $110.00 Final $100.51 619 E-19475 payment due 18th each month

McDowell, Thomas P. 3678 8th Ave. SD CA 92103 619-501-3679 or 476 5339

DIVISION 12 SECTION 2 LOT 144 GRAVE 11

		Debit	Credit	Balance
11/18/05	Opened pre-need lot/trust. Trust includes: o/c	2264.00		2264.00
	$533, b/c $355, h/f $263, r/f $65, tax on TS Vault $27.51	1243.51		3507.51
	lot $2264. pd by visa card		877.00	2630.51
12/20/05	Paid by Visa "phone" #1 Dec 2005		110.-	2520.51
1-24-06	pd by Visa phone #2 Jan 2006		110.00	2,410.51
2-21-06	pd by Visa phone #3 Feb 2006		110.00	2,300.51
3-14-06	pd by Visa phone #4 mar 2006		110.00	2,190.51
4-19-06	Pd by Visa phone #5 April 2006		110.00	2080.51
6-2-06	pd by Visa phone #6,7 May, June 2006		220.00	1860.51
7-24-06	pd by Visa phone #8 July 2006		110.00	1,750.51
8-22-06	pd by Visa phone #9 Aug. 2006		110.00	1,640.51
9-21-06	pd by Visa phone #10 Sept 2006		110.00	1530.51
10-18-06	pd by phone Visa #11 OCT 2006		110.00	1420.51
11-27-06	pd by phone Visa #12 Nov 2006		110.-	1310.51
12-28-06	Pd by phone-Visa #13 Dec 2006		110.-	1200.51
1-17-07	Pd by phone Visa #14 Jan 2007		110.-	1090.51
2/21/07	" " " #15 Feb 2007		110.-	980.51
3/19/07	" " " #16 Mar 2007		110.-	870.51
4/20/07	" Visa #17 April 2007		110.-	760.51
5/18/07	" " Visa #18 May 2007		110.-	650.51

PAID
OCT 11 2007
MOUNT HOPE CEMETERY

over

E·19475 MC Dowell, Thomas P

DIV 12 Sec 2 144 Gr 11

		DEBIT	CREDIT	BALANCE
5/18/07	Balance Forwarded			650 51
6/21/07	PD BY PHONE VISA #19		110 –	540 51
7-13-07	" " " " #20		110 –	430 51
8-13-07	" " " " #21		110 –	320 51
9-28-07	" " " " 22 AP095807		110 –	210 51
10-11-07	" " " PAID 23/24 AP911217		210 51	Ø

PAID
OCT 11 2007
MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-need trust
Res. fees

City of San Diego

Date 11/18/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Aubrey Rogers Pin # 229780

in a T.S. Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 36 Grave 10

Grave space & Care Fund	-0-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases — Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	1243.51
Paid receipt number R-59419	1243.51
Balance due	0

PAID
NOV 18 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.

Ruby L Adkins
Signature

Ruby L. ADKINS
Print Name

612 So. 37th St
Address

SAN DIEGO CA 92113
City Zip Code

(619) 264-9280
Telephone

Paulette

Work Order # E-19476

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E19476

verified Drivers Licenses
CDL Z074 3300 9-17-06 Exp

Daughter Ruby Adkins F08 59907 6-30-07

DAVID J. ADKINS will be interred in grave

" Low Income"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

(Res)
At Need
Low-Income

Date 11-22-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ms. Willie Mann 229800

in a Liner (Type of Burial Container) Funeral, date, time ~~Tues~~ Mon Nov. 28 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 $ Rulon

will be applied and billed to undersigned. _____

Division 112 Section 22 Blk/Row — Lot 17 Grave 40

Grave space & Care Fund	1132.—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	266.50
Burial Container	235.00
Handling Fees	103.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	1679.46
Paid receipt number R-59426	1660.00
Balance due	19.46

PAID
NOV 25 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.

229801

I hereby authorize the interment in lot I hold under deed.

X Jeffrey Mann
Print Name

X 1109 South 36th ST. #1
Address

X SAN DIEGO CA 92113
City Zip Code

X 619-944-5104
Telephone

X Jeffrey [signature]
Signature

Resident fee Statement sent to family 12/1/05 for payment. Paulette

Invoice # _____

Work Order # E-19477

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

11-23-05
David approved these forms of identification

E19476

DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 04-12-15 C2670758



WILLIE JOHN MANN
748 S 36TH ST APT 313
SAN DIEGO CA 92113



SEX:F HAIR:BRN EYES:BRN
HT:5-08 WT:192 DOB:04-12-32

Willie Mann

06/28/2005 586 ES FD/15

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
WILLIE J MANN

MEDICARE CLAIM NUMBER
409-42-2451-B6

SEX
FEMALE

IS ENTITLED TO

EFFECTIVE DATE

HOSPITAL (PART A) 04-01-1997
MEDICAL (PART B) 04-01-1997

SIGN HERE ➡ _____

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
WILLIE J MANN

MEDICARE CLAIM NUMBER
409-42-2451-B6

SEX
FEMALE

IS ENTITLED TO

EFFECTIVE DATE

HOSPITAL (PART A) 04-01-1997
MEDICAL (PART B) 04-01-1997

SIGN HERE ➡ Mrs. Willie J. Mann

SOCIAL SECURITY

SOCIAL SECURITY ADMINISTRATION

THIS NUMBER HAS BEEN ESTABLISHED FOR
WILLIE J MANN

SIGNATURE

State of California

Benefits Identification Card

ID No. 90288510A75159
WILLIEJ MANN
F 04 12 1932

Issue Date 06 08 05

E19476

HOW WE FIGURED YOUR PAYMENT FOR April 2005 ON

Your Payment Amount

The most Federal SSI money the law allows us to pay	$579.00
Minus (-) "Total income we count" (see below)	-455.00
Federal SSI money	$124.00
Plus (+) the most State SSI money the law allows us to pay	+233.00
We didn't subtract (-) any income from State SSI money	- 0.00
Total Monthly SSI Payment for April 2005 on	$357.00

Your Income Other Than Your SSI

Income you receive in February 2005 on affects your payment for April 2005 on

Social Security benefits	$475.00
By law we don't count $20.00 of above income	- 20.00
Total income we count	$455.00

E19476

- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

For general information about SSI, visit our website at www.socialsecurity.gov on the Internet. There, you will also find the law and regulations about SSI eligibility and SSI payment amounts.

For general questions about SSI or specific questions about your case, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 619-557-5257. Our lines are busiest early in the week and early in the month, so if your business can wait, it's best to call at other times. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO CA 92101

If you to call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Linda S. McMahon
Deputy Commissioner
for Operations

Enclosure(s):
SSI Rules That Help You Work

E19476

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. Law income

			X			
	Dewey		Bishop		Adair	

Blind Check Initiated By: Paulette Date: 11-25

Interment space for: MS. Willie Mann

Interment Date: 11-28-05 Time: 11:00 Chapel

Div: 11 Sect: 2 Blk/Row: ____ Lot: 17 Gr: 4

Grave Laid out by: DARREYL & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: David Noriega Date: 11-25-05

E19476

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	JOHN	MANN	04/12/1932	11/21/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JEFFERY MANN - SON 1109 36TH ST #1 SAN DIEGO CA 92113

7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
ECK CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113	FD-670

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 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 11/23/2005

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	11/23/2005 L CASTRO	2519131 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 11/23/05	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 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.

E19476

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE:
619-527-3400

DATE	YOUR ORDER NO.
December 1, 2005	E-19477

TO:
Mr. Jeffrey Mann
1109 South 36th Street #1
San Diego, CA 92113

DESCRIPTION OF CHARGE	AMOUNT
Remaining balance due in the amount of for the interment services of Ms. Willie Mann on November 28, 2005. Please send amount due in the form of a check, money order or credit card by December 9, 2005.	$19.46

Thank You,

Paulette

Paulette
(619)527-3400

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 11/23/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of L. H. Wilson 229802

in a Liner (Type of Burial Container) Funeral, date, time Mon. Nov. 28 10:00

Church, (Chapel) Graveside _____ Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row — Lot 52 Grave 4

Grave space & Care Fund E-12457	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	0
Paid receipt number _____	—
Balance due	0

I hereby certify I am the 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.

Shirley Jackson
Signature

Shirley Jackson
First Name

855 N. Stephanie
Address

Henderson, NV 89014
City Zip Code

(702) 898-4250
Telephone

Paulette

Work Order # E-19478

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19478

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. in grave of Leona Wilson

			X	Ritter		
			Hart			

Blind Check Initiated By: Pauliett Date: 11-25

Interment space for: L. H. Wilson

Interment Date: 11-28-05 Time: 10:00 Chapel

Div: 11 Sect: 2 Blk/Row: ____ Lot: 52 Gr: 4

Grave Laid out by: DARREYL & KEN

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: David Noriega Date: 11-26-05

E19478

46

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
L.	H.	WILSON	12/06/1918	11/21/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted]N DIEGO	SAN DIEGO	SHIRLEY JACKSON: DAUGHTER 855 N. STEPHANIE, #2625 HENDERSON, TX 89014

7A. TYPED 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
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	FD-1329	Sunnika Pryor	11/25/2005

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	11/25/2005	Nancy L Bowen M.O.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 ▶	
[redacted]TTERING/BURIAL AT SEA OR 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 need

Date 11-25-05

pin # 208256

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anne Groenhagen in a Liner (Type of Burial Container) Funeral, date, time ~~Tuesday Dec. 29~~ Thursday Dec 1 2:30 Church, Chapel, Graveside Delivery ; 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 B Section 3 Blk/Row _____ Lot 1135 Grave 1

Grave space & Care Fund E-19093	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee ✓ pd by Visa 11/29/05 AP+ 029254	—
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	—
Balance due	0

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Adeline Holmgren
Signature

x Adeline Holmgren
Print Name

x 823 Pecos St
Address

x Spring Valley 91977
City Zip Code

x 619-460-4199
Telephone

Paulette

Work Order # E-19479

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19479

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.

		Jacobs	caged	[illegible]		
Porter	Porter	Hurry Groenhagen	X	Engelman	Engelman	

Blind Check Initiated By: Paulette Date: 11-28-05

Interment space for: Anne Groenhagen

Interment Date: ~~11-29~~ 12-1 Time: Delivery Only

Div: 8 Sect: 3 Blk/Row: ____ Lot: 1135 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag?

Blind Check & Verified By: DARREYL Date: 11-28-05

E19479

98

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNE	-	GROENHAGEN	06/26/1907	11/25/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	ADELINE HOLMGREN - DAUGHTER 823 PECOS ST SPRING VALLEY CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113	FD-670	▶	12/01/2005

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	12/01/2005 E GALVEZ	2519584 ▶

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 3753 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.

(NON RES)
At need

ARRIVED AT 3:12

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arleone Walker 229798

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tues. Nov. 29 1:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 56 Grave 9

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	472.-
Handling Fees	350.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.-
Sales taxes	36.58
Total Due	4662.58
Paid receipt number R-59428	4662.58
Balance due	0

PAID
NOV 25 2005
MOUNT HOPE CEMETERY

family to pay

ARRIVAL 3:12 pm

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.

229799

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

X ARLEOINE ALEXANDER
Print Name

X 5270 Lenox DR
Address

SAN DIEGO CA 92114
City Zip Code

619 263-3793
Telephone

3755 Fairway Dr. #SC
VEGA CA 91941

Paulette
marked cert
late 11:30-05

pd late arrival fees
12-5-05
R-59461

Invoice # _____

Work Order # E-19480

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E19480

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.

			Kvamme	Maxwell		
		Turner	X	Dudley		
		Jeffrey	Ogilvie	Ogilvie		

Blind Check Initiated By: Paulette Date: 11-28

Interment space for: Arleone Walker

Interment Date: Tues. Nov. 29 Time: 1:00 pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 56 Gr: 9

Grave Laid out by: Norman Ferguson Flag by Paulette

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 11/28/05

E19480

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
Arleone	-	Walker	04/16/1925	11/22/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Edward Fields, Son 275 68th 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	▶ Ila Cardeen	11/28/2005

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	11/28/2005	B. Campbell 2519227 ▶

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 Street San Diego, CA 92102	11B. DATE BURIED 11-29-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kurt F. Jamison
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
D.I.P.

Date 11-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY B. CRAWFORD 207356

in a Liner (Type of Burial Container) Funeral, date, time MON. Nov. 28 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 2 Blk/Row — Lot 93 Grave 3

Grave space & Care Fund	E-4115	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	E-13738	"
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	0
Sales taxes	"	0
Total Due	E-13738	0
Paid receipt number		—
Balance due		0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

See attached signature

Invoice # _____

Work Order # E-19481

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19481

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Weird D.I.C

Date 11-25-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY B. CRAWFORD

in a Liner (Type of Metal Container) Funeral, date, time MON. NOV. 28 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 2 Blk/Row — Lot 93 Grave 3

Grave space & Care Fund	GF-4116 — 0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	E-13738 — "
Burial Container	" — 0
Handling Fees	" — 0
Flower vases – Marker setting fee	" — 0
Recording/Filing/Transfer Fees	" — 0
Sales taxes	" — 0
Total Due	E-13736 — 0
Paid receipt number	—
Balance due	0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold undeeded.

Joan M. Walker
Signature

Joan Walker
Print Name

2126 Montcliff Road
Address

San Diego 92139
City Zip Code

(619)470-3011
Telephone

Paulette

Work Order # E-19481

Invoice # _____

Acct. # _____

Information is available in alternative formats upon request.

E19481

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.

		JACKSON	WARD			
		WACKER	X			OLIVERIO
		REVILLA		ROBERTSON		

Blind Check Initiated By: _____ Date: _____

Interment space for: Mary B. Crawford

Interment Date: 11-28-05 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 93 Gr: 3

Grave Laid out by: DAVE & KEN

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

FLAG ON GRAVE

Blind Check & Verified By: C Warren Date: 11-25-05

E19481

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

eq87

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	BARKER	CRAWFORD	01/05/1918	11/19/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOAN M. WALKER: DAUGHTER 2126 MONTCLIFF ROAD 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	Jennifer Pryor	11/28/2005

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	S.PRYOR 11/28/2005	2519207

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. ROPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-28-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Jenny
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-25-05

Pin# 229807

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tommy James Duba (14yrs)

in a Liner #4 (Type of Burial Container) Funeral, date, time Friday Dec. 2 1:00

Church Chapel Graveside ; Paris Fredrick Mortuary.

CALVARY CHAPEL 619-442-8033

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Pamela

will be applied and billed to undersigned.

Adult Size Casket

Division 9 ~~MAS~~ Section 3 ~~M~~ Blk/Row Lot 99 ~~18~~ Grave 1 ~~14~~

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container Liner (Recycle Liner per David Lugo)	0
Handling Fees 82 3/4 L x 27 3/4 W x 27 1/4 h	350.00
Flower vases – Marker setting fee Gal WO# 4749	43.47
Recording/Filing/Transfer Fees	85.00
Sales taxes	36.58
Total Due	$1,223.05
Paid receipt number Visa Card	$1,223.05
Balance due	0

PAID
NOV 29 2005
MOUNT HOPE CEMETERY

619
444-2076

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.

229808

I hereby authorize the interment in lot I hold under deed.

Family has credit for $83.56 per lot

Signature

Social worker Chenice Hulya 9209249
Paulette

Print Name Christina Duba

Address 12190 Cuyamaca College Dr #1506

City El Cajon CA 92019 Zip Code

Telephone 619 788-7750 cell
H 619 303-6906

Invoice #

Work Order # E-19482

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19482

MT HOPE CEMETERY,,
brave starts 80 from Block 97

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

(14 year old)

	Bell					
Dwight						
			X			

Blind Check Initiated By: Paulette Date: 11/29

Interment space for: Tommy James Duba

Interment Date: Dec 2 FH Time: 1:00 Chapel

Div: 9 Sect: 3 Blk/Row: 99 Lot: 10 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-30-05

E19482

age 14

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
[redacted]MMY	JAMES	DUBA	02/25/1991	11/22/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	CHRISTINA DUBA – MOTHER 12190 CUYAMACA COLLEGE DR #1506 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
PARIS--FREDERICK MORTUARY 374 N MAGNOLIA AVE, EL CAJON, CA 92020	FD-795	▶ Jackie Kozica	11/30/2005

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	11/30/2005	2519444 JACKIE KOZICA ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P O BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102	11B. DATE BURIED 12-02-05	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 ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT 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)

Date 11-28-05

IN Grave with Louis Alfred

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Winifred Schnepp (X) 229820

in a Ash vault (Type of Burial Container) Funeral, date, time Sat Dec 10th 2005 10:00 Am.

Church, Chapel, (Graveside) 264-3168 Rulon Cypress View Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

VERIFIED LOCATION REN

Division 6 Section 4 Blk/Row ____ Lot 158 Grave 3

Grave space & Care Fund C-0769 (1964)	0
Overtime/Late Arrival Fees SAT Fee	# 298.00
Opening/Closing & Setup	149.00
Burial Container Ash Vault	79.00
Handling Fees	85.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	# 682.12
Paid receipt number pd by Visa	# 682.12
Balance due	0

PAID

NOV 28 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Nephew 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.

229821

I hereby authorize the interment in lot I hold under deed.

Richard K Norka X
Signature

X Richard K. Norka
Print Name

X 1972 Lassen Dr.
Address

X Oceanside 92056
City Zip Code

X 760-518-6878
Telephone

Invoice # ____

Work Order # E-19483

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19483

DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 05-25-15

K0927982



WINIFRED KENLINE SCHNEPP
5233 VICKIE DR
SAN DIEGO CA 92109



SEX:F HAIR:GRY EYE:BLU
HT:5-06 WT:144 DOB:05-25-13

06/06/2005 519 41 FD/15

E19483

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.

3rd Ash vault IN Grave with Louis Alfred

				Ernest Noudtny		
		#2 Florence Wolff	Lot 158 X #3	#1 James Woods Lot 159		

Blind Check Initiated By: Sandra Date: 11-29-05

Interment space for: Winifred Schnepp ⊗ (After place in center of grave)

Interment Date: Sat Dec 10th, 05 Time: 10:00 A.m

Div: 6 Sect: 4 Blk/Row: ____ Lot: 158 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 12-7-05

Flagged

87592 E19483 ABM 093

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WINIFRED	KENLINE	SCHNEPP	05/25/1913	11/24/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RICHARD K. NOBLE-NEPHEW 4972 LASSEN DR. 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 taking permit	8B. DATE SIGNED
ECH-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶	11/30/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	11/30/2005 C GRIER	2519415 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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
- [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: 12/10/05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	12B. DATE CREMATED: 12/2/2005	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACIL ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 son "Kevin Ivey"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dwayne Ivey (Pin #8)

in a DD crypt "B" (Type of Burial Container) Funeral, date, time Sat. Dec 3 1:00 Church

Church, Chapel, Graveside (Bethel Baptist) : 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 614 Grave 1

Grave space & Care Fund E-15383	—
Overtime/Late Arrival Fees sat fee PAID	851.00
Opening/Closing & Setup	533.00
Burial Container E-15383	—
Handling Fees NOV 29 2005	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY	65.00
Sales taxes	—
Total Due	1,449.00
Paid receipt number R-54440	1,449.-
Balance due	—

I hereby certify I am the + _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

+ _____ Signature

Paulette

+ _____ Print Name

+ _____ Address

+ _____ City Zip Code

+ _____ Telephone

per attached signature

Invoice # _____

Work Order # E-19484

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19484

in grave of son "Kevin Ivey"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-28-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dwayne Ivey

in a DiCrypt 'B' (Type of Burial Container) Funeral, date, time Sat Dec 3 1:00 Church

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 614 Grave 1

Grave spaces & Care Fund E-15383	—
Overtime/Late Arrival Fees Sat fee	851.00
Opening/Closing & Setup	533.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	1449.—
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 that I hold under deed.

Signature [signature]

Paulette

ANDREA J. IVEY
Print Name

5797 TOOLEY STREET
Address

SAN DIEGO, CA 92114
City Zip Code

(619) 264-7230
Telephone

Invoice # _____

Work Order # E-19484

Acct. # _____

REA-101 (3-04)

This information is available in alternative formats upon request.

E/9484

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. In grave of son" Kevin Ivey with a marker

			Hasse		Caldwell	
			X	Bashe	Atkins	Cooper
		Fleming	Thebault			

Blind Check Initiated By: Paulette C. Date: 4-29

Interment space for: Dwayne Ivey

Interment Date: Sat. 12/3/05 Time: 1:00 pm Church

Div: 10 Sect: ____ Blk/Row: ____ Lot: 614 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: David Noriega Date: 11-30-05

E19484
53

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Dwayne	Stanley	Ivey	04/24/1952	11/25/2005	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	Andrea J. Ivey, Wife 5797 Tooley Street San Diego, CA 9210[illegible]

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking control	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Campbell	11/30/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100058 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	12/01/2005 B. Campbell	2519533 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 12/3/05	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.

AT-Need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vera L. Heitman 208519

in a TS Vault (Type of Burial Container) Funeral, date, time Fri Dec 2, 05 2:00 p.m.

Church, Chapel, Graveside _____ Conrad-Donna 460-4601 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row _____ Lot 89 Grave 12

Grave space & Care Fund	E-9690	0
Overtime/Late Arrival Fees		0
Opening/Closing & Setup		0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		0
Paid receipt number		0
Balance due		0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X
Signature

X
Print Name

X
Address

X
City Zip Code

X
Telephone

See attach for signature

Invoice # _____

Work Order # E-19485

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Toni John
Daughter
Cell #
(530) 318-1774

AT-Need
(Res)

E19485

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vera L. Heitman

in a TS Vault (Type of Burial Container) Funeral, date, time Fri Dec 2, 05 2:00 pm

Church, Chapel, Graveside : Conrad-Donna 460-4601 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. Toni L. John X

Division 12 Section 2 Blk/Row ____ Lot 89 Grave 12

Grave space & Care Fund E-9690	0
Overtime/Late Arrival Fees	0
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number	0
Balance due	0

I hereby certify I am the DAUGHTER 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.

Toni L. John X
Signature

X Toni L. John
Print Name

X P.O. BOX 10726
Address

X SOUTH LAKE TAHOE, CA 961
City Zip Code

X 530/577-6619 96158
Telephone

Invoice # ____

Acct. # ____

Work Order # E-19485

...tion is available in alternative formats upon request.

E19485

MT HOPE CEMETERY

Please Keep Grave # 11 clear Family would like to have service for Father Also

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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

		#5 Joann Ethridge	#6			
		#11 Tony Heitman	#12 X	Francisco Del Campo #7		

Blind Check Initiated By: Sandra Date: 11-29-05

Interment space for: Vera L. Heitman

Interment Date: Fri Dec 2nd 05 Time: 2:00 p.m.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 89 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-30-05

7 located

E19485
age 84

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VERA	LEE	HEITMAN	04/06/1921	11/28/2005	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	Toni Lee John - Daughter P.O. Box 10726 S. Lake Tahoe, CA 96158

7A. TYPED NAME AND ADDRESS OF 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	FD941	▶ Kim Beaulieu	11/30/2005

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	12/01/2005	Kim Beaulieu 2519625 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 12-2-05	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 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 (Res)

Low-Income OK/MFD

Date 11-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bertha L. Williams 229824

in a Liner (Type of Burial Container) Funeral, date, time Fri Dec 2, 05 10:00

(Church) Chapel, Graveside ____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Alcenia Walker X

Division 11 Section 2 Blk/Row ____ Lot 2 Grave 2

Grave space & Care Fund	Lot	1,132.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		266.50
Burial Container	Liner	135.00
Handling Fees		103.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		32.50
Sales taxes		10.46
Total Due		$ 1,679.46
Paid receipt number	R-59442	$ 1,679.46
Balance due		0

PAID

NOV 30 2005

MOUNT HOPE CEMETERY

I hereby certify I am the Daughter 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.

229825

I hereby authorize the interment in lot I hold under deed.

Alcenia Walker X
Signature

X Alcenia Walker
Print Name

X 2708 Armor Street
Address

X No. Las Vegas, NV 89030
City Zip Code

X 702-649-0696
Telephone

Invoice # ____

Work Order # E-19486

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper


MARK, HOLD TO LIGHT TO
REGISTERED OWNER(S)
WILLIAMS BERTHA LEE
5625 IMPERIAL AVE APT 207
SAN DIEGO CA 92114
ACTUAL MILEAGE
I certify under penalty of perjury under the laws of the State of California, that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.
WITHOUT BEAR WATERMA

284612

E19486

THE CITY OF SAN DIEGO

THE CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT
"WE ENRICH LIVES THROUGH QUALITY PARKS AND PROGRAMS"

FEE WAIVER FORM

Participant fees are charged so that we are able to keep the programs available to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. *All persons submitting a fee waiver are required to submit* verification of income and proof of residency as proof of qualification.

☐ Check here if you cannot afford the program fee but are able to contribute a small amount to the scholarship fund so that more children can participate in the programs. $ _____ (amount of donation).
☐ Cash ☐ Check Please make your check payable to: San Diego Friends of Parks and Recreation Foundation or _____ Recreation Council.

Please waive the fees for Bertha L. Williams

Total fee: $ $1,679.46

NAME OF PARTICIPANT: X Bertha Lee Williams AGE: 81
ADDRESS: X 5625 Imperial Ave #207 PHONE: ( ) _____

SIZE OF FAMILY (Check one)

		Annual Income			Annual Income
1	✓	$12,950	4		$35,970
2		$21,230	5		$42,450
3		$29,140	6		$49,640

For larger families, add $7,190 per additional member. (Not all Park and Recreation programs are eligible for low income fee waivers.) Please submit your current Internal Revenue Service (IRS) tax return, Health and Human Services -Notice of Action (dated within 30 days), or Social Security - Award/Benefit Letter.
I hereby certify that my family's economic situation falls under the category checked, and I reside in the City of San Diego.

_____ DATE: 11 / 30 / 05
HEAD OF HOUSEHOLD

Proof of Residency: ☐ Valid California Driver's License/Identification Card displaying City of San Diego address and one of the following: ☐ current utility bill, ☐ current monthly checking statement, ☐ rental/lease agreement and current month rent receipt, ☐ property tax statement, ☐ active duty military identification card, ☐ retired military identification

Maria A. Dovensky DATE: 11 / 30 / 05
APPROVED BY

Current IRS Tax Return verfied on:
DATE: ___/___/___
_____
Approved by

Rev. 7/04

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

E19486

OWNER's CERTIFICATION OF COMPLIANCE
with HUD's TENANT ELIGIBILITY
and RENT PROCEDURES

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

ORB No. 2502-0204 (Exp. 4-30-90)

Part I - GENERAL INFORMATION

1. Effective Date 11/01/05 2. Move-in Date 11/01/93 6a. Action 4=ANNUAL RECERTIFICATION 7a. Type Subsidy 7=202 PRAC
3. Project Name St. Stephens Retirement Center 6b. Action 7b. Is this the type of subsidy
4. Project No. 122-EH487 5. Sec. 8 No. CA16-S871-015 Family is NOW recv'g? YES

8a.Date Code	8b.Head/Spouse 62+ at conversion?	8c.Family recv'd Sec. 8 continuously since conv.?	9a.Race of Head	9b.Ethnicity of Head	10.Previous Housing Code	11.Displacement Code	12.Preference Code	Citizenship Status
			2	2				N

Part II - HOUSEHOLD COMPOSITION

13.Nbr. No.	14a. Last Name	14b.First Name	14c. MI	15. Relationship	16. Sex	17.Date of Birth	18. Age	19.Spec Status	20.Soc. Sec. Num.	21.Elig Code	22. Alien Reg.	23. Occupation
1	Williams	Bertha	L	H	F	10/30/24	81	HE	557-26-7108	EC		N/A

24a.No. Family Mbrs: 1
24b.Foster Ch. & Live-in Att: 0
25. No. Dependents: 0

Part III - FAMILY ASSETS AND INCOME

26a.Type of Assets	26b. C/I	26c.Cash Val.Assets	26d.Income from Assets
Checking	C	307	0
26e. TOTALS:		307	0

27.Imputed Rate (2.00%) X Total, 26c: N/A

28. INCOME

28. Nbr	28a. Care	28b.Empl. or Bus.	28c.Soc. Sec/Pens	28d.Publ. Assist.	28e. Other
		0	10516	0	0
28f.Totals		0	10516	0	0

29.Income except Assets 10516
30.Income from Assets 0
31.Annual Income 10516
32a.Lower Limit 38650
b.Very Low

33.Universe:
34.Status:
35a.Did tenant begin receiving Section 8 on/after 7-1-84?
35b.Except.Code:

Part IV - ALLOWANCES AND ADJUSTED INCOME

36.Allowance for Dependents	0
37.Child Care Allowance	0
38.3% of Annual Income	315
39a.Total Handicap Expenses	0
39b.Allowance/Handicap Exp.	0
40a.Total Medical Expenses	0
40b.Allowance for Medical	0
41.Elderly Allowance	400
42.Total Allowances	400
43.Adjusted Income	10116

Part V - PROJECT RENT INFO

44.Contract Rent	449
45.Utility Allowance	0
46.Gross Rent	449

Part VI - FAMILY RENT & SUBSIDY INFO

47.Welfare Rent	0
48.HCDA Percentage	NA
49.HUD Worksheet Suffix	E
50.Total Tenant Payment	253
51.Tenant Rent	253
52.Utility Reimbursement	0
53.Assistance Payment	196
54. % Adjusted Income	30.00
55.Did HURRA Lims.Affect?	NO

Part VII-UNIT ASSIGNMENT AND RECERT INFO

56.Date Next Ann. Recert	11/01/06
57.No. of Bedrooms	1
58.Building ID	
59.Unit No.	207

Part VIII - CERTIFICATION - SIGN ONLY AFTER READING THE STATEMENT THAT APPLIES TO YOU ON THE COVER FLAP.

Head of Household — Bertha L Williams — Date 10-5-05

Spouse / Co-Head — Date

Owner / Agent — Mary Burdine — Date 10-5-05

Facsimile by HUDMaster (c) 1995 ShofCorp

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
1820 E. Sahara Avenue, Suite 314 Las Vegas, Nevada 89104 (702) 369-0000

July 18, 2005

VERIFICATION OF PENSION BENEFITS

This is to verify that the Pensioner listed below is receiving a monthly lifetime benefit from the above titled Pension Plan.

Name: *Bertha Williams*

SSN: 567-26-7108

Gross Monthly Benefit Amount: $ 147.93

Effective Date: 11/01/1986

Effective Date of Current Amount: 04/01/2001

PENSION OFFICE

D Fuentes

Deanna Fuentes
Senior Lead Processor

/jc

07-22-05A11:31 RCVD

Verif Letter

*** REC 2005200 102707 H93106E0 F2VV CIPQYA2 PQA2 (F-DRA) ***

E19486

SOCIAL SECURITY ADMINISTRATION

Date: July 19, 2005
Claim Number: 567-26-7108A
567-26-7108AI

BERTHA L WILLIAMS
APT 207
5625 IMPERIAL AVE
SAN DIEGO CA 92114-3949

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, y may send them this letter.

Information About Current Social Security Benefits

Beginning December 2004, the full monthly
Social Security benefit before any deductions is.....$ 728.40

We deduct $0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....$ 728.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (F example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

07-22-05A11:55 RCVD MB

MESSAGE CONFIRMATION

11/30/2005 14:04
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
11/30	00'25"	RAGSDALE	CALLING	01	OK	0000

11/30/2005 14:03 SD MT. HOPE CEMENTERY → RAGSDALE NO.631 P01

E19486

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-need (Res) Low-income OK/MFD

Date 11-29-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bertha L. Williams

in a Liner (Type of Burial Container) Funeral, date, time Fri Dec 2,05 10:00

(Church) Chapel, Graveside Ragsdale Mortuary

All Funeral cars must arrive before 3.00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Alexia Walker X

Division 11 Section 2 Blk/Row ____ Lot 2 Grave 7

Grave space & Care Fund	Lot	1,132.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		266.50
Burial Container	Liner	175.00

E19486

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Liner

		#1 willie mixon	#2 X			
		#7 John cooper				

Blind Check Initiated By: Sandra Date: 11-30-05

Interment space for: Bertha Williams

Interment Date: Fri Dec 2, 05 Time: 10:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 2 Gr: 2

Grave Laid out by: Norman

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 11-30-05

7 logged

E19486

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BERTHA	LEE	WILLIAMS	10/30/1924	11/17/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO]	ALCENIA WALKER: DAUGHTER 2708 ARMOR STREET N. LAS VEGAS, NV 89030

7A. TYPED NAME AND ADDRESS OF 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	11/28/2005

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	S.PRYOR 11/28/2005	2519310

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-2-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL David Noriega
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR [illegible]POSITION OTHER [illegible] IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 11-30-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kiarra M. Hill 229838

in a Liner (Type of Burial Container) Funeral, date, time Fri Dec 2, 05 10:30 (G.S.)

Church, Chapel, Graveside ; Preferred MARK Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ $213.00

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row ____ Lot 147 Grave 8

Grave space & Care Fund Balance left From Pre-need $1,231.25

Overtime/Late Arrival Fees ____

Opening/Closing & Setup 533.00

Burial Container Linen 270.00

Handling Fees 206.00

Flower vases – Marker setting fee 0

Recording/Filing/Transfer Fees 65.00

Sales taxes 20.93

PAID
NOV 30 2005
MOUNT HOPE CE...

mort To pay

Total Due $2,326.18

Paid receipt number R-59443 $2,326.18

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

use Lot From 11-30-05
mark Jenkins Pre-need
ok per Maria

11-30-05 Handed Copy of
X Interment order
Print Name
X to mark Preferred
Address
X he said he would
City Zip Code
X have family sign
Telephone
I also informed

Invoice # Saved Logo

Work Order # E-19487

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19487

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Liner

		#1 Alicia DBing				
		#7 Trina Alexander	#8 X	#9 Helen Massie		

Blind Check Initiated By: Sanders Date: 11-30-05

Interment space for: Kigrra M. Hill

Interment Date: Fri Dec 2, 05 Time: 10:30 (G.S)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 147 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Neringer Date: 12-1-05

E19487

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 17

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Kiarra	M.	Hill	07/08/1988	11/19/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
[redacted] n Diego	San Diego	Kimberly Hill, Mother 3240 Olive Street #41 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
Preferred Cremation and Burial 6163 University Ave., San Diego, CA 92105	FD-1746	▶ [signature]	11/30/2005

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		▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'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 12-2-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
[redacted]ATTERING/BURIAL AT SEA OR [redacted]OSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

E19487

SDCS

SAN DIEGO CITY SCHOOLS

EUGENE BRUCKER EDUCATION CENTER • 4100 Normal St., San Diego, CA 92103-2682 • (619) 725-7166 FAX (619) 725-7180

INSTITUTE FOR LEARNING

May 29, 2002

Parents/Guardians of
KIARRA M HILL 368
4828 LOGAN AV #104
SAN DIEGO, CA 92113

Dear Parent/Guardian of a Grade 8 Student,

Every school in the district is working with children and their parents/guardians to help each child achieve at grade level or above. San Diego City Schools requires that all children receive the instructional supports they need to be able to read at grade level. Your child recently took the Stanford Diagnostic Reading Test (SDRT) in order to determine her current reading level and to identify the best instructional program(s) to meet her needs.

The Stanford Diagnostic Reading Test (SDRT) measures reading vocabulary, reading comprehension, and scanning skills and gives a Total Reading score. At testing time, your eighth-grade student was expected to score at 8.5 (eighth grade, fifth month of instruction). SDRT scores show whether your student is reading:

- **above, at, or close to grade level** (scores of 7.5 and above)
- **below grade level** (scores of 5.5 to 7.4)
- **significantly below grade level** (scores of 5.4 and below).

Your child received the following SDRT scores:

TOTAL READING	10.4	ABOVE, AT, OR CLOSE TO GRADE LEVEL
Reading Vocabulary	8.2	Above, At, or Close to Grade Level
Reading Comprehension	9.3	Above, At, or Close to Grade Level
Scanning	Post High School	Above, At, or Close to Grade Level

"Post High School" means that your child did as well on the eighth-grade test as a high school graduate would do on the eighth-grade test.

PLEASE NOTE: Your child's TOTAL READING score is ABOVE, AT, OR CLOSE TO GRADE LEVEL.

Next year in Grade 9, your child will continue to develop her literacy skills in an engaging and rigorous instructional program.

Please contact your child's teacher or counselor if you have questions or concerns about her reading test scores or literacy program for next year. We look forward to a working partnership between school and home on behalf of your child.

For our students,

Anthony J Alvarado

Anthony Alvarado
Chancellor of Instruction

Si necesita esta carta en español, por favor comuníquese con la escuela.

F08OTA

AT-need
(Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-1-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Obeather Hawthorne 208472

in a DD Crypt B (Type of Burial Container) Funeral, date, time mon Dec 5, 05 10:00

Church, Chapel, Graveside _____ : Ragsdale Kevin Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ $213.00 will be applied and billed to undersigned. L Hawthorne X

unified location BH

Division 10 Section _____ Blk/Row _____ Lot 4744 Grave _____

Grave space & Care Fund E-8417 1989	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$533.00
Burial Container DD Crypt B	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$65.00
Sales taxes	0
Total Due	$598.00
Paid receipt number R-59446	$598.00
Balance due	0

PAID
NOV 30 2005
MOUNT HOPE CEMETERY

I hereby certify I am the daughter 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

Lernadine Hawthorne
Signature

X Lernadine Hawthorne
Print Name

X 5564 Dream St
Address

X San Diego 92114
City Zip Code

X 619-263-5632
Telephone

Invoice # _____

Work Order # E-19488

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19488

DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 08-13-15

Z0061771



OLEATHER HAWTHORNE
811 S 46TH ST
SAN DIEGO CA 92113



SEX:F HAIR:GRY EYES:BRN
HT:5-09 WT:150 DOB:08-13-21

O Leather Hawthorne

09/07/2005 613 C3 FD/15

E19488

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. DD Crypt B

		4745 Charles Luster	4744 X			

Blind Check Initiated By: Sandra Date: 12-1-05

Interment space for: Oreather Hawthorne

Interment Date: Mon Dec 5, 05 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 4744 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: 12/2/05

7 lapsed.

E19488

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 85

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH - DAY - YEAR	3. DATE OF DEATH MONTH - DAY - YEAR	4. SEX
OLEATHER	-	HAWTHORNE	08/13/1920	11/30/2005	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	BERNADINE HAWTHORNE: DAUGHTER 5564 DREAM 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	Sunnie Pryor	12/01/2005

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 12/01/2005	2519632

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12-5-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kim F Jamyo
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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.

possible Low Income

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 12/01/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myrtle Collins 229805

in a Liner (Type of Burial Container) Funeral, date, time Monday Dec. 5 11:00

Church, Chapel / Graveside : Preferred Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 1 will be applied and billed to undersigned. mark

Division 11 Section 2 Blk/Row ____ Lot 3 Grave 1

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases / Marker setting fee	176.00
Recording/Filing/Transfer Fees	38.50
Sales taxes	10.46
Total Due	1859.46
Paid receipt number Mastercard AP 333168	1857.46
Balance due	0

PAID

DEC 02 2005

MOUNT HOPE CEMETERY

A0388624
2-16-09

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. pin# 229806

I hereby authorize the interment in lot I hold under deed.

Catherine Lawrence
Signature

Catherine Lawrence
Print Name
701 Carlsbad St
Address
Spring Valley CA 91977
City Zip Code
619 434 6008
Telephone

3141 Estrella
Apt. 11E

Work Order # E-19489

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19489

ATTN: Ms. Paulette

Address Verification

as requested BY Patients

family.

Dec-02-2005 10:29am From-PVH/PFS +1-619-470-4103 T-986 P.003/003 F-413

PARADISE VALLEY HOSPITAL
DEPT #2322
LOS ANGELES CA 90084-2322
6194704150 FAX

E-EMS-1000-MCRO-REBILL

26987156 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1816034	091305	091405					237 E19489

12 PATIENT NAME: COLLINS, MYRTLE E

4120 ESTRELLA AVE SAN DIEGO CA 92105

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 DRG	22 STAT	23 MEDICAL RECORD NO.	24	25	CONDITION CODES 26	27	28	29	30	31
09161927	F	D	091305	22	1	5		01	051902								

32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE CODE	DATE	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
05	090105										A B C

COLLINS, MYRTLE E
2575 E 8TH ST
PARADISE VALLEY HEALTHCAR
NATIONAL CITY CA 91950

38 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
320	DX X-RAY	73510LT	091305	1	324 00		
320	DX X-RAY	73510RT	091305	1	324 00		
450	EMERG ROOM	9928325	091305	1	485 00		
460	PULMONARY FUNC	94761GZ	091305	1	87 00	87 00	
001	TOTAL				1220 00	87 00	

Ok for Residency Proof MFD

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
MEDICARE	050024	Y	Y		1133 00	
SELF PAY AFTER MEDICARE		Y	Y			

DUE FROM PATIENT >

58 INSURED'S NAME	59 P.REL	60 CERT. -SSN +HIC. -ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
COLLINS, MYRTLE E	18	149051848D6		
COLLINS, MYRTLE E	18	573423731		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
	5	RETIRED	
	5	RETIRED	

67 PRIN. DIAG. CD.	68 CODE	69 CODE	OTHER DIAG. CODES 70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 ADM DIAG CD.	77 E-CODE	78
8439	95919	E8844						8439	E8497	

IPC	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
3						

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID: A52203
MCCAFFREY KENNETH G

83 OTHER PHYS. ID

OTHER PHYS. ID

85 PROVIDER REPRESENTATIVE: X

86 DATE: 102505

REMARKS
MYRTLE COLLINS
4120 ESTRELLA APT 16
SAN DIEGO CA 92105

OCR/Original

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

E 19489

MEDICARE HEALTH INSURANCE

SOCIAL SECURITY ACT

NAME OF BENEFICIARY

MYRTLE E COLLINS

MEDICARE CLAIM NUMBER SEX

149-05-1848-B6 FEMALE

IS ENTITLED TO EFFECTIVE DATE

HOSPITAL (PART A) 9-1-92

MEDICAL (PART B) 9-1-92

SIGN HERE ➡ Myrtle E Collins

OK for low-income
Maria Loewsky

E19489

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X Bessette			

Blind Check Initiated By: Paulette Date: 12 2 05

Interment space for: Myrtle Collins

Interment Date: 12-5-05 Time: 11:00 G.S.

Div: 11 Sect: 2 Blk/Row: ____ Lot: 3 Gr: 1

Grave Laid out by: Norman Fortier

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Ellis Date: 12/2/05

E19489

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mrtle	Elizabeth	Collins	09/16/1927	11/29/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Catherine Lawrence - Daughter 710 Carlsbad Street Spring Valley, California 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
PreferredCremation and Burial 4163 University Avenue San Diego, California 92123	FD-1746	▶	

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	12-1-05	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, California 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR 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, California 92102	11B. DATE BURIED 12-7-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

pre-need LOT ONLY

INTERMENT ORDER

City of San Diego

Date 12-2-05

pin# 229423

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Family OF Espejo/Ramirez

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 C Blk/Row _____ Lot 3 Grave 8

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	$2,264.00
Paid receipt number R-59460	$566.00
Balance due	$1,698.00

I hereby certify I am the FAMILY ESPEJO/RAMIREZ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229423

I hereby authorize the interment in lot I hold under deed.

X _____ (Signature)

co purchaser MARCO Ramirez pin# 229804

X MINERVA ESPEJO (Print Name)

X 3737 42nd St. (Address)

X SAN DIEGO, CA 92105 (City, Zip Code)

X (619) 283-4174 (Telephone)

Work Order # E-19490

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
NON-Res

Date 12-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Darnell Bonds

in a Liner (Type of Burial Container) Funeral, date, time Friday Dec 9 05 1:00 p.m. Jarrett

Church, Chapel, Graveside C.H. Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 283.00

will be applied and billed to undersigned. Charzella Turner X

Division 12 Section 1 Blk/Row _____ Lot 48 Grave 12

Grave space & Care Fund	$ 3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases — Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	$ 4,465.82
Paid receipt number R-59473	$ 4,465.82
Balance due	0

12-7-05 Check Returned To Family

PAID DEC 07 2005 MOUNT HOPE CEMETERY

12-7-05 VOID per David Lugo

I hereby certify I am the Grandson 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.

Charzella Turner X
Signature

X CHARZELLA TURNER
Print Name

X 1951 Costado Ct.
Address

X Lemon Grove 91945
City Zip Code

X 619-741-9558
Telephone

Invoice # _____

Work Order # E-19491

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Grandma
Chaynella Turner
1851 Coltada St
Lemon Grove, Ca 91945
619 741-9558

E19491

VOID AFTER 90 DAYS

Bank of America

11-35/1210 2021750508

Issuer: Bank of America, N.A., San Francisco, California

MATCH THE AMOUNT IN WORDS WITH THE AMOUNT IN NUMBERS

BANK OF AMERICA FOUR FOUR 65-82 FIVE

SN - 2021750508 8-0917 T-T-C SMITH

THE AMOUNT IN NUMBERS MUST MATCH THE AMOUNT IN WORDS THE AMOUNT IN NUMBERS MUST MATCH THE AMOUNT IN WORDS

********** DEC 05 2005 ** FOUR THOUSAND FOUR HUNDRED SIXTY FIVE DOLLARS AND 82 CENTS

Pay To The Order Of ***MT HOPE CEMETARY***

PURCHASER:
CHARZELLA TURNER BONDS
VOID OVER $4,465.82

C Smith
AUTHORIZED SIGNATURE

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $250,000.

Cashier's Check

Payable at Bank of America, N.A.
San Francisco, California

ISSUED IN US DOLLARS

WorldMoney® Service Center

05-14-4550B 3-2000

⑈2021750508⑈ ⑆121000358⑆ 13970⑈85076⑈

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK

E19491 R-59473

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 12-7-05, 20

From: Turner Address: 1851 Costa Cr. Lemon Grove 91945

Four thousand Four hundred sixty-five 82/100 Dollars ($ 4,465.82)

in Full Payment of AT Need Services FOR Darnell Bonds & Marker Galvase Handling Fee

Lot 48 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ! ! At Need ! ! On Acct ! !

Pre-need Trust ! ! Cash ! ! Check ! !

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 07 2005

MOUNT HOPE

ISSUED BY Sandra

CREDIT	67007	602	20
20% Sales Care	77184		
80% Sales	100	2,408	84
of Lots	77184		
Opening/	100	70[illegible]	00
Closing	77184		
Burial	100	359	00
Containers	77184		
	100	[illegible]	00
Handling Fee	77185		
Recording &	100	85	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	27	82
	78390		
TOTAL PAID	$	4,465	82

VOID Per David Lugo Check was Returned To Family

Family opted for Cremation. CK returned per Cem. Mng'r.

MO# 2021750508

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT-Need
Low-Income
Res Approved MFD 12/6/05

Date 12-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William McNeil JR 229816

in a Liner (Type of Burial Container) Funeral, date, time Thursday Dec 8, 05 2:00

(Church) Chapel, Graveside 2:00 p.m : Preferred Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00 will be applied and billed to undersigned. Patricia McNeil X

Division 11 Section 2 Blk/Row _____ Lot 2 Grave 6

Grave space & Care Fund	LOT	$1,132.00
Overtime/Late Arrival Fees	late arrive Fee	213.00
Opening/Closing & Setup		266.50
Burial Container	LINER	135.00
Handling Fees	PAID	103.00
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees	DEC 06 2005	32.50
Sales taxes		10.46
MORT TO pay	MOUNT HOPE CEMETERY Total Due	$1,892.46
	Paid receipt number R-59470	$1,852.46
	Balance due	0

I hereby certify I am the Sister 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.

229817

I hereby authorize the interment in lot I hold under deed.

Patricia McNeil X
Signature

X Patricia McNeil
Print Name
X 15718 Myrtle Ave
Address
X Harvey IL 60426
City Zip Code
X 708-331-5859
Telephone

Invoice # _____

Work Order # E-19492

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E1949

State of California

Benefits Identification Card

ID No. 3235857218
WILLIAM MCNEIL
M 02 23 1960 Issue Date 02 14 03

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 02-23-06 D2984847



WILLIAM MCNEIL,JR
3065 WEBSTER AVE
SAN DIEGO CA 92113

SEX:M HAIR:BLK EYES:BRN
HT:5-08 WT:155 DOB:02-23-60

09/19/2000 506 11 FD/86

E19492

SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO CA 92101

Social Security Administration
Supplemental Security Income
Important Information

Date: November 27, 2005
Claim Number: 323-58-5721 DI

954 B029,M4E,012,002641 000002641 01 AB 0.301

WILLIAM MCNEIL JR
4132 E DIVISION ST
SAN DEIGO CA 92113-4324

We are writing to tell you about changes in your Supplemental Security Income record. The rest of this letter will tell you more about this change.

Information About Your Payments

Even though the law provides for an increase in Federal SSI payments beginning January 1, 2006, your total payment will not change. This is because your SSI includes money from the State of California and California has told us to reduce the amount of money it pays its residents. The reduction in the State payment is equal to the amount of the Federal SSI increase. Therefore, your total SSI will not change.

You Can Review The Information in Your Case

The decisions in this letter are based on the law. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Any Questions."

Things To Remember

- Your payments may change if your circumstances change. Therefore, you are required to report any change in your situation that may affect your Supplemental Security Income payment. For example, you should tell us if you move, if anyone else moves from or into your household, if your marital status changes, if income or resources for you or members of your household change, if your medical condition improves or if you go to work.

See Next Page

E19492

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Liner

			#6 X			
		#11 Bethea Rouse	#12			

Blind Check Initiated By: Sandra Date: 12-6-05

Interment space for: William McNeil Jr

Interment Date: Thursday Dec 8, 05 Time: 2:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 2 Gr: 6

Grave Laid out by: Norman

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Norris Date: 12-6-05

Flagged

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E19492

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	-	Mc Neil, Jr.	02/23/1960	Rd 12/01/2005	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	Jennie Mc Neil, Mother 4132 Division 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
Preferred Cremation and Burial 6163 University Ave., San Diego, CA 92115	FD-1746	▶	12/05/2005

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	12/05/2005	▶ Vincent L. Bowman MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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 12-8-05	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

Has not passed yet (over)

9/15/08

Date 12-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry R. Arce 206425

in a liner (Type of Burial Container) Funeral, date, time Friday, Sept 19 @ 11am

Church, Chapel, Graveside ____ : Featherwell Paul Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row ____ Lot 112 Grave 9

Grave space & Care Fund E-3190(1982), E-17321	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container liner	0
Handling Fees Interfund transfer	0
Flower vases – Marker setting fee DP3821452	
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	0
Paid receipt number ____	
Balance due	0

pd in full for lot trust + marker setting fee. (military) ARMY WWII VET

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

(over)

X see attach
Print Name

X for signature
Address

X
City Zip Code

X
Telephone

Invoice # ____

Work Order # E-19493

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

12-6-05
Paul - Featherwell Mortuary
requested an Interment order
for Lany Arce for brother Humbert Arce
to sign to prepare for brother's ab.
need services. Lany Arce is very ill
but has not passed yet

619 583 7038

:46a FEATHERINGILL 619 583 7038

E19493

Has not passed yet (Gran)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-6-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry R. Arce

in a liner (Type of Burial Container) Funeral, date, time [illegible]

Church, Chapel, Graveside _____, Featheringill Paul Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned N/A X

Division 12 Section 2 Blk/Row _____ Lot 112 Grave 9

Grave space & Care Fund	E-3190 (1982), E-17321	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

Pd in full for lot, trust & marker setting fee. (military)

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 112 hold under deed

Humbert R Arce
Signature

X Humbert R. Arce
Print Name

X 73 Macon Ct. E.
Address

X Sanford N.C. 2733
City ZIP Code

X 1-919-498-0700
Telephone

Invoice # _____

Work Order # E-19493

Acct. # _____

REA-164 (3-04)

This information is available in alternative formats upon request.

E19493

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

№ 55415

Date: 9-16-02, 20

From: Humbert Arce Address: 4902 Zion Ave San Diego 92120

Eight Hundred Ninety Four & 73/100 Dollars ($ 894.73)

In Full Payment of Pre-need Trust & marker setting fee

Larry Arce

Lot 112 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-17321

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 93

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	125 00
Recording & Misc. Fees	100 77183	769 73
Pre-Need Trust	63033 9022 77186	
Sales Tax	60101 78390	
TOTAL PAID	$	894 73

ISSUED BY [signature]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust

Date 9-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LARRY ARCE

in a LINER (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 112 Grave 9 Row Section 2 Division/Block 12

Grave space & Care Fund	Pre-need E-3190	0
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases - Marker setting fee		125.00
Recording and filing fee		45.00
Sales taxes		14.75
Total Due		894.73
Paid receipt number	R-55415	894.73
Balance due		0

PAID
SEP 16 2002
MT. HOPE CEMETARY
CITY OF SAN DIEGO, C

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

206723

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X HUMBERT ARCE
Signature
X 4902 ZION AVE
Address
X SAN DIEGO 92120
City Zip Code
X
Telephone

Invoice #

Work Order # E 17321

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/28 19 82

CHARGE LARRY R. ARCE E19493

ADDRESS 245 S. Hill ST. (LA, CA 90012

NAME OF DECEASED Pre Need Grave

OWNER

ADDRESS

MORTUARY

LOT 112 GR 9 ROW SEC 2 ~~BLK~~ DIV 12	400	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	400	00
PAID RECEIPT NUMBER 30781	400	00
BALANCE	-0-	

PAID

JUL 28 1982

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 (X)

ORDER TAKEN BY Sutton

W.O. NO. E 3190 #10819 INVOICE NO.

PY-593 (4-82)

E19493

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

W — E
S

		Marrow Ruby	Anderson			
			West	Moore		
			X	~~Hatch~~ Nelson		
			Villegas	Hayden		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Maria Date: _____

Interment space for: Larry R. Bice 9/6

Interment Date: 9/19/08 Time: 11am

Div: 12 Sect: 2 Blk/Row: ___ Lot: 112 Grave: 9

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85 E19493

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
LORETO	RUIZ	ARCE

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	09/08/1923	09/13/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LOS ANGELES	LOS ANGELES

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
HUMBERT ARCE	BROTHER	FEATHERINGILL MORT COLL CHAPEL 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. Dominguez	FD-1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

73 MACON CT. E.
SANFORD, NC 27332

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Maribel Dominguez

9B. DATE SIGNED 09/17/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	09/17/2008	▶ JONATHAN FIELDING, MD

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
LOS ANGELES CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102

12B. DATE BURIED: 9-19-08

12C. INTERMENT NUMBER—IF APPLICABLE: E-19493

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING: ▶ Norma Enriquez

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

in grave of father Edward T. WALLACE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 12/7/05

Total of 8 chairs?

22-9841

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of WALLACE, TORCHEA ♀ THURS. 15

in a ASH VAULT B Funeral, date, time ~~WEDS DEC. 14~~ 11:30

Type of Burial Container

Church, Chapel, Graveside Kingdom Hall : Cypress View Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Rulon

will be applied and billed to undersigned.

Division 12 Section 3 Blk/Row — Lot 54 Grave 9 B

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.—
Burial Container	199.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	384.12
Paid receipt number R-59473	384.12
Balance due	0

PAID

DEC 09 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.

22-9842

I hereby authorize the interment in lot I hold under deed.

X Barbara R
Signature

+Barbara Bruce
Print Name

+205 E 24th #201
Address

+National City Ca 91950
City Zip Code

+619-474-2414
Telephone

Paulette

Work Order # E-19494

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 19494

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: October 28, 2005
Claim Number: 550-06-6881 DI

436 1021,M02,040,008050 000008050 01 AB 0.301

CHERYL DENISE WALLACE
3640 AREY DR APT 13
SAN DIEGO CA 92154-2336

Verified parent/daughter relationship w/ Linda Brozan. 12/7/05
David Lugo
Cen. Mgr.

Type of Payment:
Individual--Disabled

We are writing to tell you about ch... Income payments. The follow... months we changed. As you ... payments for both past and fu... more about this change. ...the ...ur ...ll you

SWEETWATER
UNION HIGH SCHOOL DISTRICT

Your Payments Will Be Cha...

LINDA BRONZAN, RN
CREDENTIALED SCHOOL NURSE
CHULA VISTA HIGH SCHOOL
820 FOURTH AVENUE
CHULA VISTA, CA 91911
(619) 691-5765
FAX (619) 427-5824
linda.bronzan@suhsd.k12.ca.us

From		
May 1, 2005	May	This includes $233.00 from the State of...
June 1, 2005	July	
August 1, 2005	Augu...	
September 1, 2005	Septen...	$131.98 This includes $131.98 from the State of California.
October 1, 2005	Continuing	$812.00 This includes $233.00

State of California
Benefits Identification Card
ID No. 6251872441
TORCHEA WALLACE
F 12 04 1988
Issue Date 07 01 94

See Next Page

SSA-L8151

E19494

Ashes placed at foot of grave

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.

			Chastain			
		Johnson	X	Reddick Mejia	Wallace	

Blind Check Initiated By: Paulette Date: 12/13

Interment space for: Torchea Wallace

Interment Date: ~~Wed's~~ Dec 14 Time: 11:30

Div: 12 Sect: 3 Blk/Row: — Lot: 54 Gr: 49

Grave Laid out by: Norman Ferg

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [signature] Date: 12-13

87646 E19474 ABM 021

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 17

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TORCHEA	LEEANN	WALLACE	12/04/1988	12/06/2005	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	CHERYL WALLACE-MOTHER 3640 AREY ST. SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ECK-CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	FD-670	▶	12/09/2005

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	12/09/2005 C GRIER	2520078 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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
- [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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPRRIAL AVE. SAN DIEGO, CA 92113	12B. DATE CREMATED 12/14/2005	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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
Res
1st Burial
ONLY

Date 12-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Meico McGhee 229835

in a DD CrypT "A" (Type of Burial Container) Funeral, date, time Tues Dec 13, 05 1:00p.m

Church, Chapel, Graveside _____ 295-2177 Merkley Mitchell Apeely Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. see attached for signature X

Division 11 Section 2 Blk/Row _____ Lot 107 Grave 4

Grave space & Care Fund	E-16322	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		$ 533.00
Burial Container	DD CrypT	$ 539.00
Handling Fees		$ 454.00
Flower vases – Marker setting fee		0
Recording/Filing/Transfer Fees		$ 65.00
Sales taxes		$ 41.77
Total Due		$ 1,632.77
Paid receipt number	R-59482	633.00
Balance due		999.77
	R-59474	1000.00

PAID
DEC 09 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.

pin#209208

I hereby authorize the interment in lot I hold under deed.

X Print Name

X Address

X City Zip Code

X Telephone

See attached for signature

Signature X

Vickie - Victims of crime

Invoice # _____

Work Order # E-19495

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19495

AT-Nee Res
1st Burial ONLY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Meico McGhee

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Tues Dec 13 05 1:00

(Church) Chapel, Graveside St Stevens 295-7177 Markley Mitchell (Mortuary) Arcadia

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213.00

will be applied and billed to undersigned. Hana Jabbar X

Division 11 Section 2 Blk/Row ____ Lot 107 Grave 4

Grave space & Care Fund E-16322	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$ 533.00
Burial Container DD Crypt	$ 539.00
Handling Fees	$ 454.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$ 65.00
Sales taxes	$ 41.77
Total Due	$ 1,632.77
Paid receipt number R-59482	- 633.00
Balance due	999.77

I hereby certify I am the Hana Jabbar 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. 209208

I hereby authorize the interment in lot I hold under deed.

Hana Jabbar X
Signature

X Hana Jabbar
Print Name

X 5012 Dale Street
Address

X Sandiego CA 92114
City Zip Code

X 619 266-2341
Telephone

Invoice # ____

Work Order # E-19495

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E19495

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE-NEED LOTS ONLY

Date April 5, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pre-Need Lots for Jabbar Family

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 107 Grave 2+4 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund 795.00 x 2	1,590.00
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	1,590.00
Paid receipt number #R-	-398.00
Balance due	1,192.00

PAID
SEP 16 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

BALANCE DUE ~~0~~

I hereby certify I am the owners of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Hana Jabbar
Nieme Jabbar

I hereby authorize the interment in lot I hold under deed.

Hana Jabbar
Nieme Jabbar
Signature of recorded holder of deed

X Hana Jabbar and Nieme Jabbar
Signature

5012 Date St.
Address

San Diego, CA 92102
City Zip Code

(619) 266-2341
Telephone

Work Order # E 16322

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E19495

PCI - Compliance Service Department
2865 Metropolitan Place
Pomona, CA 91767

BUSINESS MAIL - TIME SENSITIVE

If addressee name is incorrect, please forward this document to an authorized employee representative immediately.

PRSRT STD

MAILED FROM ZIP CODE 33630 NOVDEC'05

U.S. POSTAGE 00.163

H METER 527951

METERED MAIL

IMPORTANT — COMPLIANCE REQUIREMENTS ENCLOSED

ANCE INFORMATION FOR:

Melco Mc Ghee, Owner/Manager
24 7 Hustlers
Ste 207
1804 Garnet Ave
San Diego CA 92109-3352

2006

1105-T



E19495

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. DD Crypt A

		carrie Allen #3	Lot 107 X #4	#5	John Clair Byrne #6	

Blind Check Initiated By: Sandra Date: 12-9-05

Interment space for: Meico McGhee

Interment Date: Tues Dec 13, 05 Time: 1:00 p.m church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 107 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 12/12/05

E19495

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

age 30

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MEICO	-	McGHEE	11/14/1975	11/26/2005	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HOPE BESIKOF - COMPANION 1605 PENTECOST WAY, #6 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
HENKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103	FD119	▶	12/08/2005

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	B.A. ELLANO 12/08/2005	2520062 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 FIFTH AVENUE SAN DIEGO, CA 92102	11B. DATE BURIED 12-13-5	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 FACILI ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 (NON-RES) 1st Burial only

Date 12-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lori Engelhorn Glazer 229826

in a DD CryPT A (Type of Burial Container) Funeral, date, time Mon Dec 12, 12:00 NOON

Church, Chapel, (Graveside) Hillside Mortuary Los Angeles 1-800 876-1994 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. X

Division 8 Section 1 Blk/Row _____ Lot 263 Grave _____

Grave space & Care Fund B-7284	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	$708.00
Burial Container DD CryPT	$717.00
Handling Fees PAID	$604.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees DEC 09 2005	$85.00
Sales taxes	$55.57
MOUNT HOPE CEMETERY Total Due	$2,169.57
Paid receipt number pd by Visa/phone	$2,169.57
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.

pin # 207772

I hereby authorize the interment in lot I hold under deed.

X
Signature

X
Print Name

X
Address

X
City

Zip Code

Telephone

fax attach for signature

Invoice # _____

Work Order # E-19496

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Fax 619 460-5375

Marjory Engelhorn / pd service by phone/Visa

619 298-9227

629 Pennsylvania

S.D. Calif. 92103

Mortuary

Fax 310 641-2042

attention troy

Fax
619-527-3403

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

AT- Need
(NON-Res)
1st Burial
only

Date 12-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lori Engelhorn Glazer

in a DD Crypt A (Type of Burial Container) Funeral, date, time Mon Dec 12, 12:00 NOON

Church, Chapel, Graveside _____ Los Angeles Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____ MEX

Location verified
CK Marjory Engelhorn

Division 8 Section 1 Blk/Row _____ Lot 263 Grave _____

Grove space & Care Fund	B-7284	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		$708.00
Burial Container	DD Crypt	$717.00
Handling Fees		$604.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		$85.00
Sales taxes		$55.57
Total Due		$2,169.57

PAID
DEC 09 2005
MOUNT HOPE CEMETERY

Paid receipt number pd by visa/phone $2,169.57

Balance due 0

I hereby certify I am the grandmother 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.

Marjory Engelhorn X
Signature

pin# 207772

X
Print name
X 6.29 Pennsylvania Ave.
Address
X San Diego CA 92103
City Zip Code
X 619-298-9227
Telephone

Invoice # _____

Work Order # E-19496

Acct. # _____

RPS-10a (5-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19496

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

DD Crypt

		Harold Engelhorn	X	Hettie Black		

Blind Check Initiated By: Sandra Date: 12-8-05

Interment space for: Lori Engelhorn Glazer

Interment Date: Mon Dec 12 Time: 12:00 NOON

Div: 8 Sect: 1 Blk/Row: ____ Lot: 263 Gr: ____

Grave Laid out by: Norman

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 12-9-05

E19496

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 33

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lori	Engelhorn	Glazer	04/01/1972	12/09/2005	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Sherman Oaks	Los Angeles	Michael Glazer - Husband 4233 Hazeltine Avenue Sherman Oaks, CA 91423

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Hillside Mortuary 6001 Centinela Ave., L.A., CA 90045	FD 1358	▶	12/10/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	12/10/2005	▶ Thomas W Whitaker

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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, L.A., CA 90012	3851 Rosecrans St., San Diego, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'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 12-12-05	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

AT- Need (Res)

INTERMENT ORDER

City of San Diego

Date 12-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anni E. Henke 229851

in a TS Vault (Type of Burial Container) Funeral, date, time Tues Dec 20 05 9:30

Church, Chapel, Graveside Delivery only ; Pacific Beach Douglas 458 488 5553 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.

location chosen by Cem. Mngr. David Lugo

Division 12 Section 1 Blk/Row ____ Lot 48 Grave 12

Grave space & Care Fund	$ 2,264.00
Overtime/Late Arrival Fees	$ 0
Opening/Closing & Setup	$ 533.00
Burial Container	$ 355.00
Handling Fees	$ 263.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$ 65.00
Sales taxes	$ 27.51
Total Due	$ 3,507.51
Paid receipt number R-59489	$ 3,507.51
Balance due	0

PAID

DEC 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

X Print Name
X Address
X City Zip Code
X Telephone

All attach for signature

Invoice # ____

Work Order # E-19497

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 12-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anni E. Henke

in a TS Vault (Type of Burial Container) Funeral, date, time Will call back with Date

Church, Chapel, Graveside Delivery only ; Pacific Beach Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____ X will be applied and billed to undersigned. ____

Division 12 Section 1 Blk/Row ____ Lot 48 Grave 12

Grave space & Care Fund	$2,264.00
Overtime/Late Arrival Fees	$ 0
Opening/Closing & Setup	$ 533.00
Burial Container TS Vault	$ 355.00
Handling Fees	$ 163.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	$ 65.00
Sales taxes	$ 77.51
Total Due	$ 3,507.51
Paid receipt number R-59489	$ 3,507.51
Balance due	0

PAID
DEC 13 2005
MOUNT HOPE CEMETERY

I hereby certify I am the CONSERVATOR 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 CONSERVATOR X

X RICK WILLIAMS
Print Name

X PO BOX 1147
Address

X ALPINE CA. 919
City Zip Code

X 619-445-5121 (91903)
Telephone

Work Order # E-19497

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Rick Williams, M.Ed.
Private Fiduciary

P.O. Box 1147, Alpine CA 91903-1147
Phone / Fax # (619) 445-5121
rjwilliams@mac.com

Fax Cover Sheet

Send To:	Mt. Hope	**From:**	Rick Williams
Attention:	Sandra	**Date:**	December 9, 2005
Fax Number:	(619) 527-3403	**Phone Number:**	
Total Pages (Including Cover):	4	**Subject:**	Anni Henke

☐ URGENT ☐ REPLY ASAP ☐ PLEASE COMMENT ☐ PLEASE REVIEW ☐ FOR YOUR INFORMATION

Comments:

Sandra,

Please see the attached Proof of Residency documents for Anni Henke. I have included 3 separate pages.

We would like to order the top-seal vault: Total: $$3,507.51 No graveside service.

We will put on hold any decision regarding a grave marker.

It is our understanding that we have purchased a plot in: Division 12, Section 1, Lot 48, Grave 12.

Please send a breakdown of costs. As of this date, we do not have a date or time for delivery.

Thank you,

Kim Verduzco, for
Rick Williams

AIG Annuity Insurance Company
A Member of American International Group, Inc.

AIG ANNUITY
INSURANCE COMPANY
P.O. Box 671
Amarillo, TX 79105-0871

QUARTERLY GROWTH REPORT OF YOUR POLICY FOR THE QUARTER ENDING 09/30/2004

1-800-424-4990

10002 0615544 001 008129

ANNI HENKE
3949 CLAIREMONT DR STE 6
SAN DIEGO, CA 92117-6663

• Contract Number	NN009720
• Policy Date	08/18/1999
• Annuitant	Anni Henke
• Policy Type	Non-Qualified
• Agent	Wmfs Insurance Services Inc.
• Composite Annual Yield	3.50%

Important Messages

For access to your account 24 hours a day, please visit our website at www.aigannuityaccess.com.®

Account Information

	Current Quarter 07/01/2004 - 09/30/2004	Year - To - Date 01/01/2004 - 09/30/2004
Beginning Value	197,527.13	197,545.75
Withdrawals	(1,714.44)	(5,105.99)
Interest	1,714.44	5,087.37
Accumulated Value	197,527.13	197,527.13
Surrender Value**	191,490.07	191,490.07

**The Cash Surrender value is the amount that a Contract Owner will receive if the Annuity is surrendered. This amount is equal to the accumulated value of the annuity less any surrender charges specified in the policy.

Deposits And Withdrawals Processed During This Quarter

Date	Amount	Date	Amount	Date	Amount
07/25/2004	(559.04)	08/25/2004	(577.70)	09/25/2004	(577.70)

annuity payments ($58,815.24), and German Pension ($5,092.79) equals $72,705.16 All bank accounts are valued at $36,657.18. These amounts total $109,362.34, therefore, additional bond is not necessary. Petitioner kept the higher bond amount pending the court's decision on the Petition to Authorize Gift regarding the charitable gift annuity.

19. PERSONS ENTITLED TO NOTICE. The names, relationships and addresses of the persons entitled to notice of this petition are as follows:

Name and Address	Relationship
Anni Henke White Sands of La Jolla 7450 Olivetas Avenue La Jolla CA 92037	Conservatee
Rick Williams P.O. Box 1147 Alpine CA 91903	Successor temporary Conservator
J. Bradford Lovelace Wingert Grebing Brubaker & Goodwin LLP One America Plaza, 7th Floor 600 West Broadway San Diego CA 92101	Attorney for Rick Williams
Jamie Brierton Brierton, Jones & Jones, LLP 2437 Second Avenue San Diego CA 92101	Attorney for conservatee

20. DISTRIBUTION OF ASSETS. Petitioner provided RICK WILLIAMS, successor conservator, with all information necessary to transfer the conservatorship's accounts and annuities to the successor conservator. Petitioner has requested a Receipt of Distribution from RICK WILLIAMS. It will be filed with the Court upon receipt.

A petition to appoint RICK WILLIAMS Probate Conservator of ANNI HENKE is scheduled for November 23, 2004 at 10:00 a.m. in

Allied Tax Service, Inc.
3949 Clairemont Drive, Suite 6
San Diego, CA 92117-5514
858-274-3300

TAXPAYER'S COPY

April 23, 2004

CONFIDENTIAL

ANNI E. HENKE
3949 CLAIREMONT DR Apt. (
SAN DIEGO, CA 92117

Dear Anni:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

You may contact the IRS for a status of your refund by calling 1-800-829-1954 and following the *recorded instructions. You may also access the Where's My Refund feature on the IRS website.* Point your browser to http://www.irs.gov/index.html and enter Where's My Refund in the Search IRS Site box to access the secure website.

Have a copy of your 2003 return available because you will need to have the first social security number shown on your return, the filing status, and the **exact** amount of your refund. You should wait at least 3 weeks after your return has been electronically filed before checking on the status of your refund.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Allied Tax Service, Inc.

R-55489

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Rick Williams,

Date: 12-13-05 , 20 05

From: Conservator / Anni Henke Address: P.O Box 1147 Alpine, Ca. 91903

Three Thousand & Seven hundred Five 51/100 Dollars ($ 3,507.51)

in Full Payment of AT Need Services FOR Anni E Henke

Lot 48 Grave 12 Row _____ Section 1 Division Block 12

Invoice No. E-19497

Acct. No. _____

W.O. _____

BALANCE DUE 0

Pre-Need Lot | | At Need | | On Acct | |

Pre-need Trust | | Cash | | Check | | #5049

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.

DEC 13 2005

MOUNT HOPE

ISSUED BY Sandra

CREDIT	87007	452	80
20% Sales Care	77184		
80% Sales	100	1,811	20
of Lots	77184		
Opening/	100	533	00
Closing	77181		
Burial	100	355	00
Containers	77182		
	100	263	00
Handling Fee	77185		
Recording &	100	65	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	27	51
	78390		
TOTAL PAID	$	3,507	51

RICK WILLIAMS CONSERVATOR
ESTATE OF ANNI HENKE
PH. 619-445-5121
P.O. BOX 1147
ALPINE, CA 91903-1147

WASHINGTON MUTUAL BANK
90-7162/3222

5049

12/12/2005

PAY TO THE ORDER OF Mt. Hope Cemetery $ *****3,507.51

Three thousand, five hundred seven and 51/100********** DOLLARS

Mt. Hope Cemetery
Community Park and Recreation
3751 Market Street
San Diego, CA 92102-4527

MEMO Interment Order of Anni Henke

Rick Williams MP
AUTHORIZED SIGNATURE

⑈005049⑈ ⑆322271627⑆ 876334526⑈

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.

		Jackson				
			X		/	
			Fryhma			

Blind Check Initiated By: Paulette Date: 12/19

Interment space for: Ami E. Henke

Interment Date: 12-20-05 Time: 930 am

Div: 12 Sect: 1 Blk/Row: ____ Lot: 48 Gr: 12

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

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
ANNI	E	HENKE	07/15/1918	12/05/2005	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 JOLLA	SAN DIEGO	RICK WILLIAMS-CONSERVATOR P.O. BOX 1147 ALPINE CA 91903

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
EL CAMINO MEMORIAL PACIFIC BEACH CHAPEL 4710 CASS ST SAN DIEGO CA 92109	FD815	▶	12/09/2005

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	12/09/2005 E GALVEZ	2520106 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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 CA 92102	11B. DATE BURIED 12-14-05	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 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 12-9-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EUGENIE KRIKORE TOROSSIAN 229836

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time Tues. 13 Dec 10:00

Church, Chapel, Graveside St. John Armenian : Mayor Mort. Mortuary. Ed

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 128 Grave 6

Grave space & Care Fund		2264.00
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2 O/C @ 533.00	1066.00
Burial Container		539.00
Handling Fees		454.00
Flower vases – Marker setting fee		243.71
Recording/Filing/Transfer Fees		136.00
Sales taxes		41.77
	Total Due	4738.48
	Paid receipt number R-59483	4738.48
	Balance due	Ø

PAID DEC 12 2005 MOUNT HOPE CEMETERY

Lwd 4801 65.71 + 178.00

NO Proof of res. but charged res. prices.

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 [signature]

229837

Lucine Chougassian
Print Name

3332 Camino Vallareal
Address

Escondido, Ca 92029
City Zip Code

(760) 480-6953
Telephone

Invoice # _____

Work Order # E-19498

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E19498

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.

			Walker?			
	Sesma	Stevens	X		Munoz	
		Ruiz				

Blind Check Initiated By: Paulette Date: 12/12/05

Interment space for: Eugenie K Torossian

Interment Date: Dec 13 Time: 11:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 128 Gr: 6

Grave Laid out by: Norman Fong

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Warren Date: 12-12-

E19498

CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

B7259286

EXPIRES 05-04-05

This identification card is issued solely for identification purposes. It does not establish eligibility for employment, voter registration, or public benefits.



EUGENIE KRIKORE TOROSSIAN
13219 SUNDANCE AVE
SAN DIEGO CA 92129

SEX: F HAIR: GRY EYES: BRN
HT: 5-06 WT: 136 DOB: 05-04-25

E Torossian

04/23/96 676 16/ FD/ L1118

E19495



State of California

Benefits Identification Card

ID No. 94053781A35087

EUGENIE TORASSIAN

F 05 04 1925 Issue Date 03 28 05

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY

EUGENIE TOROSSIAN

MEDICARE CLAIM NUMBER SEX

616-26-5185-M **FEMALE**

IS ENTITLED TO EFFECTIVE DATE

MEDICAL (PART B) BENEFITS ONLY **08-01-1993**

SIGN HERE ➡ _____

RAYMOND A. GHOUGASSIAN
LUCINE GHOUGASSIAN
3332 CAMINO VALLAREAL PH. 760-480-6953
ESCONDIDO, CA 92029

731
0601152069

6082

DATE 12/9/05

PAY TO THE ORDER OF Mount Hope Cemetery $ 2238.77

Two thousand Two hundred thirty eight #77

UNION BANK OF CALIFORNIA
CARMEL MOUNTAIN #731
11875 CARMEL MOUNTAIN RD., SAN DIEGO, CA 92128
800 238 4486

FOR _____

⑈122000496⑈ 0601152069⑈ 6082

RAYMOND A. GHOUGASSIAN
LUCINE GHOUGASSIAN
3332 CAMINO VALLAREAL PH. 760-480-6953
ESCONDIDO, CA 92029

16-49 731
1220
0601152069

6081

DATE 12/8/05

PAY TO THE ORDER OF Mount Hope Cemetery $ 4738.48

Four Thousand Seven hundred ~~Thirty~~ eight #48

UNION BANK OF CALIFORNIA
CARMEL MOUNTAIN #731
11875 CARMEL MOUNTAIN RD., SAN DIEGO, CA 92128
800 238 4486

FOR _____

⑈122000496⑈ 0601152069⑈ 6081

Received both checks #6082 and #6081 until low-income assistance can be verified. The check that does not apply "post verification" will be returned to the family.

12/9/05

Cemetery Manager
527-3400

616-26-5185
03/05/2005

HOW WE FIGURED YOUR PAYMENT FOR April 2005 ON

Your Payment Amount

The most Federal SSI money the law allows us to pay	$579.00
Minus (-) "Total income we count" (see below)	-193.00
Federal SSI money	$386.00
Plus (+) the most State SSI money the law allows us to pay	+234.00
We didn't subtract (-) any income from State SSI money	- 0.00
Total Monthly SSI Payment for April 2005 on	$620.00

Your Income Other Than Your SSI

Income you receive in February 2005 on affects your payment for April 2005 on

Value of food and shelter	$193.00
Total income we count	$193.00

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Attention To David

Date: March 5, 2005
Claim Number: 616-26-5185 AI

931 CMP5,M02,347,097031 000097031 01 AT 0.292

EUGENIE TORASSIAN
3332 CAMINO VALLAREAL
ESCONDIDO CA 92029-7456

Type of Payment
Individual--Age 65 or Older

We are writing to tell you about changes in your Supplemental Security Income payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are only changing your payments for future months. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page(s) of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
April 1, 2005	Continuing	$620.00 This includes $234.00 from the State of California.

Why Your Payments Changed

Your SSI includes money from the State of California. Your State changed the amount of money it tells us to pay its residents. Therefore, we will increase your State payment amount for April 2005.

Information About Your Payments

Your regular monthly check of $620.00 will be sent to you about the first day of April 2005.

See Next Page

760-480-6953

SSA-L8151

You Can Review The Information in Your Case

The decisions in this letter are based on the law. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Any Questions."

If You Disagree With The Decision

You do not have the right to appeal the State's decision to change payments for its residents.

However, if you disagree with the way we figured your payment, you may appeal this part of the decision. We will review your case and consider any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

For general information about SSI, visit our website at www.socialsecurity.gov on the Internet. There, you will also find the law and regulations about SSI eligibility and SSI payment amounts.

For general questions about SSI or specific questions about your case, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 760-471-2155. Our lines are busiest early in the week and early in the month, so if your business can wait, it's best to call at other times. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
367 VIA VERA CRUZ
SAN MARCOS CA 92078

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Linda S. McMahon
Deputy Commissioner
for Operations

2006 1925 80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
EUGENIE	K.	TOROSSIAN	05/04/1925	12/08/2005	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 JOLLA	SAN DIEGO	LUCINE GHOUGASSIAN -- DAUGHTER 3332 CAMINO VALLAREAL ESCONDIDO, CA 92029

7A. TYPED NAME AND ADDRESS OF 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	▶	12/09/2005

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	12/12/2005	2520202 T.MITCHELL ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF 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, 3551 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-13-5	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 12-9-05

Pin # 229862

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Antonio Gomez-Alvarez (X)

in a Urn Garden Funeral, date, time Mon Dec 19, 2005 9:00A.m
Type of Burial Container

Church, Chapel, Graveside Family will have ceremony Azalea-Lawn Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $213.00 will be applied and billed to undersigned. xVG

Division 8 Section 4 Blk/Row ____ Lot 474 Grave ____

Grave space & Care Fund	$426.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container No Ash vault Reg	
Handling Fees	
Flower vases – Marker setting fee pd by visa For setting Fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	$818.00
Paid receipt number R-59476 pd by visa	178.00 640.00
Balance due	0

PAID
DEC 09 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.

229863

I hereby authorize the interment in lot I hold under deed.

Signature

x Virginia Gomez
Print Name
x 4316 Calle 52
Address
x San Diego CA 92115
City Zip Code
x (619) 583 4777
Telephone

Invoice # ____

Work Order # E-19499

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

mother
Juana Alvarez
619 583-4777

E19499

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.

Urn Garden

			#465 grave should have vase			
#471 Dorothy Verduzco			LOT 474 X			
		#480 Bret Harris				

Blind Check Initiated By: Sandra Date: 12-14-05

Interment space for: Jose Gomez - Alvarez (X)

Interment Date: Mon Dec 19, 2005 Time: 9:00 A.m

Div: 8 Sect: 4 Blk/Row: ____ Lot: 474 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: 12/15/05

7 flagged

E19499



JOSE ANTONIO
GOMEZ-ALVAREZ

QUERETARO, QRO.
27 ABR 1964

4316 52ND APT. 5
SAN DIEGO, CA. 92115

04 ENE 2005

04 ENE 2010

CONSULMEX SAN DIEGO

E19499

put on legal Desc.
Covenants
placed on
right
of lot

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

R-59476

E19499

Date: 12-9-05 . 20 05

From: AZTlan MorTuary Address: 7856 La mesa Blvd

Six hundred & Forty dollars 00/100 Dollars ($ 640.00)

in Full Payment of AT-need Services FOR Jose A. Gomez

Lot 474 Grave _____ Row 4 Section _____ Division Block 8

Invoice No. E-19499

Acct. No. _____

W.O. _____

BALANCE DUE 0

Pre-Need Lot[ ] At Need[ ] On Acct[ ]

Pre-need Trust[ ] Cash[ ] Check[ ]

#7319

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.

DEC 0 9 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184	85	20
80% Sales of Lots	100 77184	340	80
Opening/ Closing	100 77181	149	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	65	00
Pre-Need Trust	63033 77186		
Sales Tax	60101 78390		
TOTAL PAID	$	640	00

7319

AZTLAN MORTUARY, INC.
PH 619-337-8100 FAX 819-337-8300
7856 LA MESA BLVD.
LA MESA, CA 91941
F.D. 1658

DATE 12/09/05 90-3210-1222

PAY TO THE ORDER OF MOUNT HOPE CEMETERY $ 640.00

six hundred forty and 00/100 DOLLARS

CALIFORNIA BANK & TRUST
HILLCREST OFFICE
SAN DIEGO, CA 92103

FOR JOSE GOMES (URN GARDEN)

⑈007319⑈ ⑆122232109⑆ 20801168 5⑈

E19499

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 41

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 52604 (2)

1A. NAME OF 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	Antonio	Gomez Alvarez	04/27/1964	12/09/2005	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	Juana Alvarez Angeles-Mother 4316 52nd St. Apt 5 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 legally responsible	8B. DATE SIGNED
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658	Juan a Mata	12/13/2005

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	Leah A.Mata 12/13/2005	▶ 2520257

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 12-19-05	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Lyons	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Southern CA Crematory 601 D Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 12/13/05	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.