MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

5D Resident 4577 W	Isonave. Date 12-	12-05
You are hereby authorized and instructed, of Ruth Roen ho	subject to your rules and regulations,	
Church Chapel Graveside	Funeral, date, time Thurs	
All Funeral cars must arrive before 3:00 p. will be applied and billed to undersigned.	- Aula	ge of s 2/30
	Blk/Row Lot 1796	
Grave space & Care Fund	E-2663	
Qvertime/Late Arrival Fees	***************************************	
Öpening/Closing & Setup		533 -
Burial Container	AID	270
Handling Fees	AID	
Flower vases - Marker setting fee OE	0.0 0.00E	
Recording/Filing/Transfer Fees.	C S II SOOD	45-
Sales taxes	HOPE CEMETERY	20.93
	Total Due	1094.93
	Balance	due _ O
I hereby certify I am the TRUSTES and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization.	ion of remains as above indicated. I of tion and I agree to hold Mt. Hope Cem	etery harmless from
I hereby authorize the interment in lot I hold under deed.	Pyrin Nume Apthese Sale Cattle	, dred
	Address SDE	
Paulette	858 - 274-67 Telephone	Zip Code
Work Order # E-19500	Irrvoice #	
REA-104 (3-04) This info	ormation is available in alternative for	mats upon request.

@ Francisco mendalment

Spokew/many on 12-15 2010 re: ms Ruth she will give terry message to call me after he is with the another family

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diago

AT	need resident
SD	resident

Date 12-12-05

	Funeral, date, time
wich Chapet Stavesion	Feathering 11 Morning
Funeral cars must write before 3:00 p.m.	of regular work day or an extra charge of \$
li be applied end billind to undersigned	
	- 1001 1
	110/How Lot 1796 Grave 1
rave space & Care Fund	E-2663
bening/Closing & Smup	533=
urian Container	
	206.
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	45-
nes lexcs	20 93
	Total Dua
Pelo	receipt number
70.45	Balanco duo
nereby certify I am the IRUSTES and this is your authority to make disposition	or of remains as above indicated 1 Cartify and represent
at I have the right to make this authorization by liability on account of said surrocustion	on and a spree to noid Mt. Hope Camesary harmless from and interment.
hareby swithorize the Yntermans arrior!	Ken Wadleigh
oldjunder deed 10	4806 Clairement Dr.
Julian) San Diogo CA 92117 1
	868 -274-6778
	Invoice #
Work Order # E-19500	





MT HOPE CEMETERY

E-19500

GRAVE BLIND CHECK FORM

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

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•	Kruse	Collect	\mathcal{O}_{x}	Degen	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
			Wisor	Kers	e y	
The second second	neck Initiate					135-05
No.	nt Space 10					
	Sect:_					ir:
The second second	aid out by:		-	3		
0	with Legal				F	lag)
	with Map: neck & Ver		11	NO	Date;	12-90 10

E-19500

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		USE BLACK INK ONLY - MAK	CE NO ERASURES, W	HITEOUTS OR OTH	HER ALTERATIONS	
A. NAME OF DECI	A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE Valle Ruth Vallee		1C. LAST (FAMILY) Degenhart	Degenhart		THE OF DEATH 4 SEX
A CITY OF DEATH	H		58 COUNTY OF DEAT	- OUTSIDE CALIF. 6	NAME, RELATIONSHIP, FULL MAILIN	
Poway				Diego	Ken Wadleigh (BPGA	1
Featheri	DADDRESS OF CALFORD Ingill Nortua O, CA 92115	ry: 6322 El Cajon	B1FA	PPLICABLE	4806 Claireme tDr San Diego, CA 9211	ive 7
aun ning				Commence of the last of the la	A SIGNATURE OF APPLICANT—Presso to	ung permit BB. DATE SIGNED
ACKNOWLEDGENEW	COF APPLICANT of the Heals	moviedge as applicant that the proposed deposition sta h and Salaty Code, and was authorized pursuant to Sect	ted herein is one of the depositions a from 7100 of the Hearth and Salah Co	thorized by Section 180555	Mr Tours	12/16/2005
PERMIT AUTHORIZATION OF LOCAL REGISTRAFI	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	IN ACCORDANCE WITH PROVISIONS OF HAND SAFETY CODE AND IS THE AUTHORI- N SPECFEED IN THIS PERMIT. 10 RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	98 DATE PERMIT IS 12/16/200	05 2520537	STRAM ISSUING PERMIT
ANY CHANGE IN DISPOSE TION REQLIRES A NEW PERMIT TO SHOW SHAL DISPOSITION	P.O. Box	EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA 85222 O, CA 92186-5222		RESS OF REGISTRAR OF	DISTRICT OF DISPOSITION — ANOTHER DISTRICT IN CALIFORNIA	
IO. AUTHORIZED DIS	POSITION(S) CHECK APPLIC	CABLE ITEMS.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FOR CORONO	R'S USE ONLY
B CREMATION	JSE		E TEMPORARY ENVAULTS F DISINTERMENT G SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE (OF CALIFORNIA	(Name and Addisse)	†
BURIAL	Ht. Hope	Odhess of California Cemeters Cemetery: 3751 Har D, CA 92102		118. DATE BURIED	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREMATO	HY.	128, DATE CREMATI	ED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OF C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPED	14C, ADDRESS AND SIGNATURE OF PLACING WITH THE CAL	
SCATTERING/BUR AT SEA OR DISPOSITION OTH THAN IN A CEMET	IAL SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR CO O IDENTIFY FINAL PLACE AND CA DI SEA. <u>ONLY</u> ENTER LATITUDE AND LO	STRICT OF DISPOSITION	15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE

COPY 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

MT. HOPE CEMETERY

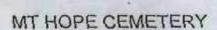
INTERMENT ORDER

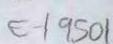
City of San Diego

Date /2-17-05

You are hereby authorized and instruc			
of Khalidie	ch Nuh	aily 1198	78
ina mustim 5/96		The second secon	Weds 1:00
Church, Chapel Graveside		Greenwood	C/4 / Mortuary
All Funeral cars must arrive before 3:0	0 p.m. of regular wo	rk day or an extra charg	pe of \$ 283.00
will be applied and billed to undersigne	ed C. M.	Sularly.	X
		a	
Division Muslim Section	Blk/Row	Lot 157 G	rave
Grave space & Care Fund	t# 3516 "	MATHA!	0_
Overtime/Late Arrival Fees			
Opening/Closing & Setup			4708,00
Burial Container	5/46		4151.00
Handling Fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Flower vases - Marker setting lee	87		
Recording/Filing/Transfer Fees	Est.		# 85.00
Sales taxes	2005		B11-70
DECE		Total Due	#955.79
MOUNT HOPE	Paid receipt numb	er <u>R-59516</u>	955.70
. MOONTHOLE	White Property	Balance	due _O
I hereby certify I am the Hr/5/13 and this is your authority to make dispithat I have the right to make this authorizany liability on account of said authorizany liability on account of said authorizany.	position of remains orization and I agree	as above indicated. I co to hold Mt. Hope Ceme	etery harmless from
	X L	BADRUAH M.	
I hereby authorize the interment in lot hold under deed.	Print Nac	THE STATE OF THE S	10.00
Q Su Sularly		67 FIFTH I	
A		9 427 - 030	
	Invoic	e#	
Work Order # E-19501	Acct.	#	

632 11 Ahmed Nuhaily 858 13/-9138 Con REST STORMAN THE HILL 21313-7 YAMARA BARANA BA AND ETT OF THE R THE STREET





GRAVE BLIND CHECK FORM

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

the burial space.	M45	ilim 51	96		
		-			
		#157 X	#155 Samil		
Blind Check Initia	ated By:	San	olia	Date:	12-27-0

	0		
Blind Check Initiated By: _	Sandra	Date:	12-27-0
Interment space for: K	halidieh	Nuhaily	
Interment Date: Dec 25	2, 2005 Time	1:00 0	5
Div: Sect:	Blk/Row:	Lot: 157	Gr:
Grave Laid out by: Now	1.01		
	/		

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

3lind Check & Verified By: Naid Moriege Date: 12-27-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

-	WILL OF BESTER	AR FIRST INVEST	18 MIDDLE		HITEOUTS ON O	2. DATE O		TE OF DEATH	T4 SEX
	KHALDIER	NI-FIRST (GIVEN)	HUSTAFA	NUHATLY	01/02	/1953 12/	25/2005	F	
5/	SAN DIEGO	V Table		SAL COUNTY OF DEATH	DIEGO	OF INFORMANT	Y - HUSBAL		D ZIP CODE
77			I-805 & IMPERIAL SAN DIEGO, CA 921	AVE.	LICENSE NUMBER PPLICABLE 0 843	667 FIFTE	TA, CA 919	910	SIGNED
	ADVINOVALEDGEMENT OF		rewindge as applicant that the proposed deposition else and Salety Code, and was authorized pursuant to Sec			Michak) Done	12/2	7/2005
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. O HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	12/27/2005		TIC; SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT		нит
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX	EGISTRAR OF DISTRICT OF DEATH BED IN CALIFORNIA 85222 0, CA 92186-5222			DE DISTRICT DE DISPOS IN ANOTHER DISTRICT IN			
	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS	DTHER	E TEMPORARY ENVALUTE F. DISINTERMENT O. SHIP IN TO CALIFORNIA THANSIT TO OUTSIDE O	•		POSITION PENDING - ms and Address)	- REMAINS LOCA	TED AT
	BURIAL	MOUNT HO	PE CEMETERY KET ST. SAN DIEGO,		12-27-0		HE OF PERSON IN	CHARGE OF BI	JRIAL.
LE ITENS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE OREMA	the course and the course of t	RE OF PERSON IN	CHARGE OF C	REMATION
LL APPLUCAB	SCIENTIFIC USE	13A, NAME AND AL	ODRESS OF CALIFORNIA FACILITY I	RECEIVING REMAINS	138. DATE RECEN	VED 13C, SIGNATU	RE OF PERSON IN	CHARGE OF FA	ACILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR C REMAINS OR CREMATED REMAINS ARE TO BE S				14B. DATE SHIPPE	THOU PROPERTY	S AND SIGNATURE ING WITH THE CAR		CHARGE	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR CO DIDENTIFY FINAL PLACE AND CADO EA. ONLY ENTER LATITUDE AND LO	STRICT OF DISPOSITION	15B. DATE OF DISPOSITION		RE OF PERSON IN OF DISPOSITION	15D LICENSE CREMATED R POSER — IF	

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT Need Res. Fee

REA-104 (3-04)

City of San Diego

Date 12-12-05

	to your rules and regulations, to inter the remains
or Blumer Pola	
	eral, date, time Fri . Dec. 16, 2005-1:0
Church, Chapel Graveside	Anderson Ragisdal
All Funeral cars must arrive before 3:00 p.m. of re	gular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 12 Section 2 Bik/Ro	w Lot 2217 Grave 9
Grave space & Care Fund	2264
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 %	D 533 - 1066 -
Burial Container	_539
Handling Fees	454
Flower vases - Marker setting fee	
Recording/Filing/Trapler/Fees 2 r/F	ω 66 <u>130.</u> - 41.77
DEC 1 2 2005 Paid recei	Total Due
I hereby certify I am the and this is your authority to make disposition of in that I have the right to make this authorization and any liability on account of said authorization and in	Balance due of the above named decedent remains as above indicated. I certify and represent dil agree to hold Mt. Hope Cemetery harmless from interment.
I hereby authorize the interment in lot I hold under deed. Signature Leave L	Print Name 5321 San Ono fre To Adoptes Diego la 92114 City 619-202-6775 210 Code
Paulette E 10502	Invoice #
Work Order # E-19502	Acct. #

© Printed on mexical paper.

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

*	Quilar	Codos	Treso		
		x			
		Trisb	collier		
	heck Initiated By			The state of the s	113
Intermo	ent space for:	Blumer	Polan	<u>d</u>	
Interme	ent Date: 12-	16-05	Time: 1	100 QX	ipel
Div:	12 Sect: 2	BIKIROW -	Lot:	247Gr	9
Grave	Laid out by:	man te	marie		
Agrees	s with Legal Card	: 🛮 Yes	DNO	00/	
	s with Map: Q Y			2	
3lind (Check & Verified	By:		_ Date:10	-13
		- /			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

HEE BLACK INV ONLY MAKE NO EDACIDES WHITEOUTS OF OTHER ALTERATIONS

			DOE DEVOY HAV OUT! - INV	KE NO ENASONES, W	HILOUIS ON OI	HEN ALTERATIONS	0	
A. NAME OF DECEDENT FIRST (GIVEN) 1B. MIDDLE 1			1C. LAST (FAMILY)		2 DATE OF BIRTH	3 DATE OF DEATH 4. SE	K.	
BLUMER - POLAND			Marie Land	Y8712/1914	1270972005 F			
5A	CITY OF DEATH			ENTER STATE		6. NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND ZIP CO	DE
	EL CAJON	***************************************	TO MINIMAL WINDOWS AND	70	TOWNSHIP STREET	VERLENER GALE: I	CONTRACTOR CONTRACTOR	
7A			IA - FUNERAL DIRECTOR OR PERSON		PELICABLE	5574 ENCINA DRIV		
		RAGSDALE MO	SAN DIEGO, CA 9210	02 FI		SAN DIEGO, CA 92	2114 New lang permi BB. DATE SIGNE	2
	ACKNOWLEDGEMENT OF A	I haveby ackn	celladge as applicant that the proposed disposition at and Salety Code, and was authorized jurisuum to lie	wind hersin is one of the dispositions as	manased by Section 100055	Sunniva.	PM 0 12/16/20	
Ī	PERMIT	THIS PERMIT IS ISSUED IF	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR-	9A. AMOUNT OF FEE PAID	ISS. DATE PERMIT I	2520524	AL TIESSTHAN IBSUNG PERMIT	5
	AUTHORIZATION OF	ITY FOR THE DISPOSITION	N SPECIFIED IN THIS PERMIT.	\$11.00	SPPRYOR 12/16/20		1	9
	LOCAL REGISTRAR NY CHANGE IN CHIEPDEL		EGISTRAR OF DISTRICT OF DEATH			OF DISTRICT OF DISPOSITION -		
Ĭ,	TION REQUIRES A NEW		RED IN CALIFORNIA RED IN CALIFORNIA		CASILINE S TO SOCIO	MANOTHER DISTRICT IN CHEROSING		
	DISPOSITION	SAN DIEGO	85222 CA 92186-5222			-		
10	AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS			FORC	CORONOR'S USE ONLY	
I	X A BURIAL INCLUDE	ES ENTOMBMENT)		E. TEMPORARY ENVAULTA	MENT	I, DISPOSITION F	PENDING — REMAINS LOCATED AT	
Ī	8. CREMATION	CREMATED REMAINS O	The state of the s	F DISINTERMENT	E2011	(reams and waters	-	
I	THAN IN A CEME O. SCIENTIFIC USE	TERY	L C	H. TRANSIT TO GUITBIDE C				
Ħ			DORESS OF CALIFORNIA CEMETER		118 DATE BURIED	11C. SIGNATURE OF PER	RSON IN CHARGE OF BURIAL	
	BURIAL		CEMETERY: 3751 MAR SAN DIEGO, CA 9210		12-16 -	s som	FRANCE	
89		12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY			12B. DATE CREMA	ASON IN CHARGE OF CREMATIC	N	
8	CREMATION							
벁	E. J. 1760				13B DATE RECEIV	>		
PCC	SCIENTIFIC	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	FORNIA FACILITY RECEIVING REMAINS		D 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
LAP	USE							
FAL		14A NAME AND AC	DORESS IN RECEIVING STATE OR	COUNTRY WHERE	14B. DATE SHIPPE	THE ADDRESS AND SIG	U.S. ADDRESS AND SIGNATURE OF REPROVED AND STATES	
			OR CREMATED REMAINS ARE TO BE SHIPPED		THE SHIP C	The Compliance Street Street	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
o in the same								
			AREST POINT ON SHORELINE, OR		15B. DATE OF	15C. SIGNATURE OF PE		
	SCATTERING/BUHIAL AT SEA OR		DIDENTIFY FINAL PLACE AND CAD SEA, ONLY ENTER LATITUDE AND L		DISPOSITION	CHARGE OF DISPO	SITION CREMATED REMAINS L POSER — IF APPLICAB	
	THAN IN A CEMETERY						RESERVED STATE	
					1			

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

(Re5)

MT. HOPE CEMETERY

INTERMENT ORDER

AT- Need , City of San Dies	io
Amiral times p. moer Kevin	Date 11-2-05
You are hereby authorized and instructed, subject to your r	
	Johnson 129876
in a TS Vault Funeral, date	time Fr Dec 16,05 /2:00
Church) Chapel, Graveside Porth Perk Apostoli	THE REPLACE OF THE PARTY OF THE
All Funeral cars must arrive before 3:00 p.m. of regular wo	k day of an extra charge of \$ 213.00
will be applied and billed to undersigned.	JOHNSON X
Division 12 Section 1 Blk/Row	
Grave space & Care Fund	12, 264,00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container 75 74 F	355,00
Handling Fees	163.00
Flower vases - Marker setting fee DEC 1 3 20	05
Recording/Filing/Transfer Fees MOUNT HOPE (19	65.00
Sales taxes	27.51
0.6 40 7 2 00 06	ER otal Due 43,507.51
Warche Paid receipt number	R-59491 3,507.51
and Dodalalos I les	MP Balance due
hereby certify I am the and this is your authority to make disposition of remains a	of the above named decedent
that I have the right to make this authorization and I agree any lability on account of said authorization and interment.	
Marchill F-	No. 227811
I hereby authorize the interment in lot I hold under deed	HORIE JOHNSON
Colors Alexander	THE WOOD COOPEN AND
Signature 40	an Dueso Ca, 92113
Belled late amount.	619 804 7274
on 12.28.05 test mark Therenor	/ sex over
pd in full annual fee invoice	#
Work Order # E-19303 3-73-20 Acct. #	
AND THE RESERVE OF THE PARTY OF	Market and the second of the s

mother Marchelle Price

(858) 453-0184 monisa/Elcanino

New Ownership Per David Lugo 2-09-06

Marchelle Price 39875 Willowbend Drive Murrieta Ca 92563 (951) 461-9107 (619) 846-6109

G-19503

Step nom of Johnson / Minor

DANG CALIFORNIA DANG

DRIVER LICENSE



NICKIE JOHNSON 7274 OAK HAM WAY SAN DIEGO CA 92139

SEX:F HAIR:BLK HT:5-01 WT: 150 CLASS: C



JUES USULON

P.O. Box 13755 5.D. Ca. 97170

MT HOPE CEMETERY 6-19503

GRAVE BLIND CHECK FORM

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

				-
1			1000	
# 11 Ronald Wilson	デ/入 X			
Terone Jackson	#6 #6			
	WISON WT48	Ronald X WILSON COTUS COTUS TS #5	Ronald X wilson corus corus #5	Ronald X Wilson Corus Corus #5

Blind Check Initiated By: Sanda Date: 12-13-0
Interment space for: Marchanne Johnson
Interment Date: FR: Dec16,05 Time: 12:00 church
Div: 11 Sect: 1 Blk/Row: Lot: 44 Gr: 12
Grave Laid out by: Aman Lergan
Agrees with Legal Card: Ø Yes O No
Agrees with Map: 10 Yes 10 No
3lind Check & Verified By: Date: 12-14
7. larged .

E-19503

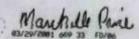


EXPIRES 85-82-86 US014374

CLASS:C

MARCHELLE DENISE PRICE 1185 PERSIMMON AVE 1 EL CAJON CA 92021

SEX:F HAIR:BLK HT:4-11 WT:130 EYES: BRN 008:05-02-69



2-09-06 New Ownership of Lot Per David

Marchell Price moved to new address 39875 Willowbend Dr.

Murrieta, CA. 92563

(951) 461-9107

(619) 846-6109

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

THE PARTY AND TH

			USE BLACK INK CIVLI - MIA	TE NO ENAGGNES, W	HIEGOTS ON O	Trick Mc	TENNITO TO	Q.		
1A	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDOLE	1C. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR		DAY, YEAR	4. SEX
7	MARCHANAE		LETECE	JOHNSON		l (07/22/1988	12/11	/2005	7
5A	CITY OF DEATH	1		5B. COUNTY OF DEATH ENTER STATE	- OUTSIDE CALIF		RELATIONSHIP, FULL M ORMANT	TAILING A	DORESS AND	ZIP CODE
		SAN I	DIEGO	SAN D	IEGO	1072	ELLE PRICE-S	OTHER	1	300
7A	THE RESERVE THE PROPERTY OF THE PARTY OF THE	A STATE OF THE PARTY OF THE PAR	IA - FUNERAL DIRECTOR OR PERSON	The second secon	DCENSE NUMBER	39875	WILLOWBEND	DR.		
			CHAPEL 5600 CARRO	LL	Antinia de la constanta de la	ATTOMOSPHER STORY	ETA, CA 9256			
	CANTON K		GO, CA 92121	Control and the Control of the Contr	-1260	BA. SIGNA	TURE OF APPLICANT—P	erson saling pe	WI 8B. DATE	SIGNED
16	ACKNOWLEDGEMENT OF A	OPLICANT I hereby acts of the Height	lowlodge as applicant that the proposed disposition at and Salety Code, and was authorized pursuant to Sec	ned hersty is one of the dispositions aut non 7100 of the Health and Safety Com	funded by Section 100055	▶ (b)	Week House		12/13	/2005
ä			N ACCORDANCE WITH PROVISIONS OF	SA. AMOUNT OF FEE PAID	98 DATE PERMIT	200	OC, SIGNATURE OF LOCAL	REGISTRA	A ISSUING PE	FIMIT
			AND SAFETY CODE AND IS THE AUTHORS SPECIFIED IN THIS PERMIT.	777 5 37 3	12/14/2	005	2520387			
			RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	\$11.00	C GRIE	2		1		
A	LY CHANGE IN DISPOSE		EGISTRAR OF DISTRICT OF DEATH RED IN CALIFORNIA		ESS OF REGISTRAN POSITION IS TO OCCUP		FOF DISPOSITION — FDISTRICT IN CALIFORNIA			
	ION REQUIRES A NEW FINAL		RDSPO BOX 85222							
	DISPOSITION	SAN DIEGO	, CA 92186-5222			-		0		
10	AUTHORIZED DISPOS	STION(S) CHECK APPLIC	ABLE ITEMS		1	10000	FOR CO	RONOR'S	USE ONLY	
100	A. BURIAL INCLUDE	S ENTOWEMENT)		E. TEMPORARY ENVAULTM	MENT		I. DISPOSITION PER		EMAINS LOCA	TED AT
Ī	B. CREMATION			F. DISINTERMENT	1000		[Marrier and Addness]			
Ī	C. DISPOSITION OF	CREMATED REMAINS	OTHER	G. SHIP IN TO CALIFORNIA			0.000			
	D. SCIENTIFIC USE			H.TRANSIT TO OUTSIDE O	F CALIFORNIA					
			ODRESS OF CALIFORNIA CEMETER		THE DATE BURIE	0 110	SIGNATURE OF PERS	ON IN CH	ARGE OF BL	PIAL
9	BURIAL	MT. HOPE	CEMETERY 3751 MAR	KET ST.		1		~		
		SAN DIE	30, CA 92102		19-16-	5	ana	Know	(50	
10		12A, NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY	128 DATE CHEM	ATED 120	SIGNATURE OF PERS	ON IN CH	ARGE OF CE	REMATION
TER	CREMATION		\\		1.3.8					
4										
퓜		13A, NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEN	VED 130	SIGNATURE OF PERS	ON IN CH	ARGE OF FA	CILITY
E	SCIENTIFIC									
4	USE									
E AL		14A NAME AND A	DORESS IN RECEIVING STATE OR	COUNTRY WHERE	14B. DATE SHIPP	ED 140	ADDRESS AND SIGNA	TURE OF	PERSON IN	CHARGE
当	2.00		CREMATED REMAINS ARE TO BE				OF PLACING WITH TH			
80	TRANSIT									
0		154 APPRESS NO	AREST POINT ON SHORELINE, OR	OTHER DESCRIPTION	15B DATE OF	150	SIGNATURE OF PERS	CON IN	180 LICENSE	NUMBER OF
	SCATTERING/BURIAL	SUFFICIENT TO	O IDENTIFY FINAL PLACE AND CAD	ISTRICT OF DISPOSITION		A PARTY OF THE PAR	CHARGE OF DISPOSI	COLUMN TO THE REAL PROPERTY.	CREMATED R	EMAINS DIS-
	AT SEA OR DISPOSITION OTHER	IF BURIAL AT S	SEA, ONLY ENTER LATITUDE AND LE	ONGITUDE					POSER — IF A	T. L.
	THAN IN A CEMETERY									

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

MT. HOPE CEMETERY

INTERMENT ORDER

D	is	in	+	er	M	enT	IIA

City of San Diego

moving to Green	wood
-----------------	------

Date 12-12-05

Donated Lots to MT. Hope You are hemby authorized and instructed, subject to your rules and regulations, to inter the remains Lee Warren (INFANT) Funeral, date, time weds 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. Section 3 Blk/Row Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Paid receipt number Ad by VISA Balance due I hereby certify I am the Father 4 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Arthur Warren I hereby authorize the interment in lot I hold under deed. MT. Saint Helens On Zip Code Invoice # Work Order # E-19504 Acct. #

MT HOPE CEMETERY E 19504

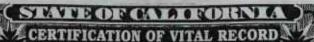
GRAVE BLIND CHECK FORM

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

	DISIN	TOIME	7/	uske	7
	Cynthin #607 Sicen	steven waller \$608			
•	#656 Michael Shepherd	#657	cheryll warren #6581		
		FE THE			

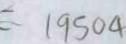
Blind Check Initiated By: Sandra Date: 12-12-03
Interment space for: Terry Lee Warren
Interment Date: Dec 14.05 Time: 9:00
Div: 8 Sect: 2 BIK/Row: Lot: 657 Gr:
Grave Laid out by: Norman Peng
Agrees with Legal Card: QYes O No
Agrees with Map: 🗗 Yes 🔲 No
Blind Check & Verified By: When Date/2-14-0

Proceed



COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK



		STATE 57-114		TE OF DEATH	REGISTRATION 8009 RE	GISTRAR'S 5797	
		IN NAME OF DECEASED-FIRST NAM		ITC LAST NAME	ZA DATE OF DEATH-HOWEN.		
1		TERRY	LEE	* WARREN	1957 1:45 P.		
is			5 MOGNETO DIVORCES MAN ED	G. DATE OF BIRTH	The second secon	SUCH AS WEEKE FRANCE AND THE	
1	DECEDENT	MALE WHITE	NEVER MARRIED	NOVEMBER 7, 1957	VEARS VEARS	14 25	
1	PERSONAL, &	BA USUAL OCCUPATION WHEN SHE	Ba KIND OF BUSINESS OR INDUST	MOVEMBER 7, 1957	ID CITIZEN OF WHAT COUNT		
1	stand our for	INFANT		I SAN DIEGO, CALIF. C.S.A.			
-		II NAME AND BIRTHPLACE OF FAT	HER 12 MAIDEN NA	ME AND BIRTHPLACE OF MOTHER	13 NAME OF PRESENT SPOU	SE OF MARINES!	
20		RICHARD A. WARREN.	CALIF. L'ARTHA	ANN JOHNSON, TEXAS			
6		IN WAS DECEASED EVER IT	HIS ARMED FORCES?	IS SOCIAL SECURITY NUMBER	16 INFORMANT		
8	7610	NO.		NONE	RICHARD A. WA	AREN	
	><	174 COUNTY	17# CITY OR TOWN	Culture count	17c LENGTH OF STAY IN THE	S CITY OR TOWN	
	PLACE	SAN DIEGO	SAN DIEGO	L Neath Conta	LIFE		
	OF DEATH	170 FULL NAME OF HOSPITAL OR		17t ADDRESS IN SIT IN COUNTRY IN ASTRO		ON DESCRIPTION OF SCHOOLS	
777	TOTAL MARKET	HILLSIDE HOSPITAL		1940 EL CAJON BL			
190	2 STREET NOT THE	184 STATE 186 CC			180 STREET OR RURAL ADDR		
BEN	PSET DOC MUSSICHI	CALIFORNIA SAI	DIEGO SAN DI		1225 GHAND AV	ENUE	
	DUVELENNE		E EXURES EVENED HELDER AND THAT EVENE S HE REMAINS OF BECEASEE AS MEDITED BY	THE CHIEF STATES HELDW AND THAT LAT	TENDED THE DECIMED AT THE HOUSE	N.7.1957	
. 0	PHYSICIAN'S R CORONER'S	19c SIGNATURE	The state of the s	TIC 190 ADDRESS 2	HAT I LART SAM THE DECEASED ALIVE	100 DATE SIGNED	
1 0	ERTIFICATION	V1251111	abell A	W19 TURA	in-to-	11-11-59	
-		204 SPECITY BURIAL JZON DI	120c CEMETER	Y OR CRENATORY	21 SIGNATURE OF EMBALMER	HON EMPA, MID! LICENSE HUMBER	
	FUNERAL DIRECTOR	CHYMATION ON MEMORAL		E CEMETERY	W. Featheres	.1.1-1	
	AND	22 FINERAL DIRECTOR	122 DATE BEE	EIVED BY LOCAL REGISTRAR	24 SIGNATORE OF LOCAL BE	GISTRAR	
	REGISTRAR	LEWIS COLONIAL MURTUAR	N.C.	IV 121057	X1.10. CU64C	con her.	
		THIS DOLS HOT DE DIGGES OF THE		13 1 195/	1 0	1 1	
1	CAUSE	OF DIRECTLY LEADING	TO DEATH	orla due to 10	spiratory Sail	APPROXIMATE	
1	OF DEATH	ASTIMAL TO ANTECEDENT CAUS	ies a		100	INTERVAL	
Ja	CAUSE PER LINE IGH	DISCASE INCOME GIVING RISC SO THE AUG	THE TO SHOULD A	sul molding o	1 head		
=	TAL TO AND TOTAL	OR CONFLICATIONS CAUSE ALSTATING THE		0 0 16	1 1 0	760.	
ALT		BEACH UNDERLYING CAUSE LAS	DUE TO CO MA	for ged labo	N 0/40 km	ONSET AND	
HEAL	OTHER SIGNIFICANT	26. CONDINGNS CONTRIBUTION TO THE DEATH BUT NOT HELATED TO THE			0	DEATH	
AND	CONDITIONS	DISCASE OF CONDITION CAUSING DEATH	27n HAJOR FINDINGS OF OPERA	TION		28 AUTOPSY	
F.	OPERATIONS	EN ONE OF OPERATION	271 MAJOR PHONOS OF OPERA	TION		C (7)	
EDIC		294 WEEN & AECIDENT, SUICIDE OR HOMICID	296 PLACE OF INJURY WASHING	Le 29c LOCATION CITY OR TOWN	COUNTY	STATE STATE	
E.	DEATH	A CONTRACTOR OF SALES	PARE PACTORY STREET OFFICE BUILDING	and southern our or town	County.		
	EXTERNAL	290 TIME MONTH DAY IEAR HOUR	20c INJURY OCCURRED	29r HOW DID INJURY OCCUR?			
-	VIOLENCE	OF INJURY	AT WORK AT WORK				
-		M M		I AZ FORH BAS III			

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

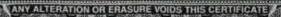
December 12, 2005

Gregory J. Smith Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder County Clerk







E-19504



84/88/2005 519 18 FD/18



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

DEED

E-1950A

		OWNERSHIP AN	ND INTERMENT PRIV	ILEGES		
то	Richard A.	Warren	for the sum of	30.	,00	(DOLLARS)
LEGAL	DESCRIPTION	Lot 657,	Section 2, Divi	sion 8		
AS DESC	CRIBED ON PURCHA	ASE ORDER NUMB	ER B-2507			
held for hereafter Cemetery	burial privileges or be adopted, includ . The rights hereb	nly with endowed of ing the right to in, y conveyed for inte	the office of the Countries. Subject to all regress and egress with truncat privileges shall se and must be recorded	ules and reg essentials i not be telin	ulations now in or care and ope quished without	force or may ration of the the consent
repairs to after be of plot. natural o	o any monument, her erected or placed on In no case will the causes of deteriorati	ad stone, vaults or said los or plot. C Cemetery Division ion, but reserves t	Cemetery Division do other improvements of ost of same shall be an be responsible for da he right to remove any morial will be permitted.	like nature ssumed by le mage, malic object that	that is already, gal owner or rep ious mischief, va	or may here- resentatives andalism and
Tender	IL Taylor	10" x 2	O" Flush Marker	- Lee	B.C.O	Oan Q
Cemeter	y Manager			Park and	Recreation Dire	ctor



THE CITY OF SAN DIEGO

E- 1950A

MOUNT HOPE CEMETERY CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: December 12	2, 200 <u>5</u>						
I/We _Richard Arth	nur Warren						7 10
DO HEREBY REM	ISE, RELEAS	SE, A	ND QUIT	CLAIM 7	THE INT	ERMENT I	RIGHTS
TO Mt. Hope Cer	netery						
Street Address: 37	A STATE OF THE STA	reet			A	ot / Unit #:	
City: San Diego		ST:	CA	Zij	-Code:	92102-452	7
Telephone #: (619)	527-3400			-11			
all the cemetery proj of San Diego, Count	y of San Dieg	go, Sta	ate of Cali	fornia, de	scribed a	as follows:	
Division:	8		Section:	" 2		Blk / Row:	" N/A "
Lot(s): 657				Grave(s)			
TO HAVE AND HO interment rights own WITNESS my/our hor EXECUTED IN THE THE FOLLOWING	and this 1 E PRESENN	ssors 2	and assigr	ns forever.		nto the abov	e said
St. Was	INESS		х		Legal Owner	Reprehensive Signatu	re
Wr	INUSS	-		/	Louis	Reprehensive Signatu	re
	Crawford			de		40	
CEMETERY REP	REHENSIVE NAME		- 7 11 2	0	Cemetery R	eprehensive Signature	
					· / ·	J	





THE CITY OF SAN DIEGO

E- 19504

LETTER OF APPROVAL FOR DISINTERMENT OF

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Larren 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 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

is identified as:

Lot 657 Grave Section 2 Division 8

We acknowledge that we have be may not be present and/or intact		that the remains of
SIGNATURE(S)	X_	Father RELATION TO DECEASED
Sancha Brollen		TELETITION TO DESCRIPTION
WITNESSED BY	Mulhin	
11-11-05 DATE		



Mt. Hope Cemetery

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIF	FORNIA
WHITE T CANARY PINK	CEMETERY MOUNT HOPE CEME	TERY
From: Richard Warren	Address: 4792 Mt. Soint infant lots Value:	12/12 .20 05 Helen, SD, CA 92117
DONATION - 2	infant lots Value:	\$ 188 each Bollars (\$ \$376 Waln
inPayment of	1	Division
Lot 657 Grave	/ + 2 Row S	ection Z Division 8
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Bursal 100
BALANCE DUE	DEC 1 2 2005	Containers 77182 100 Handling Fee 77185 Becording & 100 Misc, Fees 77183
Pre-Need Lot 1 At Need On Acct Pre-need Trust Cash Check	MOUNT HOPE CEMETERY	Pre-Need 63033 Trust 77186 Sales Tax 60101 78390
AC-212 (Rev. 10-02) This information is available in atternative formats upon reque		TOTAL PAID S
	619-527-3400	

MT. HOPE CEMETERY

REA-104 (3-04)

DISINFERMENT ORDER

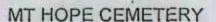
moving To Green wood

City of San Diego

hoving to breen w	lood City of	San Diego	- 11-	11-05
hourng to Green w Donated You are berety authorized and	Lots +	O MT. Ha	Pe Date	12-03
You are hereby authorized and	instructed subje	ct to your rules ar	nd requiations, to i	nter the remains of
of 10 days old Ch			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	The state of the s
in Fiber class c	asket E	norel date time	weds he	11405 900
ina Fiber class C	Total Pu	neral, date, time	1 4	Land Madesan
Church, Chapel, Graveside			renwood C	
All Funeral cars must arrive be	A DESCRIPTION OF THE PARTY OF T	regular work day	or an extra charge	ors
will be applied and billed to uno	tersigned			
Division 8 Section) BIK/R	ion (ot 658 Gr	
41		D // 11	ol os o Gr	ive
Grave space & Care Fund		FAIL	J	
Overtime/Late Arrival Fees Opening/Closing & Setup		DEC 1 2 20	105	
				-
Burial Container	24011	T HODE OF	TATETON	
Handling Fees	MOON	II HUPE CI	EMELERY	
Flower vases - Marker setting	fee			
Recording/Filing/Transfer Fees	DIS	interme	nt (Res)	0568.00
04.000.000.000				
		Tot	tal Due	
	Paid rec	eipt number _0	d by Visa	568.00
			Balance du	10 <u>0</u>
I hereby certify I am the	Father		X of the above	named decedent
and this is your authority to make that I have the right to make the	MKE DISDUSTBUILD DI	remains as abou	Mt Hone Cemete	ery harmless from
any liability on account of said	authorization and	interment.	Pin	220462
I hereby authorize the intermen	nt in lot l	TX Ric	chard Art	hur Warren
hold under deed.	***************************************	X 479	2 MT. Sai	AT Helens D.
hasan	*	Address 5.0	. CA. 92	
Signature .		CW.	8 177-	Tip Code
. /		Telephone O O	0 2/1	0-31
		Invoice #		
Work Order # E-1950:	5	Acct.#		
VACIN CARGO #		MUUL #		

th Primed on recycled paper

This information is available in alternative formats upon request.



GRAVE BLIND CHECK FORM

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

				CASA	-7
-					
		Steven waller #608			
	michael Shepher	rerry Jwarren 14657	#65.8		

Blind Ch	eck Initiate	d By: _	Sandra		Date:	12-12-05
Intermen	it space for	che	ry I A	in Wa	rren	
Intermen	nt Date: We	ed De	c 14,05	Time:	7:001	7.m
Div:8	Sect:_	2_ B	Ik/Row:_	Lot:	658	Gr:
Grave L	aid out by:	Norm	on fer	non		
Agrees \	with Legal (Card: 🗷	Yes	ON D		
Agrees	with Map: (Yes Yes	Q	No		
Blind Ch	neck & Ver	ified By	an	mer	Dat	e. 12-14-0

Flagged



COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

E-19505

	STATE 13 -	01.6501	CERTIFICA	TE OF DEA	TH	LOCAL REG	2011/2015		1406
	MUNDER		TATE OF CALIFORNIA-D	CONTRACTOR OF THE PARTY OF THE	C HEALTH	CERTIFICAT	E NUMBER .		1103
WARREN	IA NAME OF DECEASED	100		It LAST NAME		FOUND	F DEATH- HENTIL	CLY, 124 26.	RUCH
CC 279-63	CHERYL) AN	THE RESIDENCE OF THE PARTY OF T	WARREN		Febru	ary 22, 1	963	2:30 A.
-	SECOND CONTRACTOR OF THE PROPERTY OF THE PROPE	OR RACE 5. BERTHPL		5. DATE OF BIRTH		7. AGE HASE			N259 24 HOURS
05	FEMALE WHI	IFORNIA	FEBRUARY			YEARS	9 1	3 29	
PERSONAL	6. NAME AND BIRTHPLACE	TORK TREE WATER	A STATE OF THE PARTY OF THE PAR	AND SIRTHPLACE OF		A CHARLES AND A CHARLES	OF WHAT COUNTRY	II. SOONL SE	
DATA	THE RESERVE OF THE PARTY OF THE	RICHARD A. WARREN: CALIF. MARTHA A. JOHNSON: TEXAS					5.A.		NE
anin.	12. LAST OCCUPATION	13. HUMBER OF	MATION 14. NAME OF LAST	14. NAME OF LAST CHPLOYING COMPANY OR FIRM WANTED			F INCUSTRY OR I	USINESS	
	16. PLASSEASIR WAS SASSAIN. NONE	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE PERSON NAMED IN THE OWNER, T	MARRIED MARRIED	IBA. NAME OF PRES	ENT SPOUSE	1	18 a. PRESENT OF	LAST OCCUP	TION OF SPOUS
V	194. PLACE OF DEATH-N	AME OF HOSPITAL		190. STREET ADDRE	SS-IGNE STREET	DE RURAL ADDRES	S OR LOCATION. DO N	17 USE P. O. BOX N	UMBERS!
PLACE		-		3338 Apa	che Stre	et	X	MUIDE CON COMPORATE UNITS	OSPICIALE LINES
OF DEATH	IBC. CITY OR TOWN			IBa. COUNTY		19£ LENGTH	OF STAT IN	19r. LENGTH C	The second second
SERVE	San Diego		San Dieg	0		FE WXX	A CONTROL OF THE PARTY OF THE P		
L'AST USUAL L	204. LAST USUAL RESIDER	CE-STREET ADDRESS	NE SHEEF 20a. IF INSIDE CITY	of pursion cyty co			OF INFORMANT III		
RESIDENCE	3338 APAG	HE STREET	CORPORATE LIM		-	RICH	ARD A. W.	ARREN	
LIVE-IF IN INSTITUTION	ZDC. CITY OR TOWN		20s. COUNTY	20£ 57/	TE	21s. ADDRES	S OF INFORMAN	T or second rape (MET MARY IN MADRICE MET
19 April on 20	SAN DI EGO		SAN DIEG	SAN DIEGO CALIF.			SAME		
	224. PHYSICIAN: THEREST C	ATHE THAT DEATH DECUME	THE RESERVE OF THE PARTY OF THE	A STATE OF THE PARTY OF THE PAR		ONER-SIGNA	and the same of th		DESERTE OR TITLE
PHYSICIAN'S	ABOVE FROM THE GAUSES STORE			► RO	BERT L.	CREASON	Coroner	Dan	
OR CORONER'S CERTIFICATION	22. CORONER LEGISTRE	UP THAT I SET SAW THE DE	TANCO TYPON	CT-274727 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	KARLEY OF THE		Charles Control	Dep	
CLITTICA	Autopsy		Doller H.	JAN 12 33	22 Capar	000 817	207	Committee of the Commit	2/63
	23. Briari Bied, Citterente)	24. DATE	25 NAME OF CE	METERY OR CREMATO	DRY COMBA	25 ENBATA	AEG -SIGNATURE U	Commence of the Park of the Pa	
DIRECTOR 3	COLUMN TO SERVICE STREET	2/25/63	FESSION CONTRACTOR	E CEMETERY		PI	1.1.	11-1	1 2800
FUNERAL 3- DIRECTOR 3- AND 5- LOCAL 5-	BURIAL 2/25/63 MT 27. NAME OF FUNERAL DIRECTOR ASSESSMENT ASSESSMENT 28. ASSESSMENT ASSE						(p) (p.	cheve	10010
REGISTRAR	LEWIS COLONIA				no w	HELL	AA	M	8
17630	30. CAUSE OF DEATH PART I. DEATH WAS CAUS		lized anoxía	NET ONE CHUSE MEN BUCK	SE (A). (5). AND (C)				APPROXIMATE
	IMMEDIATE CAUSE	HAI GOLLOAN	LEAGO MIONEG						INTERVAL
CAUSE	Hemorrhagic pneumonitis, severe.								BETWEEN
OF	AFY. WHICH DEETO IF. HEMOLITIES PREMIORIZED, SEVELE.							-	ONSET AND
OF DEATH	ABOVECAUSE 141 SEATING THE UNICE ACTIVITY								DEATH
,	DAUBE LAST. DUÉ TO	rti	TING TO GEATH BUT HOT RE						-
		The second secon		LATED TO THE TERMINA	L DISEASE CONDITI	ON GIVEN IN PA	ORT I IAI		
	Memorra glo	gastroente		32. DATE OF OPER	TION 33 AUTO	DEX CUTCH O	NE.		
OPERATION AND AUTOPSY	31. OPERATION—CHECK OF	Training Presenting	CONDESSOR ACTUALISM CONDESSOR		D FETOPS	1X	AUTOPS! PERFORMED— ENDIN PHINKS INSERTIN DEFERRISHING ABOVE STR EAUTOPS DEATH		AUTOMOT PENNANCO— SHOWN FROMING NOT UTO IN DETENDING ABOUT STATEM CHENCE OF SEATH
SATURATION OF THE PARTY OF THE	34x, SPECIFY ACCIDENT.	SUICIDE OR HOMICIDE	134s DESCRIPE H	OW INJURY OCCURRE	10 State 10	Villa III III II			
2	THE STEER ! HEGISEM!		JAN. DESCRIBE R	OTT INDUSTRIBUTION					
MEDICA	3SA, TIME HOUR W	ONTH DAT 1	EAR		-				
INJURY	OF INJURY	Marin Pari	A-1						
INFORMATION	A A	lac- oi too	DE IN HOM WE HAVE	of store take I was now	y Tours on the	2017100			-
279-3-9	35s. INJURY OCCURRED	IT WHILE	OF INJURY TO THE SAME	erner mases 350. Cit	T. TOWN, OR LO	CATION	COUNTY		STATE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

December 12, 2005

Gregory J. Smith Assessor/Recorder/County Clerk

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CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

3/26/1963

TORicha	rd Warmen		SHIP AND	_ for the sum of	10 00	(DOLLARS
LEGAL DESCRIPT	TON_Lot	658,	Section			
AS DESCRIBED O	N PURCHASE	ORDE	R NUMBER	B-9461		

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:

10 x 20 Flush Memorial

Cemetery Manager

FORM PR-584

andt

Park and Recreation Director

€-19505





THE CITY OF SAN DIEGO

E-19505

MOUNT HOPE CEMETERY CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: December 12, 2005						
I/We Richard Arthur Warren		No.				
DO HEREBY REMISE, RELE	EASE, A	ND QUITC	LAIM THE	INTI	ERMENT I	RIGHTS
TO Mt. Hope Cemetery		ت المات				n l'E
Street Address: 3751 Market	Street			Ap	t / Unit #:	
City: San Diego	ST:	CA	Zip-Co	de:	92102-452	7
Telephone #: (619) 527-3400				elinies -		
all the cemetery property interr of San Diego, County of San D						said City
Division: 8		Section:	"2"	В	lk / Row:	" N/A "
Lot(s): 658			Frave(s):			
TO HAVE AND HOLD THE a interment rights owners, its suc WITNESS my/our hand this	cessors		forever.			O Build
EXECUTED IN THE PRESENTHE FOLLOWING WITNESS		F				
R. ZCarwiness		<u>×</u> _	Legal	Owner / B	Ceprehensive Signatu	re
Paulette Crawford			/JE)/	teppehensave Signatu	
CEMETERY REPREHEASIVE NAM	AU;		Cen		rehensive Signature	





THE CITY OF SAN DIEGO E 19505

LETTER OF APPROVAL FOR DISINTERMENT OF

WITNESSED BY

12-12-05

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Chery 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 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.

riic buriar	site for		is identi	fied as:			
	Lot	658	Grave	Section >	Division 8		
			we have be d/or intact		at the remain	s of	



Mt. Hope Cemetery

E-19505 CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT TO CUSTOMER WHITE . MOUNT HOPE CEMETERY CANARY .. CEMETERY (619) 527-3400 Payment of Division Block Grave Section NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. Invoice No. CREDIT 67007 20% Sales Care 77184 80% Sales 100 Acct. No. _ of Lots 77184 Opening/ Closing Burial W.O. 100 77181 BALANCE DUE Containers 77182 DEC 1 2 2005 100 Handling Fee Recording & Misc. Fees Pre-Need 77185 100 77183 Pre-Need Lot | | At Need | | On Acctl J MOUNT MODE CEMETERY 63033 Trust Sales Tax 77185 60101 78390 Pre-need Trust I I Cashi I Check I'I ISSUED BY AC-212 (Rev. 10-02) TOTAL PAID Cemetery Mgs. 619-527-3400 This information is available in alternative formals upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO FRASURES, WHITEOUTS OR OTHER ALTERATIONS PMD 2 DATE OF BIRTH 3. DATE OF DEATH A. SEX 1A. NAME OF DECEDENT-FIRST IGNERAL IB MIDDLE 1C. LAST (FAMILY) 02/12/1963 02/22/1963 ANN WARREN CHERYL. 5A CITY OF DEATH 5B COUNTY OF DEATH - OUTSIDE CALIF, IS NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT SAN DIEGO SAN DIEGO RICHARD A. WARREN. SR.-FATHER. 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178 CALIF LICENSE NUMBER 4792 MT. ST. HELENS DRIVE - IF APPLICABLE GREENWOOD MORTUARY - 1-805 & IMPERIAL AVE. SAN DIEGO, CA 92117 SAN DIEGO, CA 92102 FD 843 MA. SIGNATURE OF APPLICANT - Programme 188, DATE SIGNED Thereby acknowledge to applicant that the proposes disposition agend hereby is rays of the dispositions authorized by Section 103015. 12/14/2005 ACKNOWLEDGEMENT OF APPLICANT of the Health and Saluty Code and was withoused guranest in Santon 7100 of the House and Saluty Cross 9A AMOUNT OF FEE PAID 9B DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCOPDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-12/14/2005 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT \$11.00 ALITHOMATATION OF NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA D. King ➤ 2520395 LOCAL REGISTRAR WE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -IF DISPOSITION IS TO OCCUR IN ANOTHER DISPRICT IN CALIFORNIA ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY E TEMPORARY ENVAULTMENT XA. BURIAL IINCLUPES ENTOMBMENT) I. DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) XF. DISINTERMENT B. CREMATION C. DISPOSITION OF CHEMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA. THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL GREENWOOD MEMORIAL PARK. BURIAL I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CHEMATION CREMATION 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 1 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY **BCIENTIFIC** USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER THANNSIT 15A ADDRESS NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B. DATE OF 15C SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF

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

DISPOSITION

SUFFICIENT TO IDENTIFY FINAL PLACE AND CADISTRICT OF DISPOSITION

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

SCATTEMPORNMAL

AT SEA OH

DISPOSITION OTHER THAN IN A CEMETERY CREMATED MEMANIS DIS

POSER - IF APPLICABLE

CHARGE OF DISPOSITION

E-19505

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.6	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		200	DATE OF DEATH 4. SEX
10	TERRY	(4) (ina) (orven)	LER	WARRE	N	MONTH, DAY, YEAR MO	1/08/1957 M
5A	SAN DIEGO)		ENGRED PRATE	AN DIEGO	NAME, RELATIONSHIP, FULL MAILI OF INFORMANT RICHARD A. WARREN	ING ADDRESS AND ZIP CODE
7A.			- I-805 & IMPERIAL SAN DIEGO, CA 9:	L AVE.	PPLICABLE	4792 MT. ST. HELE SAN DIEGO, CA 921 SIGNATURE OF APPLICANT—PRIND	NS DRIVE
	ACKNOWLEDGEMENT OF	APPLICANT I hereby action of the Health.	owindge as applicant that the proposed disposition sta and Safety Code, and was surfacional pursuant to Se-	sted herest is one of the dispositions as clean 7100 of the Health and Salery Coc	thorized by Sechien 1030555 te	DehaDEm	12/14/2005
	PERMIT UTHORIZATION OF OCAL RESISTRAN	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT O RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	\$11.00	12/14/200 D. Kin	05	GISTHAM ISSUING PERMIT
ANT	CHANGE IN DISPOSI- ON REQUIRES A NEW HMIT TO SHOW FINAL DISPOSITION	P.O. BO	EGISTRAR OF DISTRICT OF DEATH MED IN CALIFORNIA IX 85222 GO, CA 92186-5222		HESS OF HEGISTRAR OF	DISTRICT OF DISPOSITION — ANOTHER DISTRICT IN CALIFORNIA	DE ST
10.	AUTHORIZED DISPO	SITION(S) CHECK APPLIC				FOR CORON	NOR'S USE ONLY
LLI	B. CREMATION C. DISPOSITION OF THAN IN A CENT D. SCIENTIFIC USE BURIAL	11A NAME AND ALL GREENWOO	DORESS OF CALIFORNIA CEMETER D MEMORIAL PARK, AVENUE, SAN DIEGO	I-805 &		(Name and Address) 11C. SIGNATURE OF PERSON	IN CHARGE OF BURIAL
SLE ITEMS	CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMATE	ED 12C, SIGNATURE OF PERSON	IN CHARGE OF CREMATION
NL APPLICA	SCIENTIFIC USE	13A, NAME AND AS	DDRESS OF CALIFORNIA FACILITY	RECEIVING RÉMAINS	13B. DATE RECEIVE	D 13G SIGNATURE OF PERSON	IN CHARGE OF FAGILITY
COMPLETE /	TRANSIT	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	CANADA STATE OF THE STATE OF TH	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATUL OF PLACING WITH THE C	
TI.	BCATTERING/BURIAL AT SEA OR DISPOSITION OTHER	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O IDENTIFY FINAL PLACE AND CALL SEA, ONLY ENTER LATITUDE AND L	DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	15C SIGNATURE OF PERSON CHARGE OF DISPOSITIO	A PARTY OF THE PROPERTY OF THE PARTY OF THE

COPY 2 IS RETAINED BY 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

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		ted, subject to your rule		
		D BONNIE	A STATE OF THE PARTY OF THE PARTY.	119839
ina Line	of Burial Container	The state of the s	Marie Construction of the State	Dec 14 11:00
Church, Chapel, G	Sraveside		CABURI	AL Mortuary
All Funeral cars m	iust arrive before 3.0	0 p.m. of regular work	day or an extra o	harge of \$_augn
will be applied and	d billed to undersigne	ed		
			-	
		Blk/Row		
Grave space & Ca	are Fund			2264.
Overtime/Late Arri	ival Fees			
Opening/Closing 8	& Setup			5.33
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	CHOOLSE HANDLY	10		
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Jaies lakes	DEC 13	2005		225002
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D/I	OUNT HOPE	Paid receipt number	12-59 4 87 Balan	23 00 93
W		and the same of the same of	R- 5948	nce due
I hereby certify I a and this is your at	m the NISC	position of remains as	above indicated.	above named decedent I certify and represent
	nt to make this authorize		hold Mt. Hope C	emetery harmless from
		· On-	10	Ex Allans
I hereby authorize hold under deed.	the interment in lot I	Print Name		toest Williams
Marcha DE	1 Al Man	Add 1	Ohester St	25t
Signature	- DI WILL	SOM	Diego CI	9 92114 210 Code
, n		(619)	303-180	24
Paulette				
	10506	Invoice #		
Work Order # E	-13200	Acct. #_		
REA-104 (3-04)	This	information is availab	ole in alternative	formats upon request.

Of Principles Developing or

REA-104 (3-04)



E-19506

August 30, 2005

Report to the El Cajon Parole Office on September 6, 2005 between 8:00 AM to 5:00 PM for anti-narcotic testing.

BRING A COPY OF YOUR CHECK STUB.

Failure to comply with this instruction will result in your return to custody.

PAROLE AGENT J. VIZCARRA

DEPARTMENT OF CORD-ANS
El Cajon Units I and II
1400 N. Johnson Avenue, Suite 114
El Cajon, CA 92020

54.

Drógo, CA 9214 NI CASSES

Cleveland Bonnie Cleveland Bonniey 1735 Klauber Ave. San Diego, Ca. 92114

35114+5151-32 COOS

GRAVE BLIND CHECK FORM

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

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Agrees v	vith Map:	Q Yes	101	No		V
Blind Ch	eck & Ve	rified By:_	Just _		Date:	12-17

1735 Klauber Alle SA CA 92114 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 49

1,4	NAME OF DECEDE	A STATE OF	18. MIDDLE	IC LAST FAMILY		2 DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4 SEX MONTH, DAY, YEAR
10.0	CLEVELAND CITY OF DEATH			BONNIE		03/26/1956	12/07/2005 M
	SAN DIEGO			SAN DIE	60	OF INFORMANT HARY L	TO A Non
77	CALIFORNI	A CREMATION	A FUNERAL DIRECTOR OF PERSO & BURIAL SAN DIEGO CA 921		CALIF, LICENSE NUMBER - IF APPLICABLE D01357	SAN DIEGO CA 921	14 YM 20 7
-	ACKNOWLEDGENERIT OF A	ADDITIONAL TO THE PERSON (ICENTAL)	wholes as applicant that the proposed deplays and Safety Code, and was substigged pursuant to	i stated ferrer is one of the dispos	Bors authorized by Section 103055	BA, SIGNATURE OF APPLICANT	Ferent being point 8B, DATE SIGNED 12/12/2005
-	Hallonamou of	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR SPECIFIED IN THIS PERMIT. BIGHT OF DISPOSAL OUTSIDE OF CALIFORN	BA AMOUNT OF FEE	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	:005	L REGISTRAR ISSUING PERMIT
	THE RESERVE OF THE PARTY OF THE	VITAL RECO	GISTRAR OF DISTRICT OF DEAT ED IN CALIFORNIA IRDS P.O. BOX 852 CA 92186-5222			OF DISTRICT OF DISPOSITION — R IN ANOTHER DISTRICT IN CALIFORNIA	
10	A BURIAL INCLUDE B. CREMATION	CREMATED REMAINS O		E TEMPORARY ENV E DISINTERMENT G SHIP IN TO CALIF H TRANSIT TO OUT			DRONOR'S USE ONLY ENDING — REMAINS LOCATED AT
	BURIAL	MT HOPE CI	DHESS OF CALIFORNIA CEMEN EMETERY T ST. SAN DIEGO		02 12-14-		SON IN CHARGE OF BURIAL
ILE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMA	TORY	128. DATE CREM	ATED: 12C, SIGNATURE OF PER	SON IN CHARGE OF CREMATION
ALL APPLICAT	SCIENTIFIC USE	13A. NAME AND ADI	DRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAIN	S 13B. DATE RECEI	VED 13C, SIGNATURE OF PER	SON IN CHARGE OF FACILITY
COMPLETE !	TRANSIT	The state of the s	DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE	SECTION SECTIO	14B. DATE SHIPP	ED 14C ADDRESS AND SIGN. OF PLACING WITH TO	ATURE OF PERSON IN CHARGE HE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OF IDENTIFY FINAL PLACE AND CASE. ONLY ENTER LATITUDE AND	DISTRICT OF DISPOS		15C. SIGNATURE OF PER CHARGE OF DISPOS	

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

AT-Need Res



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-14-05

47

You are hereby authorize of Samu		bject to your rul	Annual Control of the	tions, to inte	the remains
ina TS Va	ault		time Tues	Dec	20051
Church Chapel, Gravesic	ontarier	T Gricial, Gato,	0/4	udette.	/NC 129-1
All Funeral cars must arri	ve before 3:00 p.m.	of regular work	day or an ext	ra charge of	s 2/3.0
will be applied and billed	-	Ven	use		X
V.		1			
Division / 1 Se	ction / Bi	k/Row	Lot 7	8 Grave	10
Grave space & Care Fund				11	2,264.0
Overtime/Late Arrival Fee	95				
Opening/Closing & Setup					533.00
Burial Container		Vault			355,00
					263,00
Handling Fees Flower vases - Marker se	etting fee Trion	\$ 65,74	Setting A	178,00	243.71
Recording/Filing/Transfer	1	BAID			65.00
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morr to p	2000	nro.	0. 59	501 .	27512
		receipt number	CMETER	1	P
	DOMOUN	THUPL	24000	alance due	
I hereby certify I am the and this is your authority			above indical	ted I certify	
that I have the right to ma any liability on account of	ike this authorization said authorization a	n and I agree to and interment.	hold Mt. Hop	21988	harmless from
	20.00	x Q	hallie	SMALL	4
hereby authorize the inte hold under deed.	erment in lot I	Print Name	of Rami	2 51	
Unuti	- X	Address	y poum		1911
Signatule		City	wa vis	ta 9	Zip Code
		Talaphona	191 39	1-580	
Work Order # E-19	507	Invoice #	No.	11.00	
Work Order # <u>E-19</u>		Acct.#_		-	
REA-104 (3-04)	This inform	nation is availai	ble in alternat	ive formats	upon request.

O Printed on security super-

€ 19507

DAN CALIFORNIA DAN DRIVER LICENSE CLASS:C

SAMUEL DAVID THOMAS 3715 T ST SAN DIEGO CA 92113

SEX:M HAIR:BLK HT:5-09 NT:235



MT HOPE CEMETERY

€19507

GRAVE BLIND CHECK FORM

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

			Shirley Hocke			
	Reese	DWISHT	x			
			0			
						12-16-05
Interme	ent space fo	r: 5a	muel	David	Thoma	45
Interme	ent Date: /	lec to,	05 1	ime: /	100 P.	m
Div:_/	Sect:	_/_ BI	KROW:_	Lot	78 (Gr: 10
Grave	Laid out by:	Norm	ante	A	_	
Agrees	with Legal	Card:	Yes [J No		

O No

Agrees with Map: X Yes

3lind Check & Verified By: (1)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

-			OSE BLACK INK CHET - MAI		HITEOOTS ON U	THER ALTERATIONS	
	SAMUEL.	ENT—FIRST (GIVEN)	DAVID 18. MIDDLE	THOMAS			12/2005 4. SEX
5/	CITY OF DEATH		THE RESERVE	58. COUNTY OF DEAT	H - OUTSIDE CALIF.	6. NAME RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
	NATIONAL (TTT		SAN STYGO		OF INFORMANT PHYLLIS SN	ITH-DAUGHTER
77	CAULFORNIA	BURIAL CHA	A FUNERAL DIRECTOR OR PERSON LPEL LTIONAL CITY, CA 9	—IF /	F LICENSE NUMBER PPLICABLE 1689	705 RAMBUR STREET CHULA VISTA, CA 919	
	ACKNOWLEDGEMENT OF	non maker Thereby ackno	ewlodge as applicant that the progressed disposation as and Safety Code, and was authorized purposed to Sec	ded herein is one of the dispositions a	Warzed by Section 103055	BA SIGNATURE OF APPLICANT PROBLEM	12/16/2005
i	PERMIT		ACCORDANCE WITH PROVISIONS OF	BA AMOUNT OF FEE PAID	TO THE REAL PROPERTY.		AND STREET OF THE STREET
	AUTHORIZATION OF LOCAL REGISTRAR	ITY FOR THE DISPOSITION	AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	12/16/20 C.RUSS	2520549	54
	MY CHANGE IN DISPOSI- TION REQUIREE A NEW FERMIT TO SHOW FINAL DISPOSITION	ALLAT ASSESS	GISTRAR OF DISTRICT OF DEATH PLOS P.O. BOX 85222 CA 92186-5222	9E ADO IF DI	RESS OF REDISTRAR C SPOSITION IS TO OCCUR	OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	
10	AUTHORIZED DISPO	SITION(S) CHECK APPLICA	BLE ITEMS		The same of	FOR CORONOF	TS USE ONLY
off frequent formed frequent	B CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CHEMATED REMAINS O		E TEMPORARY ENVALLT F. DISINTERMENT G. SHIP IN TO CALIFORNI H. TRANSIT TO OUTBIDE		I. DISPOSITION PENDING - (Name and Address)	- REMAINS LOCATED AT
	WASHIAL	MT. HOPE	CEMETERY, 3751 MA CA 92102		12-20-5	SZ SIGNATURE OF PERSONAL	CHARGE OF BURIAL
NE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	PRY	12B. DATE CREMA	NED: 120. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
IL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIV	ED 13C SIGNATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OR C PREMATED REMAINS ARE TO BE S		14B. DATE SHIPPE	D 14C, ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
The same of the sa	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OR O IDENTIFY FINAL PLACE AND CA D IA, ONLY ENTER LATITUDE AND LO	STRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE

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



AT-need (NON-RES)

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/05

You are hereby authorized and instru	-	4	ns, to inter the remains
or Jermaine	The state of the s	1 - 1	onday 4
In a Liner	THE RESERVE AND A STREET OF THE PARTY OF THE	THE RESERVE OF THE PERSON NAMED IN	9,1,30 2005
Church Chapel, Graveside		San Vie	ego Man-Mortuary
All Funeral cars must arrive before 3	00 p.m. of regular work	day or an extra	charge of \$
will be applied and billed to undersig	ned.		
. 1/ 2		11	
Division Section C	BIK/Row	100000000000000000000000000000000000000	
Grave space & Care Fund	Donated k	by Childre	n's Hosp
Overtime/Late Arrival Fees	PAIL		
Opening/Closing & Setup			708.00
Burial Container D	EC 1 6 2005		359.00
Handling Fees	LINER		275.00
Flower vases - Marker setting (as I	HOPE CELL	- 0 4 F	
Recording/Filling/Transfer Fees			85.00
Sales taxes		·····	27.82
		Total Due	Water Control of the
	Paid receipt number	R-5949	1 1, 454.82
-		Bala	ince due
I hereby certify I am the hand this is your authority to make dithat I have the right to make this authory liability on account of said authority.	horization and I agree to	above indicated hold Mt. Hope (above named decedent I. I certify and represent Cemetery harmless from
I hereby authorize the interment in lo hold under deed.	V1C-	toria 1	laughn munity Rd *11
Dwiellugo	Adjuses Policy City (85 Turisphone	e) 883.	92004 2947
Work Order # E-19508	Invoice #	*	

© стапи оп послыд рарит

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

		-	
Apderson	* 10 X		
#3 cc727 Vernon			
9,000			

Blind Check Initiated By: Sandu Date: 12-16-0
Interment space for: Jermaine Vaughn
Interment Date: Nec 19 2005 Time: 1,30
Div: Lot:
Grave Laid out by: Norman Fergus
Agrees with Legal Card: ☑ Yes ☐ No
Agrees with Map: Ves O No
3lind Check & Verified By: Date: \2-19-
1-1.0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 18. MIDDLE 4. SEX TA NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH MYY71071985 JERHATEE. DARNELL VAUGHM 5A CITY OF DEATH 58. COUNTY OF DEATH - OUTSIDE CALLE TO NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE. SAN DIEGO OF INFORMANT SAN DIEGO YISTORIA VAUGIN-MOTHER 17 POWAY, CA 92064 D NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178. CAUF LICENSE NUMBER - IF APPLICABLE MS SAN DIEGO NEMORIAL CHAPEL 2541 UNIVERSITY AVENUE SAN DIEGO, CA 92104 FD-1575 SIGNATURE OF APPLICANT -Person taking power 88. DATE SIGNED hereby acknowledge as applicant that the proposed disposition district herein is doe of the dispositivity authorized by Saction 105055. ACKNOWLEDGEMENT OF APPLICANT of the Health and Sahifu Code, and was authorized pursuant to Section 7100 of the Health and Salety Code 9A. AMOUNT OF FEE PAID 98 DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 12/16/2005 2520513 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. \$11.00 R. PRYOR AUTHORIZATION OF NOTE: THIS PERMIT GAYS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO BOX 85222 SAN DIEGO,CA TRON MEGLIRES A NEW PERMIT TO SHOW FINAL DISPOSITION 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS XA. BURNAL (INCLUDES ENTOMBRENT) E. TEMPORARY ENVAULTMENT EDISPOSITION PENDING - REMAINS LOCATED AT (Name and Address): F. DIGINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIF IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA STANDAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY 3751 MARKET ST. BURGAL SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 128. DATE CREMATED:

CREMATION Contractor of the 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148, DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 158. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. CREMATED REMAINS DIS-DISPOSITION TERING/BURIAL CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

MT. HOVE CEMETERY

INTERMENT ORDER

ATNEED

City of San Diego

Date 12-15-05

in a Liner Type of Burlat Container	Funeral, date, time MON.	Dec 19 11:
Church, Chapel Graveside	Pre fen	ed Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra	
will be applied and billed to undersigned		
Division 12 Section 2 BI	WROW Lot 147	
Grave space & Care Fund	19398/R-594	196 0
Overtime/Late Arrival Fees Opening/Closing & Setup	PAID	
Burial ContainerDE(1.5.2005	270,-
Handling Fees.	7 1 3 2003	206 -
Flower vases - Marker settin	OPF CEMETERY	
Recording/Filing/Transfer Fees		65
Sales taxes		20 93
	Total Due	
Paid	receipt number R-594	95 1094,9
	Bala	nce due
hereby certify I am the K and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated and I agree to hold Mt. Hope C	above named decedent I certify and represent emetery harmless from
hereby authorize the interment in lot I	X	
nold under deed.	Print Name	
	Address	
ignature	City	Zip Code
Sent MARK	1.6	
sent mark favite no resp.	**************************************	LEMB
work Order # E-19509	Invoice #	

(i) Printed on recycled paper

MT HOPE CEMETERY E-1 9509

GRAVE BLIND CHECK FORM

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

				Brette	Marke	
Wars		Jama	x		Pobans	
	Price					
			- Lett			
Blind Che	ck Initiate space for	ed By: Vo	MI Su	llivan	_ Date: /	2/16/0.
Interment	Date:	non de	2019	Time:	11.00	68.
				P.	147 0	ir:_12
Grave La	id out by:	Now.	1	in	5	_
Agrees w	ith Legal	Card: 🔯	Yes 1	ON C		
Agrees w	vith Map:	☑ Yes	00	No _	Flag.	/
3lind Ch	eck & Ve	rified By:_	be		Dale:	12-14-06

E-19509

PIRST SAVINGS CREDIT CARD PO BOX 5010 SIOUX FALLS SD 57117-5019

TONI SULLIVAN 4010 KANSAS ST APT 8 SAN DIEGO CA 92104-2596

Halantindlihanbalahlahlahladallallahahahill

FIRST SAVINGS CREDIT CARD PO BOX 2957 OMAHA, NE 88103-2967 Idliahdan Illiahda Illiah PAYMENT INFORMATION

Account Number

New Belance: Minimum Payment Due:

Past Due Amount:

1552

Overlimit Amount: Payment Due Date: 12/20/05

\$155.00

\$30.00

\$0.00

Emer Amount Enclosed: \$

543360112024013100003000000155009

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TH S. DATE OF DEATH 4. SEX

1A	Toni	NT-FIRST (GIVEN) 18. MIDDLE	IG LAST (FAMILY) Sullive		2. DATE OF BIRTH	3, DATE OF DEATH 4, SEX MONTH, DAY, YEAR 12/07/2005
7	San Diego		SB. COUNTY OF DEATH ENTER STATE San Die	ogo i	NAME RELATIONSHIP FULL OF INFORMANT	
78	Preferred 6163 Univ	Cremation and Burial	FD-1	746	san Diego, CA 9	Person taking terms 88. DATE SIGNED
ı	ACKNOWLEDGEMENT OF A	of the Poseth and Safety Code, and was authorized paraciety to Sach	on 7100 of the Health and Safety Code	Sheed by Section 103085	11 11	1-11103
	LA COMPANIENT OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CAUPORNIA HEALTH AND SAPETY CODE AND IS THE AUTHORI- TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CAL	\$11.00	98 DATE PERMIT ISC 12/14/200	almen L	Bowen MB
- 80	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUFORNIA \$40 DISCUSSION \$5232 92186-5222			DISTRICT OF DISPOSITION — ANOTHER DISTRICT IN CALIFORNIA	
10	AUTHORIZED DISPOS	S(TIDM(S) OPECX APPLICABLE ITEMS			FOR CO	DRONOR'S USE ONLY
THE PERSON NAMED IN	A BURIAL (NOLLIDE 8 CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS OTHER	E TEMPORARY ENVAULTM F. DISINTERMENT G. SHIE IN TO CALIFORNIA H. TRANSIT TO OUTSIDE O		L DISPOSITION PE	ONDING — REMAINS LOCATED A
-	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER'S MOUNT Hope Cemetery 3/51 Market Street Street San Diego, CA 92102		118 DATE BURIED 12/19/2005	s - Kury F	SON IN CHARGE OF BURIAL
LE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	AY	128. DATE-CREMATE	ED: 120. SIGNATURE OF PER	SON IN CHARGE OF CREMATION
L. APPLICAB	SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY R	RECEIVING REMAINS	138. DATE RECEIVE	D 13C SIGNATURE OF PERS	SON IN CHARGE OF FACILITY
COMPLETE A	TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OF C REMAINS OR CREMATED REMAINS ARE TO BE S	STORY AND PROPERTY OF THE PROPERTY OF THE PARTY OF THE PA	14B. DATE SHIPPED	14C. ADDRESS AND SIGN. OF PLACING WITH TH	ATURE OF PERSON IN CHARGE HE CARRIER
,	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A, ADDRESS, NEAREST POINT ON SHORELINE, OR C SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DI IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LO	STRICT OF DISPOSITION.	15B DATE OF DISPOSITION	15C. SIGNATURE OF PER- CHARGE OF DISPOS	WORKS AND THE PROPERTY OF THE

GOPY 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 ME # 0 20 237 le

City of San Diego

Date 12 14 05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY HAUPT 14 # 20000802

In a LINER Funeral, date, time Dec 29 930 cm

Church, Chapel, Graveside Delwery Mortuary,

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

will be applied and billed to undersigned.

Division 18 Section Bik/Row Lot 51 Grave 5

Grave space & Care Fund Dec 2 2 2005 533
Opening/Closing & Setup.

DEC 2 2005 533-

Flower vases – Marker setting fee

Recording/Filling/Transfer Fees

Sales taxes

Fax # 858 465 - 5127

Office 658 - 494 - 350 Paid receipt number

La mes Fit-Le

I hereby certify I am the

Of the above named decedent

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

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

Signature

Paulate

Burial Container

Work Order # E-19510

Fried Name

Address

-

Peliephorse

Invoice #

Acct.#

This information is available in alternative formats upon request.

Connect on recorded paper

€19510







E-19510

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY JEAN M. SHEPARD, DIRECTOR

CHARLES E, MATTHEWS III PUBLIC ADMINISTRATOR PUBLIC GUARDIAN AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(868) 694-3500 FAX (858) 694-3987

PLEASE DELIVER TO:

Name: Pouls

Agency: MT Hepe

Fax Number: 619-527-3403

FROM:

JAMES FETSCH
DEPUTY PUBLIC ADMINSTRATOR/GUARDIAN

Telephone Number: (858) 694-3522

Fax Number: (858) 495-5127

SUBJECT: MORN ELIZACETH HOUPT

Number of pages (including cover sheet):

MESSAGE:

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vertile	PE CELETERY	R MEHO!	m22710
2 3 3 (CM)	WENT ORDER	The second second second	
AT WEEL CH	y of San Diego	Des 12/14	05
ejes,		tellers to inter t	na remains
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MAKY MAGI	Funeral, date, time	Dec 29 9	130 am
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Church, Chapel, Grevetide	m. of regular work day	or an extra change of	1
will be applied and billed to undersigned.			
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Grave space & Care Fund	PAID		-E32- 1
Overgine/Late Arrival Fees	DEC 2 2 20	15	200 -
Opening/Closing & Setub.	DCG C C C	Andreas desardigentessessioners	2010-
Burial Container	DESCH THE	EMETERY	
Handling Feet	And the second s	******************	65-
Recording/Filmo/Transfer F988	**************		2093
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Frx # 858495-5127	Total consist number .	R-59512	33000
AC: 058-1014	And Discour	Baiance du	0 - 10
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I hereby certify am the and this is your authority to make distinct that I have the right to make this authority that I have the right to make this authority and account of sale authority.	position of remains as prization and I agree to	noid Mr. Hope Cemen	ery harmess
Still remains an an			
I hereby authorize the interment in lot	0		
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Divide	Tompromit		
Paul	Invalor		
m = 115 - 111	Acet. 8	lable in elfornative for	mats upon request.
T	his information is avail		



E-19510

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY JEAN M. SHEPARD, DIRECTOR

CHARLES E. MATTHEWS III
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3600 FAX (858) 694-3987

PLEASE DELIVER TO:

Name: Pauletle

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: MORN HOUDT

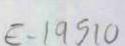
Number of pages (including cover sheet): Z___

MESSAGE:

CERTIFICATE OF DEATH : E- 19510

1	NAME OF DECEDENT - FIRST (GIVEN)		2 MIC		в.		3. LAS*	(Family)	aupt			
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-	e. BIRTH STATE/FOREIGN COUNTRY	10 SOCIAL SECURIT	Y NUMBER	11 EVER IN U.S	S. ARMED FOR	CONTRACTOR	31/1938 12 MARITAL STATI	67 US (at Time of Death		E OF DEATH :		IL HOUR GAIN
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	28. NAME OF SURVIVING SPOUSE FIRS	F	29 MIDC	LE			30. LAST (Maide	n Names	_			
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	Unknown		20029000	Unkno	own	15		Unkn	own	Av		Unkno
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DEATH LOCAL REGISTRAR	44. NAME OF FUNERAL ESTABLISHMENT			45 LICENSE	NUMBER 46	STATE SAIN	RE OF LOCAL REG	STRAR	-	-		DATE mm/dd/coyy
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5 ±	Scripps Mercy H	Hospital				×	IP ER/OP	-	Hospia	e Nurs		Decedents Home
San Diego 4077 Fifth Avenue San Diego San Diego San Diego								900				
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	OWNEDIATE CAUSE (A) Pendir	ng								(AT)		5-02376
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1	resulting in death) LAST											TYES [
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t	114 CERTIFY THAT TO THE BEST OF MY KNOWLS AT THE HOUR DATE, AND PLACE STATED FROM TO	EDGE DEATH OCCUPATED.	115. SIGNATI	URE AND TITLE OF	CERTIFIER		-	-		118 LICENSE		17 DATE mmidde
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	MANNER OF DEATH NATURAL A	Academ Homicide	AND PLACE STA	Danatas		Could not be	YES YES	NO NO	UNK	121. INJURY DA	TE mm/dd/d	cyy 122 HOUR (2
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ŀ	124 DESCRIBE HOW INJURY DOCUMED (Everys which resulted in	Injury)									
	125 LOCATION OF INJURY (Small and num	har or location and cal-	104 71D1	Tall	3300	10						
ŀ	1100 FOCK HOW DE TANGOLE ESTIMATE MACURAL	WHILE OF SOMETHOUSE, M. N. CALC.										
	125. SIGNA DATA OSCOPONER / DEPUTY		are Lie	- China	7. DATE mmR			E. TITLE OF COR				

MT HOPE CEMETERY



B

GRAVE BLIND CHECK FORM

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

,					
	#3		#5	-	 -
	Kawking		X		
•	#9 HILE & Haskins	#10 Metheria Johnson	2		

nd Check Initiated By:	ansha	Date	: 12-28-05
rment space for	yHaup	Т	
erment Date: 12 105	Time:	930	Delivery
: 13 Sect: 1 BIK/R			
ive Laid out by: Norma			
ees with Legal Card: Ye			
ees with Map: Ø Yes	O No		

d Check & Verified By: Warred 7 louises Date: 12-28-05

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

i	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDOLE		1C. LAST (FAM	IILY)	HAUPT		2. DATE OF BIRTH MONTH, DAY, YEAR 08/31/1938	MONTH	OF DEATH DAY, YEAR 05/2005	4. SEX
7A			A-FUNERAL DIRECTOR		ENTER STA	SAN 78. CALIF I	DIEGO ICENSE NUMBER PLICABLE	JAMES 5201- SAN I	RELATIONSHIP FULL ORMANT FETSCH - I -A RUFFIN RE DIEGO, CA 92 TURE OF APPLICANT	UBLIC 123	GUARD	IAN
	ACKNOWLEDGEMENT OF A	UPLICANT I hereby solor of the Health	uniwign as appressed that the proper and Salety Code, and was authorize	and disposition state and pursuant to Sack	id heren is one of the d on 7160 of the Hadith ar	specifiers sufficient Safety Code.	wized by Section 103055	> \			12/22	2/2005
	NUCHOBIZATION OF	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVI AND SAFETY CODE AND IS SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE	THE AUTHORI-	\$11.00	2000000000	R. MARTIN	005	SIGNATURE OF LOCA	y AEGISTRA	AR ISSUING PE	RMIT
N.	W CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	VITTALH WELES	GISTRAR OF DISTRICT	X 85222					OF DISPOSITION — R DISTRICT IN CALIFORNIA			
10	AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS						FOR CO	ORONOR'S	USE ONLY	
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IL APPLICABL	SCIENTIFIC	13A. NAME AND AC	DDRESS OF CALIFORN	A FACILITY R	ECEIVING REM	AINS	13B DATE RECEI	VED 130	SIGNATURE OF PER	SON IN CH	ARGE OF FA	CILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING CREMATED REMAINS			E	14B. DATE SHIPPI	ED 140	ADDRESS AND SIGN OF PLACING WITH T			CHARGE
Contract of the Contract of th	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHOP DIDENTIFY FINAL PLAC EA, ONLY ENTER LATIT	E AND CA DIS	STRICT OF DISP		15B, DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date December 15, 2005

Cint 2291833 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Exchange from Children Hospital to Mt. Hope Cemetery graves in Div MAS, Sec M, Lot 18, Graves 15 & 16 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. 164 & 169 Grave Blk/Row -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 n Total Due No charge due to exchange of graves. Per David Lugo, Manager Paid receipt number Signature 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 pe ostached Print Name hold under deed address Signature Zio Code Telephone Invoice # Work Order # E-19511

Acct. #



3020 Children's Way / MC 5005 San Diego California 92123-4282

(858) 966-5950 (858) 467-1882 FAX www.chsd.org

E-19511

November 28, 2005

Delivered via Facsimile 619-527-3403

Mr. David Lugo Mt. Hope Cemetery 3751 Market Street San Diego, California 92102-4527

Dear Mr. Lugo:

On behalf of Children's Hospital and Health Center, I hereby release the interment rights for Section Masonic, Block M, Lot 18, Grave 14 to Ms. Tina Duba to be used for burial of her son. Tommy Duba. I also hereby authorize Ms. Duba to exchange this plot for another in the "children's" section of Mt. Hope should she decide to do so.

Thank you very much for your assistance with this matter. Please call me directly at 858-966-5804 with any questions concerning this matter.

Sincerely,

Charles E. Day

Senior Managing Director, Major and Planned Giving

CED/

c: Sharice Lyman



E19511

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-19515

DATE: 1/4/2006

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Children's Hosp and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of \$0.00 situated in Mount Hope Cemetery described as:

DIVISION: 8 SECTION: 2 BLOCK / ROW: LOT: 657 GRAVE(s): 1 according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

- (a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.
- (b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.
- (c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.
- (d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.
- (e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.
- (f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.
- (g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed. Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 4th day of January, 2006.

aulette Craword 1-4-06 Signature Date

Cemetery Manager



MT. HOPE CEMETERY

INTERMENT ORDER

AT need les fue

REA-104 (3-04)

City of San Diego

Date 12/19/05

Emusisan Com	ubject to your rules and regulations, to inter the remains an 70 20 229858
	Funeral, date, time Fri. Dec 23 2:30
Type of Burst Container Church, Chapel, Graveside	FAMILY Mortuary
	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 8 Section 4	
Grave space & Care Fund	426.00
Overtime/Late Arrival Fees	110
Opening/Closing & Setup	149.00
Burial Container DEC 1	9 2005
Handling Fees	
Flower vases - Marker shipping HOF	
Recording/Filing/Transfer Fees	_ 65,00
Sales taxes	<u> </u>
	Total Due
Paid	receipt number R-59.50/A 640.0
	Balance due
I hereby certify I am the Y Man	
and this is your authority to make disposition	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	*Maria Carranza
Moria Canany	Andress B. ST City Son Diego CH 92102
Paulette	San 11ego (# 92102) Telegrone [19 5013803
Work Order # E-19512	

© гот / ск тоски раруг

This information is available in alternative formats upon request.

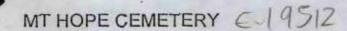
E-19512

CALIFORNIA DAL IDENTIFICATION CARD
D8949322 EXPIRES 18-21-18

FRANCISCO CARANZA 3107 B ST SAN DIEGO, CA 92102

SEX:M HAIR:BLK EYES:BRN : HT:5-00 WT:063 POB:10-21-85

AGE 21 IN 2006 Francisco 18/19/2005 586 14 FD/18



GRAVE BLIND CHECK FORM

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

the burial space					-
		1			
		х	1		
		DAIL AS	beve		
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Blind Check Ini		Paule	ne.	_ Date: \	
Interment space					
Interment Date	. Tri Res	23 -	Time:	2:30)
Div: 8 Se	ect: 4 1	BIK/Row:_	Lot:	21 (Gr:
Grave Laid out	by: Norm	van fen	que-		
Agrees with Le	gal Card: E	Yes	ON D	() 40	2
Agrees with Ma	ap: DYes	. 0	No	1.	
3lind Check &	Verified By	Dirich	Monies	Date	12-20-

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 5314-03

		NT-FIRST (GIVEN)	18 MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3 DATE OF DEAT	
ELECTION 7	FRANCISCO)	-	CARRANZA		المنحسا	MY07247 1585	M9127117720	
	TY OF DEATH			5B. COUNTY OF DEATH ENTER STATE	OUTSIDE CALIF.	OF IN	RELATIONSHIP FULL M	MAILING ADDRESS	
	SAN DIEGO			SAN DIE		MARI	A CARRANZA-M		.07 B
1	WMS SAN I	DIEGO MEMOR	A FUNERAL DIRECTOR OR PERSON LIAL CHAPEL. ENUE SAN DIEGO, CA	—IF AP	PELICABLE	STRE			2102
_	NOWLEDGEMENT OF A	I hineby actor	newage as approach that the omposed disposition still	their heren is one of the disconnectes and	Petrond by Section 100055	S S S S S S S S S S S S S S S S S S S	ATURE OF APPLICANT		
Pro-th		OF THE PERSON	me Salety Code and was sufficient pursuant to Sec	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	THE RESERVE TO A PROPERTY OF THE PARTY OF TH		inne of		1/13/209
			N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR	9A. AMOUNT OF FEE PAID	12/14/20		9C. SIGNATURE OF LOCAL 2520325	HEGISTRAFISSUN	G PERMIT
	IOFEZATION OF AL REDISTRAR	ITY FOR THE DISPOSITIO NOTE: THIS PERMIT GIVES N	N SPECIFIED IN THIS PERMIT O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	R. PRYO	R			
TION I	HANGE IN DISPOSI- REQUIRES A NEW I TO SHOW FINAL HISPOSITION	PO BOX 92186-5	85222 SAN DIEGO,	I/ Disi	ESS OF HEGISTRAN O POSITION IS TO OCCUR I		T OF DISPOSITION — R DISTRICT IN CALIFORNIA		
O. AU	THURIZED DISPOS	ITION(S) CHECK APPLICA	ABLE ITEMS		-		FOR COI	RONOR'S USE ON	LY
这一	DURING (INCLUDE) COLUMNATION DISPOSITION OF THAIR TO A CEMENT FOR ENTIFIC USE	CONTAINED OF MAINING A	THE C	E TEMPORARY ENVALEDMENT F. DISDITTERMENT J. D. BO DOCKS, "ALTERGONIA II. THANSIT TO OUTSIDE O			L DISPOSITION PER (Nem# and Address)	NDING — REMAINS L	OCATED AT
	BUPIAL	MT. HOP	PE CEMETERY 3751 1 CGO, CA 92102	MARKET ST.	118 DATE BURNED	- 110	C. SIGNATURE OF PERSO	ON IN CHARGE O	F BUITIAL
(0)	CREMATION	SOUTHER	ODDRESS OF CALIFORNIA CREMATORN CALIFORNIA CREMA	ATORY 601-D	5 5 1	-	C. SIGNATURE OF PERS	ON IN CHARGE O	FCREMATION
Na III		CRANE S	ST. LAKE ELSINORE,	CA 92530	12-21-0	17	17		
AL APPLICABLE TEM	SCIENTIFIC USE		ODRESS OF CALIFORNIA FACILITY		12-31-0	PERSONAL PROPERTY.	C. SIGNATURE OF PERS	ONIN CHARGE O	F FACILITY
COMPLETE ALL APPULABLE TEN		13A. NAME AND AD		RECEIVING REMAINS	Acceptable and the second second	ED 13	C. SIGNATURE OF PERS C. ADDRESS AND SIGNA OF PLACING WITH TH	TURE OF PERSON	

OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

MT. HOPE CEMETERY

INTERMENT ORDER

A+ Need

City of San Diego

Date 12 | 19 | 05

You are hereby authorized and instructed, su	bject to your ru	iles and regulatio	ns, to inter th	e remains
OF HELEN BASSETT	X			
ina ASH VAULT	Funeral, date,	time		
Type of Burial Container Church, Chapel, Graveside		120		Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work	k day or an extra	charge of \$	
will be applied and billed to undersigned				
Division 6 Section 2 B				1_
Grave space & Care Fund	-1	€-1	3307_	0
Overtime/Late Arrival Fees			·	_
Opening/Closing & Setup				<u>O</u> _
Burial Container ASH VAL	M		/	0
Handling Fees.			·	0
Flower vases - Marker setting fee)	-
Recording/Filing/Transfer Fees				$\underline{\bigcirc}$
Sales taxes				0
	11	Total Due		9_
Pald	receipt numbe	-	(
	0	Bala	ance due	6
I hereby certify I am the		of the	above name	d decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and lagree t	s above indicated to hold Mt. Hope	d. I certify an Cemetery had	d represent miless from
I hereby authorize the interment in lot I hold under deed.	Print Name	7	PA PA	
	Address		TO A	
Tigriture	City			Zip Code
ii.	Telephone			
Paulette	Invoice	#		
Work Order # E-19513	Acct. #			
	MULL: 10	_		

MT. HOPE CEMETERY

INTERMENT ORDER

in The grave of Khusband Johnnie Conner

City of San Diego

ina Ash tout	Funeral,	date, time Friday 1	Dec 23 11:00
Church, Chapel Graveside)		Referred	Mortuar
All Funeral cars must arrive befor	e 3:00 p.m. of regula	r work day or an extra cha	arge of \$
will be applied and billed to under	rsigned.		
pivision 12 Section _	2_ Blk/Row_	Lot 80	Grave 3
Grave space & Care Fund			0
vertime/Late Arrival Fees			
Opening/Closing & Setup			149
Burial Container URN	10 h x 6	w	79
Handling Fees	W 16 18 18		1144
Flower vases - Marker setting fee			
Recording/Filing/Transfer Feed	2 1 2003		65-
Sales taxes	OPE CEMETE	BY	6.17
- UNIT H	OPE CEME.	Total Due	384.12
Wonie	Paid receipt n	umber R-5950	9 38412
		Balanc	e due
hereby certify I am the	ousin	of the ah	ove named deceder

sold-

I hereby authorize the interment in lot I

Pawette

hold under deed

Work Order # E-19514

MARKJENKINS
PRINAME
2472 56487
AGREES S.D. 9210

S.D 9210 266-0449

Date 12 19/05

Invoice # _____

This information is available in alternative formats upon request.

REA-104 (3-04)





MT HOPE CEMETERY & -195 14

GRAVE BLIND CHECK FORM

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

blaker ille

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	Castor		Lewis			
4						
	Initiated By: Poace for:			-	122	
erment Da	ite: 12-23-	05	ime:	11:w 6	s. Fru	do
12	Sect: 2 BI	WROW: _	Lot.	Gr.	3	
ive Laid o	out by: <u>Norm</u>	ion to	ique.			-
	Legal Card: D Map: D Yes			Flag		
d Check	& Verified By:_			Date:		6

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY -- MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 2. DATE OF BIRTH 3 DATE OF DEATH 4 SEY TA NAME OF DECEDENT-FIRST (GIVEN) 1C LAST (FAMILY) Harie Connor Lvdias SA CITY OF DEATH III. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B COUNTY OF DEATH - OUTSIDE CAUF ENTER STATE OF Diego OF INFORMANT National City Pamela Connor- Daughter 2472 56th Street San Diego, California 92105 74 TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78 CAUF LICENSE NUMBER Preferred Cremation and Burial 6163 University Avenue San Diego, California 92115 BA SKINATURE OF APPLICANT—Person taking service 8B. DATE SIGNED FD-1746 I havely admostedge as applicant that the proposed disposition capted terrein is one of the disposition authorized by Section 100055 of the Health and Salety Code, and was authorized pursuant to Section 1100 of the Health and Salety Code. ACIONOMI EDGEMENT OF APPLICANT DA. AMOUNT OF FEE PAID THE DATE PERMIT ISSUED. OC SOMETHIS OF LOCAL REQUIRERS ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORIJ 2/19/2005 - Naneur L Bouran MD \$11.00 TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAFI 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -8D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSE P.O. BOX 85222 TION REDURES A NEW PERMIT TO SHEW FINAL DISPOSITION San Diego, California 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCHNTIFIC LINE HUTRANSET TO OUTBIDE OF CALIFORNIA HA NAME AND ADDRESS OF CAMEDENIA CEMETERY 118 DATE BURIED THE SIGNATURE OF PERSON IN CHARGE OF BURIAL Mr. Hope Cemetery BLIBIAL 3751 Market Street San Diego, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C SIGNATURE OF PERSONAN CHARGE OF CREMATION 12B. DATE CREMATED Southern California Crematory CREMATION 601 D Crane Lake Elsinore, California 92530 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13C. SIGNATURE OF PERSON IN CHARGE OF FACILIT SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148 DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE

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.

15B DATE OF

DISPOSITION

REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

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

SUFFICIENT TO IDENTIFY FINAL PLACE AND CADISTRICT OF DISPOSITION

15D. LICENSE NUMBER OF

CREMATED REMAINS DIS-

POSER - IF APPLICABLE

OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

TRANSIT

SCATTERING/BURIAL

AT SEA OR

DISPOSITION OTHER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date December 15, 2005

in a	Funeral date.	time	
Type of Bunal Container			_ Mortuary,
All Funeral cars 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 2 B	k/Row	Lo657 &658Grave	
Grave space & Care Fund			
Overtime/Late Arrival Fees			-
Opening/Closing & Setup			+
Burial Container			
Handling Fees.			-
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees			0
Sales taxes			9
No charge due to exch			0
graves. Per David Lug	o receipt number		-
oemecery manager		72474 (5000000000000000000000000000000000000	Ð
Signature			
hereby certify I am the and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I hold under deed.	and I agree to	of the above name above indicated. I certify an o hold Mt. Hope Cemetery ha	rmless from
	Address		aw
lignature	City	huas	Zip Code
	Teleghone	y	
F 40-4-	Invoice		
Work Order # E-19515	Acct #		



THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-19515

DATE: 1/4/2006

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Children's Hosp and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of \$0.00 situated in Mount Hope Cemetery described as:

DIVISION: 8 SECTION: 2 BLOCK / ROW: LOT: 658 GRAVE(s): 1 according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

- (a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.
- (b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.
- (c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.
- (d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.
- (e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.
- (f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.
- (g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed. Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

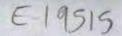
All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 4th day of January, 2006.

Paulotte Crawford 1-4-06 Signature) Date

Cemetery Manager







3020 Children's Way / MC 5005 San Diego California 92123-4282

(858) 966-5950 (858) 467-1882 FAX www.chsd.org

November 28, 2005

Delivered via Facsimile 619-527-3403

Mr. David Lugo Mt. Hope Cemetery 3751 Market Street San Diego, California 92102-4527

Dear Mr. Lugo:

On behalf of Children's Hospital and Health Center, I hereby release the interment rights for Section Masonic, Block M, Lot 18, Grave 14 to Ms. Tina Duba to be used for burial of her son, Tommy Duba. I also hereby authorize Ms. Duba to exchange this plot for another in the "children's" section of Mt. Hope should she decide to do so.

Thank you very much for your assistance with this matter. Please call me directly at 858-966-5804 with any questions concerning this matter.

Sincerely,

Charles E. Day

Senior Managing Director, Major and Planned Giving

CED/

c: Sharice Lyman

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/20/05

You are hereby authorized and instructed, sul	pject to your rules and regulations, to inter the remains
of Gertrude Limi	brick
in a Line/	Funeral, date, time Lec. 27th //am
Church Chapel, Graveside Church	Cal Burial Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular, work day or a fextra charge of \$ 213
will be applied and billed to indersigned.	Miniete lies
Division 12 Section 2	tor 24/ Grave 10
Grave space & Care Fund	2,264
Overtime/Late Arrival Fees	649
Opening/Closing & Setup	
Burial Container	270
Handling Fees	2.96
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	20.93
	Total Due
Paid	receipt number
~	Balance due
I hereby certify I am the Qaug	of the above named decedent
and this is your authority to make disposite that I have the right to make this authorization any liability on account of said authorization a	remains as above indicated. I certify and represent a screen to hold at Hope Cemetery harmless from
any liability on account of said authorization a	
I hereby authorize the intermed tot I	JOHNNIE PETTLES
hald under deed.	1968 KNOB HILL DR.
Janue Petus	. VALLEY
	(619) 6 4426 Zip Code
1460	
	Invoice #
THE PARTY OF THE P	
Work Order # E-195	Acct. #

C Projection metalograpes

REA-104 (3-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

* Ne	City of San Diego	THE P ST
	Date	2 21 05
	PIN# 119	1843
A CONTRACTOR OF THE PROPERTY O	ted, subject to your rules and regulation	s, to inter the remains
of VICTOR	Ramon Rodr	() 20 5
in a LINCY Type of Burjal Cookings	Funeral, date, time / / / /	ez 23 2005
Church, Chapel, Graveside	AZTLAN	PREFERE Mortuary
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an extra o	harge of \$ 4.2.2
will be applied and billed to undersign	ed,	
	Bik/Row Lot 135	Grave 8
Grave space & Care Fund E- 1	9397	738.6
Overtime/Late Arrival Fees		
Opening/Closing & Setup	PAIN	708.00
Burlat Container	יחוט	359.00
Handling Fees	DEC 2 1 2005	275.00
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	OUNT HOPE CEMETERY	80.00
Sales taxes	- CUILIENY	21.02
	Jotal Due	219351
	Paid receipt number 573	0 2193.3
	Balar	ice due
I hereby certify I am the	position of remains as above indicated.	above named decedent I certify and represent emetery harmless from
I hereby authorize the interment in lot look under deed.	4 X 46/0-NOO	ext Custro
Antonia Tapalar	Address Sandiego Sand	4 2
Daylete	Invoice #	
Work Order # E-19517	Acct.#	

MT HOPE CEMETERY E- 19517

GRAVE BLIND CHECK FORM

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

		Rendon	Rende	m	
	meyer	х			
	ogra	6			
Interment splitterment Div: 12	Sect: 2 B	tor Ba	mon Bo Time: _/2 Lot: _	drigu	6.S.
	Legal Card: @	122	ON C	HE	ing
3lind Chec	k & Verified By:	Goe		Date	15/35

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LICE DI ACCUMINA CANA MAKE NO EDANGIDES MULTERITES OF STHER ALTERATIONS CYP. 18

			USE BLACK INK UNLY - MA	KE NO EHASURES,	WHITEOUTS OR OT	INEH ALIENATIONS	4		1
1A.1	NAME OF DECEDE	DENT-FIRST (CIVEN) 18 MIDDLE 1C. LAST (FAMILY) OF RATION ROBOT COPEZ		2 DATE OF BIRTH MONTH, DAY, YE 01/15/198	AR MONTH	DAY, YEAR	4. SEX		
	Funer	DORESS OF CALIFORNI aria Aztlan	A FUNERAL DIRECTOR OR PERSON	58 COUNTY OF DEL ENTER STATE ACTING AS SUCH 78 CA	ATH — OUTSIDE CAUF.	B. NAME. RIELATIONSHIP, F. OF INFORMANT ACTION 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Castro , Apt. , 92102	-Mother D	
8	CKNOWLEDGEMENT OF A	I herety solo of the Health	owledge as applicant that the proposed disposition of and Salety Code, and was authorized pursuant to Se	used herein, is one of the disposition cars 7100 of the Health and Salaty	Com			The second second	2/2005
	MUNDIPATION OF	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHORI- SPECIFIED IN THIS PERMIT HIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	\$ 11.00	Sergio V 12/23/20	alencia 05 ▶ 252100	OCAL REGISTR	AR ISSUING PE	AMIT
ANY	MARKET BOOK DOLL TO SEE SHEET STORY TO SEE SEE	THE RESERVE THE PARTY OF THE PA	GISTRAR OF DISTRICT OF DEATH LED IN CALIFORNIA	2.0	Box 85222	OF DISTRICT OF DISPOSITION - IN ANOTHER DISTRICT IN CALLFOR			
	THAN IN A CEME D. SCIENTIFIC USE		DRESS OF CALIFORNIA CEMETER	G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL		I Flame and A		NARGE OF BU	RIAL
	BURIAL	March 1997 Control of the Control of	t St., San Diego,	CA.,92102	12 150	K . /		Land	
LE ITEMS	CREMATION	12A, NAME AND AL	DORESS OF CALIFORNIA CREMATI	DRY	128. DATE CREMA	ATED 12C SIGNATURE OF	PERSON IN C	HARGE OF CE	REMATION
ILL APPLICAR	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	VED 13C SIGNATURE OF	PERSON IN C	HARIGE OF FA	CILIT
COMPLETE A	THANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B DATE SHIPPE	OF PLACING WI			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER HAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CA EA. <u>ONLY</u> ENTER LATITUDE AND L	DISTRICT OF DISPOSITI	ON. DISPOSITION	15C SIGNATURE OF DIS	A CONTRACTOR OF THE CONTRACTOR	15D LICENSE CREMATED A POSER — IF A	EMAINS DIS-

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

LOW Income

INTERMENT ORDER

MT. HOPE	CEMETERY
NOTERME	NT ORDER
AT VERIFIED INTERME	San Diego
ID VO.	Date 12 21 05
Copyty do 1	to your rules and regulations, to inter the remains
	neral, date, time TUGS DEC 27 110
Type of Buriel Contener Church, Chapel, Graveside	CAPLICAL Mortuary
All Funeral cars must arrive before 3:00 p.m. of r	
will be applied and billed to undersigned.	
Division 11 Section 2 Blk/R	owLot_3_ Grave_6_
Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Burial Container DEC 2 1	2005 103.00
Flower vases – Marker setting fee Recording/Filing/Transfer FMOUNT HOPE	- OFFICE PRY
Recording/Filing/Transfer FMOUNT HOPI	32.50
Sales taxes	10.47
	Total Due 619.41
Paid reco	eipt number VISA CAYO 167941
	Belance due
I hereby certify I am the X PAUGHTER and this is your authority to make disposition of	remains as above indicated. I certify and represent
that I have the right to make this authorization are any liability on account of said authorization and	nd I agree to hold Mt. Hope Cemetery harmless from interment.
I hereby authorize the intermept in lot I	L'JOHNNIE PETTES
hald make althou	AGES KNOB HILL DR. AGES SPRING VALLEY 91977 Chy Telepagne 1 (419) 498-4426
to finally fin	ADDRESS VALLEY 91977
	Cay (19) (90-4426
O. lette	felepaper 1) 410 1124
Paulette Paulette	Invoice#
Work Order # E-19518	Acct.#



E19518

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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.

Name of Decease	d: CERTA	RUDE ,	LIMB	RICK
Address:	4010	LOGAN	AVE	
City:	5.0.	State_C	A Zip Code	92113
City of San Diego	resident? (Circle)	YES		NO
Size of Family (check one)			
/ Ai	nual Income		Annual In	come
(1) S1	3,440	□ (4)	\$37,310	
	2,020 =	□ (5)	\$44,030	
☐ (3) \$3	0,230	□ (6)	\$51,490	
I hereby certify us above statements Signed/Relations Proof of Residency:	rietoltes.	under the laws o	f the State of 12/2 Date	California that the
and current month rent	receipt property tax statement	Other		
1 1	49		12/	21/05
Approved by			Date	
Approved By	nydrified on: See See A	Santit		



E-19518

Social Security Administration Retirement, Survivors and Disability Insurance

Important Information

Mid-America Program Service Center 601 East Twelfth Street Kansas City, Missouri 64106-2859 Date: February 23, 2005 Claim Number: 450-36-4812A

JOHNNIE PETTIES FOR GERTRUDE LIMBRICK 5702 BATES ST UNIT 11 SAN DIEGO CA 92115-6469

80475

We have chosen you to be GERTRUDE LIMBRICK's representative payee. The rest of this letter will give you information about the checks you will receive while you are the payee.

What We Will Pay And When

- You will receive \$819.00 for February 2005 around March 3, 2005.
- After that you will receive \$819.00 on or about the third of each month.

Your Benefits

As GERTRUDE LIMBRICK requested, beginning February 2005 any Social Security payments will be sent to the financial institution she selected. In order for us to send letters to her, please let us know if her mailing address changes.

If You Change Your Account

Please tell us if GERTRUDE LIMBRICK changes the financial institution or account where her payments are going. Also, GERTRUDE LIMBRICK should keep the old account open until the first benefit payment is credited to her new account. It usually takes 1 to 2 months to process the change.

Your Responsibilities

Please read the enclosed pamphlet, "A Guide for Representative Payees." It lists the things you will need to know because you have been chosen as payee.

It Is Important To Keep Track Of This Money

You will need to keep track of how you use all of the money we send you for GERTRUDE LIMBRICK. Each year we will ask you to report on how you used the money. We call this a representative payee accounting.

Enclosure(s): Pub 05-10076

WITH CALIFORN

DRIVER LICENSE 51529385

C. PSS: C

EXPIRES 07-29-00



GERTRUDE LIMBRICK 4010 LOGAN AVE SAN DIEGO CA 92113

SEX: F HAIR: BLK HT: 5-04 HT: 175 EYES: BRN DOB: 07-29-15

Bertrud Timbill

07/15/96 413 82/ FD/00 10H7

Issued to CERTIFICATE OF RENEWAL

GERTRUDE LIMBRICK 4010 LOGAN AV SAN DIEGO CA 92113

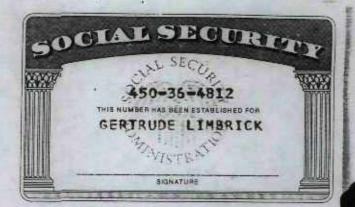
Valid only if signed and carried with Driver License Number

Fee

PAID

Expires on Birthday in: DL 64 (REV. 2/84)

GEORGE E MEESE, Director



HOW TO BE HOUSE IN THE ROBBINS

MT HOPE CEMETERY

E-19518

GRAVE BLIND CHECK FORM

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

					47
N.		X			
34					Arden
					hour
Blind Check	Initiated By:	Paulet	te	Date: 1	2 22 6
Interment sp	ace for:(Sertrud	e ha	mbriel	K.
Interment Da	ate: 12 27	105 T	ime: L	1:00	runch
Div: 11	Sect: 2	Blk/Row:	Lot:	3 0	ir: 6
Grave Laid	out by: Mac	man P.	enue	~	
Agrees with	Legal Card:	A Yes	ON C		
Agrees with	Map: Ø Ye	s OI	No	32	you
	& Verified B			Date:	0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

UMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS; 916 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A NAME OF DECEDENT FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 69729719186 1272072003 T. IMBRICK GERTRUDE 6. NAME, RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHNNIE PETTIES-DAUGHTEI 1968 KNOB HILL DR. 5A, CITY OF DEATH SE COUNTY OF DEATH - OUTSIDE CALIF. SEWENTHEO SAN DIEGO 74. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. GALIF LICENSE NUMBER SPRING VALLEY. CA 91977 CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950 FD-1689 RA. SIGNATURE OF APPLICANT-Preson taken permit (88). DATE SIGNED I hearby extensionable on applicant that the proposed disposition stated livering one of the dispositions authorized by Section 100000 of the Hearth and Salety Code, and was authorized pursuant to Section 7 (III of the Hearth and Salety Code. 12/22/2005 ACKNOWLEDGEMENT OF APPLICANT SA AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 12/23/2005 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR. ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 2521034 \$11.00 C.RUSS AUTHORIZATION OF NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRARI ME. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSI-VITAL RECORDS-P.O. BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOMBMENT) 1. DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) **B. CREMATION** F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC LINE H. TRANSIT TO OUTSIDE OF CACIFORNIA 11A, NAME AND ADDRESS OF CALIFORNIA CEMETERY TIB. DATE BURIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY, 3751 MARKET ST. BURIAL SAN DIEGO, CA 92102 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC LISE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148. DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHA REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15B DATE OF 15A. ADDRESS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15D LICENSE NUMBER OF 15C. SIGNATURE OF PERSON IN CREMATED REMAINS DIS-SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. SCATTERING/BURIAL DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

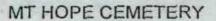
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

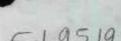
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

in grove within Ridle		Date 12-21-0	75
ingrove Ridle			
You are hereby authorized and instruc-	cted, subject to your rules and	regulations, to inter	the remains
	a Ridley &		Mileta
In a ASH VAULT Type of Burist Containing	Funeral, date, time_	AYD	01/6/0
Church, Chapel, Graveside Dell	very unly G	renwood	Mortuary.
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or	r an extra charge of \$	
will be applied and billed to undersign	ed	PILOS.	
Division TOOF Section	_		4 B
Overtime/Late Arrival Fees			-
		1	99
Opening/Closing & Setup	MIN	T.	04 -
Burial Container			14 -
Handling Fees			9
Flower vases - Marker setting feeDE	C Z 1 2005		2=
Recording/Filing/Transfer Fees		-	85
Sales taxes MOUNT-I	OPE CEWETER		8.06
	Tota	Due	510.06
	Paid receipt number	-59811	510.00
1		Balance due _	0
I hereby certify I am the hard this is your authority to make distinct I have the right to make this authority to make this authority.	position of remains as above	of the above name indicated. I certify a	and represent
any liability on account of said authori	zation and interment.	229875	armiess from
I hereby authorize the interment in lot hold under deed.	Print Name	M. Hyo	le
X Lola M. Hy	le +35721	STONE B	The state of the s
Stonebriar Dr.		DESERT C. 360-2019	
35/Ale Stonebriar Dr.	Freegrame -	200-2019	
la lette	Invoice #		
Work Order # E-19519	Acct. #		1116
	s information is available in a	alternative formats u	non request





GRAVE BLIND CHECK FORM

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

ine buriai space.			
		hennetbennet	
	x	Deas	
	Contr		
	oted By: Rulet for: Barbara	P: 1 = Date: 1 - 6	-0
Interment Date:_	Delivery	Time: AUD	
Div: _100 Fsect	:BIK/Row:	12 Lot: 8 Gr:4	
Grave Laid out b	y: DAVID &	DOSE	
Agrees with Lega	al Card: Yes	□ No	
Agrees with Map	: Ø Yes 🛛	No Haal	
3lind Check & V	'erified By: DAKA	No Flags	-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-19519

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

ID#1915883

	ENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
		A FUNERAL DIRECTOR OR PERSON. 1-805 & IMPERIAL	ENTER STATE SA ACTING AS SUCH 78 CALIF I	IN DIEGO LO ICENSE NUMBER PLICABLE 35	ME, RELATIONSHIP, FULL N INFORMANT DLA HYDE - DAUG 1726 STONEBRIAN	GHTER R DRIVE	ZIP CODE
OMINIMOOD		SAN DIEGO, CA 921	102 FD	8A. 5	IM DESERT, CA		SIGNED
ACKNOWLEDGEMENT OF	AFFUGANT I hereby acknowledge of the Health	owledge as applicant that the proposed dispuryton at and Salvey Gode, and was authorized pursuant to So	ction 7100 of the Health and Safety Gode		hia Bood	12/22	
PERMIT AUTHORIZATION CH- LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT O RIGHT OF DISPOSAL OUTSIDE OF CAUPERNIA	\$11.00	NIA GOOD 12/22/2005	2520978 OF LOCAL	REGISTIVAB ISSUING PE	NAU)
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX 8			ESS OF REGISTRAR OF DIS OSETION IS TO OCCUP IN AND	THICT OF DISPOSITION — THER DISTRICT IN CALIFORNIA		
X A. BURGAL UNCLUD	ES ENTOMOMENT)		E TEMPORARY ENVALUENCE	ENT	I DISPOSITION PER	NOWIO - PENAMES LCICAT	EG A5
C. DISPOSITION OF THAN IN A CEME		DTHER [F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF	F GALIFORNIA 118. DATE BURIED	TIC. SKURN URE OF PERS		RIAL
C. DISPOSITION OF	11A. NAME AND AD MOUNT HOP		G SHIP IN TO CALIFORNIA H TRANSIT TO OUTSIDE OF	118. DATE BURIED	IN COL	SON IN CHANGE OF BU	
C. DISPOSITION O THAN IN A CEME D. SCIENTIFIC USE	MOUNT HOP!	DRESS OF CALIFORNIA CEMETER E CEMETERY - 3751 M.	G SHIP IN TO CALIFORNIA H TRANSIT TO OUTSIDE OF AY ARKET STREET 2 ORY 1-805	118. DATE BURIED		SON IN CHANGE OF BU	
CREMATION	MOUNT HOPE S 12A. NAME AND AL GREENWOOD & IMPERIA	DDRESS OF CALIFORNIA CEMETER E CEMETERY - 3751 M AN DIEGO, CA 9210 DDRESS OF CALIFORNIA CHEMATO CREMATORY	G SHIP IN TO CALIFORNIA H TRANSIT TO OUTSIDE CH ARKET STREET ORY 1-805 GO, CA 92102	118. DATE BURIED 1-6-06 128. DATE CHEMATED	IN COL	SON IN CHARGE OF BU	EMATION
CREMATION G. DISPOSITION O THAN IN A CEME D. SCIENTIFIC USE BURIAL CREMATION SCIENTIFIC SCIENTIFIC SCIENTIFIC	11A. NAME AND AD MOUNT HOP! S 12A. NAME AND AD GREENWOOD & IMPERIA 13A. NAME AND AD	DHESS OF CALIFORNIA CEMETER E CEMETERY - 3751 M AN DIEGO, CA 9210 DORESS OF CALIFORNIA CHEMATO CREMATORY L AVENUE, SAN DIE	G SHIP IN TO CALIFORNIA H TRANSIT TO OUTSIDE OF ARKET STREET ONY 1-805 GO, CA 92102 RECEIVING REMAINS	118. DATE BURIED 1-6-06 128. DATE CHEMATED 01/01/2006	INC. SIGNOTURE OF PERS	SON IN CHARGE OF BU BONN CHARGE OF CR SON IN CHARGE OF FA ATURE OF PERSON IN	EMATION

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.

Res fees Pre-need Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/21/09

1 1	The second secon	cted, subject to your r	ules and regulations,	to inter the remains
in a	Per nella	Funeral, date	time Ducky	0.05 1:00
Type	of Buriel Container	ento Baptist		,
				rge of \$ \$13.00
		ned Cartrie	ull. Of	u x
Oivision	Section	Blk/Row	Lot 80	Grave 1
Grave space & Ca	re Fund			2264,-
Overtime/Late Arm	val Fees			
Opening/Closing &	Setup			533.—
Burial Container		DAID		270
Handling Fees				206-
Flower vases - Ma	rker setting fee	DEC 2 2 200	F	
Recording/Filing/Ti	ransfer Fees	DEC 2 2 200	.	65
Sales taxes	63/21	INT HOPE CE	METERY	20.93
	IVIO		Total Due	3538.70
	a	Paid receipt number	P-00008	33589
	.0'	30-05 per David	- Res Differ	due 9
I hereby certify I are and this is your au	thority to make dis	umut	s above indicated 1	ove named decedent of
any liability on acci	ount of said author	zation and interment.	1 219895	A L-545
I hereby authorize hold under deed	the interment in lot) X Y	Atricia F	t- Lee
Latin	wa a	ie Xall	30 Copper	creek St.
Goranye		Xan X	hula Visita	C# 74913
Paulette		Telephone	19) 591-95	33
	10520	Invoice	#	
Work Order # E-	19520	Acct. #		
REA-104 (3-04)	Thi	s information is availa	able in alternative for	mats upon request.

S Primaries incided pages

E-19520

DAU CALIFORNIA DAU

DRIVER LICENSE

U3023607

CLAYBURN LASAL WATKINS 1173 TESORO GROVE WY 109 SAN DIEGO CA 92154

SEX:M HT:5-09 HAIR:BLK WT: 225

CLASS: C

DONOR

06/09/2005 677 40 FO/10

MT HOPE CEMETERY 195 20

GRAVE BLIND CHECK FORM

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

2 #3
Ensene
Thornton

9 # 9
Plenny
Rose

lind Check Initiated By: Sancha Date: 12-28-05
iterment space for: Norman Cubit
iterment Date: Dec 3005 Time: 1:00 p.m
iv: 11 Sect: 2 Blk/Row: Lot: 80 Gr: 2
irave Laid out by: Normon Ferger
grees with Legal Card: Ø Yes
grees with Map: Ves O No
Blind Check & Verified By: On Date: 12-30-0

€-19520

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

3. DATE OF DEATH 4. SEX

IA	NORMAN	NT-FIRST (GIVEN)	18 MIDDLE CHARLES	1C LAST (FAMILY)	TALE		MONTH, DAY, YEAR MONTH, DAY, YEAR		4. SEX	
T.	CITY OF DEATH	DRESS OF CALIFORNI	T.A. VISTA A - FUNERAL DIRECTOR OR PERSON	5B. COUNTY OF DEATH ENTER STATE SAN ACTING AS SUCH 17B CAUF	DIEGO LICENSE NUMBER	PATE 1820	RELATIONSHIP FULL ORMANT ICIA LEE-DAL COBBLECREES	GHTER ST.		ZIP CODE
		SS VIEW CE O, CA 9211	APEL 3953 IMPERIA 3	L AVE.	-670	CHUL	A VISTA, CA	91913		SIGNED
	ACKNOWLEDGEMENT OF A	PFLIGHT of the Health	owledge on applicant that the proposed disposition is and Saroty Code, and was sufronzed pursuant to the	rated reven is one of the dispositions as estim 7100 of the Heath and Salvey Cod	thinund by Section 103055		the Hour	-	12/28	/2005
100	AUTHODIZATION OF	THE CALIFORNIA HEALTH. TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHORI SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	411 00	12/29/20 C GRIER	005	90. SIGNATURE OF LOCA 2521395	AL REGISTRA	A ISSUING PE	RMIT
		WEREAT ORGAN	GISTRAR OF DISTRICT OF DEATH FO IN CALIFORNIA BOX 852.	The state of the s	ESS OF REGISTRAR O POSITION IS TO OCCUR I		T OF DISPOSITION — R DISTRICT IN CALIFORNIA			
	A BURIAL (NOLUCE)	CREMATED REMAINS C	1 4 4 1 1 1 1	E TEMPOPARY ENVAULTN F DISINTERMENT G. SHIP IN TO CALIFORNIA H.TRAKSIT TO OUTSIDE C	•		I DISPOSITION PE			ED AT
	BURIAL	MT. HOPE	CEMETERY 3751 MAI CO, CA 92102		118 DATE BURIED	5	SIGNATURE OF PER	SON IN CH	ARGE OF BU	RIAL
RE ITEMS	CREMATION	12A. NAME AND AC	DRESS OF CALIFORNIA CREMAT	ORY	128. DÂTE CREMA	ATED: 12C. SIGNATURE OF PERSON IN CHARG		ARGE OF CR	EMATION	
NIL APPLICAR	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 130	C. SIGNATURE OF PER	SON IN CH	ARGE OF FAI	CILIT
TRANSIT 14			14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPE	D 140	D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARG OF PLACING WITH THE CARRIER			CHARGE
	SCATTERING/BURIAL AY SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAL EA, ONLY ENTER LATITUDE AND L	DISTRICT OF DISPOSITION	158 DATE OF DISPOSITION	150	C. SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE CREMATED RE POSER — IF A	MAINS DIS

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

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT AT-NEED PURCHASE 61622 WHITE _____TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: Dollars (\$ Payment of Blk/ Row Div Sec Lat Invoice No NOT/VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No 20% Sales Care T7184 80% Sales 100 WO. PAID of Lots 77184 Opening/ 100 BALANCE DUE Closing 77181 Burral 100 APR 28 2009 77182 Containers 100 Handling Fee __ Money Order 77185 UNT HOPE CEMETERY Recording & 100 Misc. Fees 77183 Charge Sales Tax 60101 110 643 TISSUED BY Check 78390 AC-212A (11-08) TOTAL PAID

The information is available in alternative homats upon request

Res verified

MT. HQPE CEMETERY

INTERMENT ORDER

City of San Diego

ni need	Date_12-22-05
Total 15 Chairs	
You are hereby authorized and instructed, subject	t to your rules and regulations, to inter the remains
of Alfonso R. Alu	arez 229811
ina D.D. CRYPT A" Fur	neral, date, time Tues, Dec 27 13
Church, Chapel, Graveside	Guadalupana Mortuary
All Funeral cars must arrive before 3:00 p.m. of n	egular work day or an extra charge of \$
will be applied and billed to undersigned.	
F 0	
Division Section Z Bik/Re	owLot_U Grave_5 8 6
Grave space & Care Fund	2,264.9
Overtime/Late Arrival Fees	8935 C
Opening/Closing & Setup	533.09
Opening/Closing & Setup. Burial Container Double	Vepth - 539
Handling Fees	4540 3068
Flower vases - Marker setting les	
Recording/Filing/Transfer Fees Sales taxes proc 2 2 2005	65.00
Sales taxes DEC 2.2.2005	41.77 800 800
DES	Total Due 3896.72 38 587.703
MOUNT HOPE COMETE	P 59512 —
MOOM	Balance due # 3 896.7
I hereby certify I am the 50 m	of the above named deserted
that I have the right to make this authorization an	remains as above indicated. I certify and represent d I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and	interment.
I hereby authorize the interment in lot I	* RaFael Reyes Print Name 7779 BroAdway Address 50 CA 97102
hold under deed	x 71+9 Brondway
X Kayan Kayan	* SO CA TRION
	the 619-887-5785
	Invoice #
Work Order # E-19521	Acct.#



Account Number 9336 933 539 4 ALFONSO R ALVAREZ 2461 L ST SD Det Mailed: Dec. 15 Cycle 10 Dec. 15, 2005

Questions? Preguntas?
Please Call: 1-800-411-SDGE(7343)
Por Favor Llame: 1-800-311-SDGE(7343)

Web Address: www.sdge.com email: info@sdge.com

Page 1 of 2

LEARN ABOUT SDG&E'S MANY ENERGY-EFFICIENCY PROGRAMS BY CALLING OUR ENERGY INFORMATION CENTER AT 1-800-644-6133.

ACCOUNT SUMMARY

170.13 Previous Account Balance..... -170.13Payments Received..... Current Charges 219.89 TOTAL AMOUNT DUE..... \$219.89

Please Pay \$219.89 by Jan. 03, 2006

BILL PERIOD

Meter Begin **Total Consumption** Service End #00249501 11-14-2005 12-14-2005 53 Therms TRIC 790 kWh #01132624 11-14-2005 12-14-2005

Next Meter Read Date: 01-16-2006 Circuit: 0070N Currently not subject to curtailment. Curtailment status subject to change without notice.

ENERGY USAGE HISTORY

Therms/day kWh/day	This Month 1.8 26.3	Last Month 1.6	Percent Change + 12.5%	This Month Last Year 2.1 23.7	Percent Change - 14.3%
Billing Days	30	17.0	+ 54.7%	33	+ 11.0%

Please return this portion with payment. Favor de devolver esta parte con su pago.

Service Address: 2461 L ST SD 69

Account Number	Cycle	Date Mailed	Due Date	Please Pay This Amount
9336 933 539 4	10	Dec 15 2005	Jan 03 2006	\$219.89

Bill Becomes Past Due After Above Date

Make Payment To

Halandalan III kanalalada kalalahan III da II da I 4103.4.100.21208 1 AV 0.278 ALFONSO R ALVAREZ 2461 L ST SAN DIEGO CA 92102-3922

San Diego Gas & Electric PO Box 25111 Santa Ana, CA 92799-5111



MT HOPE CEMETERY E- 19521

GRAVE BLIND CHECK FORM

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

the buria	I space.					
	Sherhel	A CASA	Gela	wudn	han	
			X	Willer		
	neck Initiate	4/4/		1,150	The second	
Interme	nt Date: Sect:_	12-2- 2 B	1-05 T	Lot:	30	68
Agrees	aid out by: with Legal with Map:	Card: Ø	Yes (J No A	Lon	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 4: SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) TB. MIDDLE 2. DATE OF BIRTH 3. DATE OF DEATH TO LAST (FAMILY) NAME, RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE MONTH, DAY, YEAR ALFONSO REYES-ALVAREZ 5A CITY OF DEATH SB COUNTY OF DEATH - OUTSIDE CALIF. 16. ENTER STATE OF INFORMANT SAB DIEDO SAN DIEGO RAFAEL REYES-SON 74 TYPED NAME AND ADDRESS OF CALIFORNIA: FUNERAL DIRECTOR OF PERSON ACTING AS SUCH176 CALIF LICENSE NUMBER 2779 EROADWAY - IF APPLICABLE GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102 SAN DIEGO, CA. 92102 FD01425 BA SIGNATURE OF APPLICANT Person lating serns BB DATE SIGNED horstly acknowledge as applicant that the proposed disposition stated harves is one of the dispositions authorized by Section 103055, of the Fealth and Satery Code, and was authorized pursuent to Section Trop of the Health and Satery Code. ACKNOWN EDGEWENT OF APPLICANT. SA AMOUNT OF FEE PAID SR. DATE PERMIT ISSUED. 9C SIGNATURE OF LOCAL REGISTRAN ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT AURORA CHAVEZ 2521014 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORIJ TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF \$11,00 12/23/2005 NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -SO. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DISPOSITION IS TO DOCUR IN ANOTHER DISTRICT IN CALIFORNIA. ANY CHASGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW P.O. BOX 85222. MAN DIEGO, CA, 92186 PERMIT TO SHOW FINAL DISPOSITION 5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY XA. BURIAL (INCLUDES ENTOMBMENT) E TEMPORARY ENVAULTMENT DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER O SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H TRANSIT TO OUTSIDE OF CALIFORNIA TTA: NAME AND ADDRESS OF CALIFORNIA CEMETERY THE DATE BURGEO 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CENETERY, 3751 MARKET ST. BURIAL 12-27-05 SAN DIEGO, CA. 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 128, DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14B DATE SHIPPED 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION. 15D. LICENSE NUMBER OF 15B DATE OF 15C. SIGNATURE OF PERSON IN CREMATED REMAINS DIS-SUFFICIENT TO IDENTIFY FINAL PLACE AND CADISTRICT OF DISPOSITION SCATTERING/BURIAL DISPOSITION CHARGE OF DISPOSITION POSER -- IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER

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.

THAN IN A CEMETERY

At Need

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/23/05

You are he		instructed, subject to your rule		r the remains
of		Ethel Nelson	The second secon	2-11
ina 1.	S. Vault	Funeral, date, ti	me Francia ve	30 m 10
Church, C	hapel Graveside	,	El Cajon	Mortuary.
All Funera	al cars must arrive befo	ore 3:00 p.m. of regular work	day or an extra charge of	s_00y
will be app	plied and billed to unde	ersigned		
10.110.000.00	14	ACCOUNT OF THE PARTY OF THE PAR		
Division _	Section_	3 BIK/Row	_ Lot 1050Grave	
Grave spa	ace & Care Fund	E-18981		0
· Comment				-
		17		0
	ntainer	*		4
		.,,		0
GOLV	VasC	Pd in 05105	rautorio de la constitución de l	-
# 481	ses Marker setting fe	ed in 05/05		_
Recording	/Filing/Transfer Fees.			0
Sales taxe	9S			
			Total Due	0
		Paid receipt number		
+		E-18931	Balance due	-0-
hereby o	ertify I am the	Daughters ke disposition of remains as		med decedent
that I have	the right to make this	s authorization and I agree to	above indicated I certify hold Mt. Hope Cemetery	and represent harmless from
any liabilit	y on account of said a	uthorization and interment.	1 0	
l hereby a	uthorize the intermers	in lot 1 + Lyn	n Ann Simps OG LA Cuent	on
hold under	r deed.	7 49	06 LA Cuent	a DR #116
Pry	worlenn des	miles Address	Diese C.	92124
argrounde /		City	Dieso C1.	Zip Code
	latte.	Telegricine	28119-00	63
naul	www.			
paul	eu.			
paul	er# E-19522	Invoice #		

O Printed in mystlet paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY 19522

GRAVE BLIND CHECK FORM

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

			±
#1048 John Nationey	#1050 X	BORTO EUGENE	

Blind Check Initiated By:	Sanoha	Date:/2-18-05
Interment space for:	Marian Ethel	nelson
Interment Date: Frida	Dec BOTime:	1.00 6.8
Div: 8 Sect: 3	Blk/Row:l	.ot: 1050 Gr: 1
Grave Laid out by:	man fen	
Agrees with Legal Card:	ØYes D No	
Agrees with Map: Ye	es D No	
3lind Check & Verified	By: Wied Marie	ga_ Date:/2-29-05
		7

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

3. DATE OF DEATH 4. SEX 1B. MIDDLE TC. LAST (FAMILY) 2. DATE OF BIRTH 1A. NAME OF DECEDENT-FIRST (GIVEN) M876871926 ETHEL NELSON MARION 58 COUNTY OF DEATH -- OUTSIDE CAUF 18, NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A CITY OF DEATH ENTER STATE OF INFORMANT SAN DIEGO SAN DIEGO LYNN SIMPSON - DAUGHTER 74. TYPED NAME AND ADDRESS OF CALIFORNIA: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 70. CAUT DICENSE NUMBER 4906 LA CUENTA DR #116 IF APPLICABLE EL CAJON MORTUARY SAN DIEGO, CA 92124 684 S MOLLISON AVE, EL CAJON, CA 92020 FD-1022 8A. SIGNATURE OF APPLICANT - Person lating serent :8B. DATE SIGNED harsby acknowledge to applicant that the proposed dismolition stated harsh is one of the dispositions sufficiently Section 109055. ACKNOWLEDGEMENT OF APPLICANT 12/30/202 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code 9A. AMOUNT OF FEE PAID 98 DATE PEHMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 12/30/2005 2521488 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. \$11.00 AUTHORIZATION OF NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA JACKIE KOZICA LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DISPOSITION IS TO DOCUR IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSI-P O BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSMON SAN DIEGO, CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (NOLUCES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) F. DISINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ITEL DATE BURIED TIC SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY BUFILL 12-30-05 3751 MARKET STREET/SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128, DATE CREMATED). 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION. CREMATION N/A 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138, DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE N/A 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHAR REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15A: ADDRESS: NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF ISC: SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED REMAINS DIS-SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SCATTERING/BURIAL CHARGE OF DISPOSITION DISPOSITION POSER -- IF APPLICABLE AT SEA OF IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY N/A

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

ATNEC

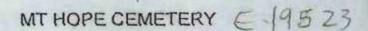
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12 23 -05

You are hereby authorized and instruct	ted, subject to your rules and regulations, to inte	er the remains
ina Uner	Funeral, date, time Thurs. De	29 100
Church Chapel, Graveside	- Roasdal	Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra charge of	\$
will be applied and billed to undersigned	ed.	
Division 11 Section 2	Blk/Row Lot Grave	8 2 2/400
Grave space & Care Fund Overtime/Late Arrival Fees		didb4.
Overtime/Late Arrival Fees	PAID	E22 00
Opening/Closing & Setup	050000000000000000000000000000000000000	200.
Burial Container	DEC 2 3 2005	10/ 00
Handling Fees	***************************************	_000
Flower vases - Marker setting fee	MOUNT HOPE CEMETERY	1500
Recording/Filing/Transfer Fees	······································	10 43
Sales taxes		225092
	Total Due	1/30 50
	Paid receipt number 11 51514	2219/13
I hereby certify I am the Brand this is your authority to make display that I have the right to make this authority to make the auth	Balance due of the above no constitution of remains as above indicated. I certify prization and I agree to hold Mt. Hope Cemetery	and represent
any liability on account of said authoriz	ration and interment. 2298	85
I hereby authorize the interment in lot hold under deed.	Print Name ROF	HOKK
+ P By Hom	. ×3619 Bela 5	Zo Code
	6/9+12330668	92113
F 10522	Invoice #	
Work Order # E-19523	Acct. #	



GRAVE BLIND CHECK FORM

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

	# learter Chapman	#7			
	Hern	* 8 X			
Blind Check In Interment space Interment Date	ce for: Ro	sien	Atd	0100	
Div: S	ect: 2 B	BIK/Row: _	_ Lot:	50	Gr: <u>%</u>
Grave Laid ou	it by: You	na	Ferq	~	
Agrees with L	egal Card: Ø	Yes (ON C		
Agrees with M	lap: Ø Yes	01	No		
igroos with in		1			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		USE BLACK INK ON	Y - MAKE NO ERASURI	ES, WHITEOUTS OR C	THER ALTERATIONS	age				
ROSIE							4. SEX			
DIEGO TA DIAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OF PERSON ACANDERSON—RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 921			ENTER STATE	SAN DIEGO	SHARON R. STR 3724 HARRIS S LA NESA, CA 9					
ACKNOWLEDGEMENT O	Therety adm	owieston as spraigant that the proposes	d deposition mated herein is one of the diago personen to Section 7100 of the Health and	milions authorized by Sacron 100065	BA SIGNATURE OF APPLICA	PILIOY 12/2	E SIGNED 28/2005			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH.	ACCORDANCE WITH PROVIS AND SAFETY CODE AND IS TH SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF	EAUTHOR \$11.	- a partor	R 2521235	LOCAL PEDISTRAR ISSUING P	ERMIT			
AND CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FIRM. DISPOSITION	P.O. BOX	GISTRAR OF DISTRICT OF DISTRICT OF DISTRICT OF STATE OF S			OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CALIFO	relia :				
A BURIAL (INCLUS			E TEMPORARY EN			R CORONOR'S USE ONLY ON PENDING — REMAINS LOC address)	ATED AT			
BURIAL	MT. HOPE C	DRESS OF CALIFORNIA EMETERY: 375 CA 92102	ALL STATE OF THE S	118. DATE BURIE	DS MIC SIGNATURE OF	PERSON IN CHARGE OF B	UFILAL			
CREMATION .	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			128. DATE CREM	MATED U.C. SIGNATURE OF	PERSON IN CHARGE OF C	REMATION			
SCIENTIFIC USE	13A NAME AND AD	DRESS OF CALIFORNIA	FACILITY RECEIVING REMAI	NS 138 DATE RECE	13C SIGNATURE OF	PERSON IN CHARGE OF F	ACILITY			

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

14B. DATE SHIPPED

DISPOSITION

15B. DATE OF

14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE

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

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

150. LIGENSE NUMBER OF

CREMATED REMAINS DIS-

POSER -- IF APPLICABLE

14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE

OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

TRANSIT

AT BEA OR

TTERING/BURIAL

DISPOSITION OTHER THAN IN A CEMETERY

AT- Need (NON Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-17-05

You are here	eby authorized and	instructed	subject to your	rules and regu	lations, to inte	r the remains
of			51601		218	783
in a	Liner		_ Funeral, date	e, time De	5 78 7	2005 10
	apel, Graveside					KI w
	ars must arrive be	The same of	m, of regular wo	ork day or an e	dra charge of	\$ 400,0
will be applin	ed and billied to un	dersigned.				×
Division	8 Section				308 Grave	
Grave space	e & Care Fund		B-6277)		0
Overtime/La	ite Arrival Fees					
Opening/Clo	osing & Setup					708,00
Burial Conta	iner	É	METT			359.00
Handling Fe	es	1	AIL			275.00
Flower vase	s - Marker setting	feenr	0 2 7 anne			0
	iling/Transfer Fees		C Z 7 2005			85.00
Sales taxes	MC	UNTH	Personal Property of the Party	MANAGE SECTION		17.81
	INIC	CONTRACT OF	THE RESIDENCE	Total Due	PRINCIPAL PROPERTY OF THE PARTY	,454.82
		P	aid receipt numb	er pd hy	Visa B	1,454.8
				Phone	Balance due	0
that I have the	tify I am the cour authority to make the right to make the on account of said	is authoriza	ation and I agree	as above indic to hold Mt. Ho	ated. I certify ope Cemetery	harmless from
I hereby auti hold under d	horize the intermer leed.	nt in lot l	Print Nar	ne see	attass	<u> </u>
		X	Address	100	secra	the
Signature			City Y Tatageton	To the second	8	Zip Code
	E 1052	1	Invoic	e#		
Work Order	# E-1952	•	Acct.	#	100	
READM (S-04)		This inf	ormation is avai	ilable in alterni	ative formats	unon mauest

O Personal out many (All pages)

cel# (760) 244-2464 Fax (760) 244-2464

PO 68 CF - 3 18 18 18

大きちろお 1gg のからか F 5

der return

ARATA

2 五年 人名中国

AT- Need (NON-Res)

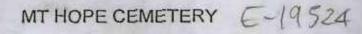
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-17-05

of June E.	Sibole
na Liner	Funeral, date, time Dec 18 1005
Church, Chapel. Graveside _ Delive	ery only : Greenwood Cla Morrue
All Funeral cars must arrive before 3:00 p.m.	n, of regular work day or an extra charge of \$ 283
will be applied and billed to undersigned.	
Division 8 Section 3	BIN/Row Lot 1308 Grave
Grave space & Care Fund	3-6477
Overtime/Lete Arrival Face	1708.0
Opening/Closing & Setup	man to the arrangement and the second
Bunal Container.	THE DESCRIPTION OF THE PROPERTY OF THE PROPERT
Handling Fees	AIU 175.0
Flower veses - Marker setting fee DEC	2.7 2005
Recording/Filing/Transfer Pees	85.0
Sales taxes MOUNT HO	DE CEMETERY 27.8.
	Total Due.
Pal	d receipt number pd by Visa 81, 454.
+	Bulance due
hereby certify I am the	of the sobve named decade on of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetary harmless from and I agree to hold Mt. Hope Cemetary harmless from and interment.
hereby authorize the Interment in lot I	XAun M. Sihole
ald under deed.	VIII DORMAN DE
Supple Silvoo +	YELLZ abeTHPA 450
	X412 751 - 7801 - H 260
	ladorare 2 - 2 - 2 - 2 -
	Invoice #
Work Order # E-19524	Acct. #
	mation a systlable in elternative formats upon reque
	ued and oxid



GRAVE BLIND CHECK FORM

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

coddinaton	#1308	mettic sibole	

Blind Check Initiated By: _	Sansha	Date:	12-27
Interment space for: Ju			2005
Interment Date: Dec 18	05 Time	De liver	y only
Div: 8 Sect: 3			
Grave Laid out by: Norm	ran Perza	~	

Agrees with Map: Yes No

Agrees with Legal Card: 2 Yes

Blind Check & Verified By: Need | long Date: 12-28-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

SIBOLE

A. SEX 2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR 5B. COUNTY OF DEATH --- OUTSIDE CALIF. 6. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ALICE MILAM - NIECE

5A CITY OF DEATH CEANSIDE

JUNE

ENTER STATE SAN DIEGO

IC LAST (FAMILY)

PED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178. CALIF LICENSE NUMBER - IF APPLICABLE GREENWOOD MORTUARY - I-805 & IMPERIAL AVE.

1B. MIDDLE

SAN DIEGO, CA 92102

KLIZABETH

FD 843

HA SIGNATURE OF APPLICANT—Benus taking point (88) DATE SIGNED

2011 BANDERA ROAD, #603

SAN ANTONIO, TX 78228

OF INFORMANT

12/23/2005

ACKNOWLEDGEMENT OF APPLICANT

1A. NAME OF DECEDENT-FIRST (CIVEN)

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 9A: AMOUNT OF FEE PAID \$11,00

Thereby eldocatedge as applicant that the proposed disposition stated becan is one of the disposition authorized by Section 100055 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code.

UR DATE PERMIT ISSUED 12/23/2005

≥2521038

AUTHORIZATION OF LOCAL REGISTRAS ANY CHANGE IN DISPOSE TION SECURES A NEW PERMIT TO SHOW FINAL

DISPOSITION

PERMIT

90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -IF DEATH OCCURRED IN GALIFORNIA P.O. BOX 85222

SAN DIEGO, CA 92186-5222

D. King 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION. IF DISPOSITION IS TO COOLIR IN ANOTHER DISTRICT IN CALIFORNIA

FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITIONIS) CHECK APPLICABLE ITEMS A. BURIAL INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING - REMAINS LOCATED AT IName and Addressi **B. CREMATION** F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G-SHIP IN TO CALIFORNIA

BURIAL	MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	17-28-05	THE SIGNATURE OF PERSON IN O	HARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	128. DATE CREMATED	12C SIGNATURE OF PERSON IN C	HARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	138, DATE RECEIVED	13C SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING BURIAL AT SEA OR SPOSITION OTHER	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION, IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE

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

THAN IN A CEMETERY

(Res) AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

		City of San Di			encourse.
			Date	12-27	-05
				29888	
You are h	nereby authorized and instr				
of	Thomas				
in a	CINEC Type of Burial Container	Funeral, da	ate, time <u>De</u>	c 30,0	5 10:00
	Chapel, Graveside		_: Raysde		
All Funer	al cars must arrive before 3	3:00 p.m. of regular v	work day or an ex	tra charge of \$	1/3.00
will be ap	oplied and billed to undersig	gned. Jau	u john	1	X_
	11		0	S	.,
Division_	/ \ Section \ \ \ \ \	Blk/Row	Lot _//	The second second	
Grave sp	ace & Care Fund			# 1,	164.00
Vertime	/Late Arrival Fees				
STREET, SQUARE, SQUARE,					533.00
Burial Co	Closing & Setup	LIPAL	LL	e.r	270.00
Handling	Fees	9 7			206.00
Flower va	Feesases – Marker setting fee	DEC 27	2005		
Recordin	g/Filing/Transfer Fees				65.00
Sales tax	g/Filing/Transfer Fees	OUNT HOPE	CEMEIER	1	120.93
			Total Due	43,	358.93
		Paid receipt nur	mber pd by	VISG#3	358,93
			phon	Balance due	B
1 hereby	certify I am the		X.	f the above nar	med deceden
that I hav	is your authority to make on the right to make this authority on account of said authority on account of said authority.	thorization and I agre orization and interme	s as above indic ee to hold Mt. Ho int.	ated, I certify ope Cemetery I	and represen narmless from
	authorize the interment in I	ot X		mil	
hold und	er deed.	Print	102 4	dans	-
Signature		X Addit	I por A	egnise	
1 6		Cay	Name Age a		Zip Cod
		Telep	hone		
		Inve	oice#		
Work Or	der # E - 1952	-5 Acc	it. #		
- Constitution					

(Res)
AT-Need
Family will
come IN TO

MT. HOPE CEMETERY

City of San Diego

Date 12-17-05

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		X	951-241	0-9037	THE CHES
		100			

Work Order #

(951) 6774258 FOR#

E-19525



. Debovah Bowie

619-527-3403-Fax

619-527-3400

fax back at 961.677.4258

per Kevin 12-28-05

he confid

of wies 4

witer lines MTH

MT HOPE CEMETERY

€-19525

GRAVE BLIND CHECK FORM

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

		-	
##3 Nancy Cardena	#4 X		
#3 Barnett Mackwel	#9 Richard		

Blind Check Initiated By: Sanona Date: 12-18-05
Interment space for: Thomas De Angelo Johnson
Interment Date: Dec 30, 05 Time: 10:00 Church
Div: 12 Sect: 2 Blk/Row: Lot: 1/8 Gr: 4 Grave Laid out by: Norman Fenguer
Agrees with Legal Card: Yes O No
Agrees with Map: ØYes 🛛 No
3lind Check & Verified By: David Mories Date: 12-28-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

SIRTH 3. DATE OF DEATH 4. SEX

	NAME OF DECEDER	VT—FIRST (GIVEN)	1B. MIDDLE DeANGELO	1C LAST (FAMILY) JOHNSON			2 DATE OF BIRTH	3. DATE OF	2005	4. SEX
5			A FUNERAL DIRECTOR OR PERSON A MORTUARY SAN DIEGO, CA 92	ACTING AS SUCH 78 GALIF — IF API	N DIEGO	DEBOI 33347 MANTI	HELATIONSHIP, FULL I ORMANT VAH JOHNSON- 7 BRIGHTONWO PEE, CA 9258	BOWIE: OD STRE	MOTHE	R
	ACKNOWLEDGEMENT OF A	Thumby adm	covering an applicant that the proposed deposition at and Salety Code, and was nativated pursuant to Sed	test herein is one of the dispositions with	corporably Section 109055	MA SHOW	IN I LA	1)	12/27	
	ALTERNATION OF THE	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH TY FOR THE DISPOSITIO	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	S.PRYOR 12/27/200		90. SIGNATURE OF LOCA 2521122	L REGISTRAR I	SSUING PEA	•
	The state of the s	P.O. BOX	GISTRAR OF DISTRICT OF DEATH 185222 0. CA 92186-5222		ESS OF REGISTRAN C POSITION IS TO OCCUR		T OF DISPOSITION — R DISTRICT IN CALIFORNIA			
ä	A BUFFIAL INCLUDES B. CREMATION C. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CHEMATED REMAINS		E TEMPORARY ENVAULTM F DISINTERMENT G. SHIP IN TO CALIFORNIA H TRANSIT TO OUTSIDE OF			I DISPOSITION PE (Name and Address		Market Land	ED AT
	BURIAL	MT. HOPE	DRESS OF CALIFORNIA CEMETER CEMETERY: 3751 MAR . CA 92102		12-30-0		SIGNATURE OF PER	SON IN CHAR	GE OF BUI	RIAL
ALE ITEMS	CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CHEMATO	PAY	12B. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CHAP	GE OF CR	EMATION
STAN TO	SCIENTIFIC USE	13A, NAME AND AD	DORESS OF CALIFORNIA FACILITY R	RECEIVING REMAINS	138. DATE RECEIV	/ED 130	SIGNATURE OF PER	SON IN CHAR	GE OF FAI	C
CHAPTER	TRANSIT		ODRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		148, DATE SHIPPE	D 140	OF PLACING WITH THE	CANDON SERVICE CONTRACTOR OF THE PARTY OF TH	ASON IN C	CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR C DIDENTIFY FINAL PLACE AND CAID EA. <u>ONLY</u> ENTER LATITUDE AND LC	ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		CHARGE OF DISPOS	ITION CR	D LICENSE I REMATED RE ISER — IF A	

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

I, Deborah Bowie am the mother of Thomas Deangelo Johnson. I authorize Ms. Shanita Duncan to purchase a vase and have it placed on my son's gravesite. He is located in division 12, section 2, lot 118, grave #4. If you have any questions, please contact me at 619-957-4422.

Sincerely,

Deborah Bowie

04/27/06

MT. HOPE CEMETERY

INTERMENT ORDER

NON-Res NON-Res

City of San Diego

1 st Burial only	Date _	11-17-05
1 so paria, 1		
You are hereby authorized and instruc		AND AND THE PROPERTY OF THE PARTY OF THE PAR
	Inniss williams	
in a DD CrypT "A	Funeral, date, time Osc	30,2005 11.00
Church Chaoel/Graveside	merk	ley Arcelie Mortuary.
All Funeral cars must arrive before 3:	00 p. of regular work day or an extra	charge of \$ 283.00
will be applied and billed to undersign	ed. Warry Jelle	X
		The state of the s
Division / 1 Section 1	Blk/Row Lot _/7	Grave
Grave space & Care Fund	E-6105	
Overtime/Late Arrival Fees		
Opening/Closing & Setup		\$708.00
Burial Container	D CTYPT "A"	717.00
Handling Foor	PAII	604.00
Flower vases - Marker setting lee		137.00
Flower vases - Marker setting fee	DEC 2 / 2005	85,00
Sales taxes	V. Carre	55.57
	OUNT HOPE CEATOLEI Due	\$ 2,406.57
	Paid receipt number pd by 1	1159 2,406.5
		alance due
I hereby certify I am the Braylo		he above named decedent
ום שאנהיו פו עוווטוווא זעסע צו בוווו פוזם:	sposition of remains as above muca	ed, I certify and represent
any liability on account of said author	norization and I agree to hold Mt. Hop rization and interment.	D 119897
	XISENNIE	J. MillEn
hereby authorize the interment in lo	Principage F D co	Much
During Me	Addisor	
Signature	THEERO	93727
	× 559- 436-	4903
	Invoice #	
Work Order # E - 1952	G Acct. #	
REA-104 (3-04) 7h	nis information is available in alternal	live formats upon request.

O Printed on complete paper

MT HOPE CEMETERY 5 19526

GRAVE BLIND CHECK FORM

lock marked with xisting marker's in the burial space.	n the appro	priate sp		are adja	icent to
	teola columbus	110			
	#9 Bestriz Amezquit	#10 X	#11 Gregoria Grinste	4	
Blind Check Initia Interment space t Interment Date:	for: C/a	ud ett	e Wil	liams	
Div: / } Sec	:/_ BII	VROW:_	Lot:	17/	
Agrees with Lega		/	1		
Agrees with Map	Yes Yes	0	No		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

WILLIAMS

3. DATE OF DEATH 4 SEX 58. COUNTY OF DEATH -- OUTSIDE CALIF. IS NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE

1A. NAME OF DECEDENT-FIRST (GIVEN) CLAUDETTE

1B. MIDDLE C.

1C LAST (FAMILY)

2 DATE OF BIRTH

5A, CITY OF DEATH

FD11

19576

FRESIO

ENTER STATE FRESMO

OF INFORMANT ARTURO S. INNISS, BROTHER 1111 E. RICHMOND AVE.

STEPHERS & BEAN CHAPEL

TAL TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ITE CALIF. LICENSE NUMBER

FRIESINO CA 93720

FRESNO CA 93706

hereby acknowledge as applicant that the proposed disposition stated bersin is one of the dispositions authorized by Excline 199555. of the Health and Ballety Code, and was authorized pursuant to Section 7105 of the Health and Salety Code

PERMIT

ACKNOWLEDGEMENT OF APPLICANT

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORIS TY FOR THE DISPOSITION SPECIFIED IN THIS PERAKT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA DA AMOUNT OF FEE PAID \$11.00

9H. DATE PERMIT ISSUED

BA SIGNATURE OF APPLICANT—Person tueno come 189 DATE SIGNED

MOSSIGNATURE OF LOCAL RECISTRANT SSELING PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSI-TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -

SHO COUNTY REALTH DEPARTMENT P.O. BOX 11800. FRESNO CA 93775

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

DESIGN COUNTY HEALTH DEPARTMENT

SAN DIEGO CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

XX BURIAL INCLUDES ENTOMBMENTS B. CREMATION

C. DISPOSITION OF CREMATED REMAINS OTHER

THAN IN A CEMETERY **6. BOIENTIFIC USE**

E. TEMPORARY ENVAULTMENT

F. DIBINTERMENT

G. SHIP IN TO CALIFORNIA

H. THANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

DISPOSITION PENDING - PEMAINS LOCATED AT (Name and Address)

HA NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY BURIAL

DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY ITE DATE BURIED

128. DATE CREMATED: 12C, SIGNATURE OF PERSON IN CHARGE OF CREMATION

TIC: SIGNATURE OF PERSON IN CHARGE OF BURIAL

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS.

13B DATE RECEIVED

13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY.

SCIENTIFIC USE

THANSIT

14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

14B DATE SHIPPED

DISPOSITION

15B. DATE OF

14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

150. LICENSE NUMBER OF **CREMATED REMAINS DIS-**POSER - 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

C1 .

INTERMENT ORDER

Pre-need (Res) Attached

City of San Diego

(Res) Hacked		only or our bro	Dete	1) -	18-05
1 only Burial Only			Date	10	
You are hereby authorized and					
or _ Steve	B.	Parraz	7	1981	9
in a DA CrypT		Funeral, dat			
Church, Chapel, Graveside			1		Mortuary.
All Funeral cars must arrive bef	ore 3:00 p	o.m. of regular we	ork day or an e	ctra charge	e of \$
will be applied and billed to und	ersigned.				
Division /2 Section	2	_ BIK/Row	Lot _/.	54 Gr	ave5
Grave space & Care Fund				,	12,264.00
Overtime/Late Arrival Fees					1000
Opening/Closing & Setup	***********		*** *********************************		533.00
Burial Container		DP Cryp	7	***************************************	539,00
Handling Fees	>				454.00
Flower vases Marker setting	ee\	DEC 2 7 20	05		
Recording/Filling/Transfer Fact	(P		***************************************		65,00
Sals taxes	ROLL	COPE CE			41.77
ما ما دال ما ما	D	· V	Total Due	***************************************	3 876, 11
St. M. Manuelland	OSP	Paid receipt num	ber P-ood	139	1,948.39
Pore 12 wind go	50	20.0		Balance o	tue - O
I hereby certify I am the	Paul	anter	X o	f the abov	e named decedent
and this is your authority to make that I have the right to make the	s authoriz	cation and I agre	e to hold Mt. H	cated. I ce ope Ceme	rtify and represent tery harmless from
any liability on account of said	authorizat	ion and intermer	naili	ng Add	dress For
I hereby authorize the intermer	it in lot I	X	SAndra	MAR	eaz "co
hold under deed.		× /	430 Pe	tree s	14. 4543
sanarajuria	3	Addres X	EL CATO		192020
1	1	CHy Y	619-444		The Points
	0	Telephi	Tecl 419.	917-6	778
		Invol		2005/	
Work Order # E - 195	127	Acct	. #		
REA-104 (3-04)	This I	nformation is av	ailable in alteri	native form	nats upon request.

E-19527

DMV CALIFORNIA DMV

DRIVER LICENSE C3652519

SANDRA PARRAZ 4366 SIST ST APT 3 SAN DIEGO CA 92115

SEX:F HAIR:BRN HT:5-02 WT: 140 CLASS: C



Androferias 81/28/2003 506 14 FD/08 Low income

MT. HOPE CEMETERY

AT-Need RES

REA-104 (3-04)

INTERMENT ORDER

City of San Diego

Date 11-18-05

/ou ar	e hereby	authorized	and instruct	ed, subject to	your rul	les and re-	nulation	s to inter t	he remains
of		wi	lliam	Euge	ene	Harr	15	77.	9898
na	00	CRYP	TA	Funer	al, date,	time Th	ursj	an 5,	006 160
No. of Concession, Name of Street, or other Persons, Name of Street, or ot	DChape	ree of buries Com	New	creation .	church	CA	Bur	ial	Mortuary.
					dar work	day or an	extra c	harde of \$	113.00x
			undersigne	5 0 10	shin	Hai	COCK WALL		
Divisio	n_11	Sect	ion 2	Blk/Row		Lot_	6	_ Grave _	1_
Grave	space &	Care Fund	*************						1132
Overti	me/Late	Arrival Fees			**********				
Openi	ng/Clasin	g & Setup		***********		************		commence -	266.5
Burial	Containe	r		PA	Cry	pt			539.00
				ALL				4	454.00
Flowe	r vases -	- Marker set	ting fee						
Reco	ding/Filin	g/Transfer f	Fees JAI	N - 3 200	16				32.50
	taxes					ment f			41.77
	2010455-2000	W	QUNT H	OPE CE	MEII	Total F)ue	#2,	465.77
				Paid receip	at numbe	A 100 CO	Control of the Contro	Children Co.	165.7
					11000			nce due	12
and ti	his is you have the	right to ma	ke this author		l agree t		of the	above nar	med decedent and represent harmless from 8 9 7
	by authounder des		rment in lot	1	Print Name	MADON	00	20101 70	chal
Signatu	atoh	a thr	F/2	<u> </u>	Address Y 50 City	ring	Yo	May	MW11
3	ranso	Cted	by.		Johoga Kara	19.4	uy-	4946	2
		=)	2520		Invoice	#	-		-
Work	Order #	E- 10	1348	2_	Acct. #				

O Printed un reversed pones

This information is available in alternative formats upon request.

Decease

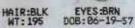
DMU CALIFORNIA DMU

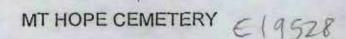
IDENTIFICATION CARD N6081581



WILLIAM EUGENE HARRIS . 5020 FEDERAL BLVD 124 SAN DIEGO CA 92104

SEX:M HT:5-88 HAIR:BLK





GRAVE BLIND CHECK FORM

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

are barrar s	spave.				
	* .	* x			frewitt
1	lardry				
Blind Che	ck Initiated B	y. Pacie	ue.	Date:	1-306
Interment	space for:	William 1	E. Harr	is	Hall
Interment	Date: 1-5	.06	Time:	?	
Div:	_ Sect: Z	_ Blk/Row: _	Lo	1:6	Gr: _/
Grave La	Me:yd tuo bi	ormant	Ceny	wa~	_
		d: Yes		11.10	
Agrees w	rith Map:	Yes D	No -	21 not	
	eck & Verifie				10:1-04-1
		-			



THE CITY OF SAN DIEGO

E-19528

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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.

N CD	18 Tilliam	Eugene HARRIS	
Name of Dece			
Address:	650 49+	4	_
City:	_ 5 D	State C4 Zip Code 92102	-
City of San Di	ego resident? (Circle)	YES NO	
Size of Family	THE RESERVE THE PROPERTY OF THE PERSON OF TH		
	Annual Income	Annual Income	
	\$13,440	(4) \$37,310 (5) \$44,030	
CONTRACTOR OF THE PARTY OF THE	\$22,020	(5) • \$44,030	
□ (3)	\$30,230	□ (6) \$51,490	
Residency is the hospital unless sai	residence of the deceased prior d stay exceeded one year. y under penalty of perjury units are true.	to entering a terminal care facility, hospice, and inder the laws of the State of California that 12-29-05 Date	
one of the following	Valid California Driver's License Current Utility Bill Current Nent receipt property tax statement	Identification card displaying City of San Diego address Monthly Checking/Bank Statement Rental/Lease Agreen Other	and nent
11/1	022	12/29/05	
Approved by		Date	
Approved by	teturn verified on: SS Bene 10L 2/29 [05]	tit letter	



Social Security Administration Supplemental Security Income

E-19528

Important Information

Date: December 16, 2005 Claim Number: 147-52-2184 DI

954 1209, M02, 073, 016454

000016454 02 AB

0.526

CHERRIE MARIE HARRIS FOR WILLIAM EUGENE HARRIS 650 49TH ST SAN DIEGO CA 92102-3708

謎

Helenakilan IIII kanakilan III kalada kalada kalada kanadi d

Type of Payment: Individual-Disabled

We are writing to tell you about changes in WILLIAM E. HARRIS' Supplemental Security Income record. 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 pages of this letter. The explanation shows how his income, other than any SSI payments, affects his SSI payment. It also shows how we decided how much of his income affects his payment amount. We include explanations only for months where payment amounts change.

The Payments of WILLIAM E. HARRIS Will Be As Follows:

Amount Due Each Month From Through December 1, 2005 December 31, 2005 \$812.00 This includes \$233.00 from the State of California. January 1, 2006 Continuing \$812.00 This includes \$209.00 from the State of California.

Our Decision About How We'll Pay WILLIAM E. HARRIS

We have decided that Supplemental Security Income payments for WILLIAM E. HARRIS will be sent to you. By regulation, all payments are to be used for his well-being and benefit. As representative payee for this individual, you have certain reporting responsibilities.

See Next Page

SSA-L8166

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 48

	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			TE OF BIRTH	TE OF DEATH 4. SEX
TLLIAM		EUGENE	HARRIS		067	199Y959 127	2772005 N
DIEGO			SAN DIEGO	ATH — OUTSIDE CAUF.	BEVERLY	OWENS-HARRI	IS- WIFE
		BURIAL CHAPEL AN DIEGO, CA 9211		APPLICABLE	SPRING	BONITA ST.	
ACKNOWLEDGEMENT OF A	I hearty trans	weedge us appropri the the proposed deposition at any Selety Cooks, and was authorized pursuant to Se	zied herein is one of the disposition	authorized by Section 100066	→ Gaen	Deyan	Description of the second
(Almanon)	THE CALIFORNIA HEALTH	ACCORDANCE WITH PHOVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	01/04/20 J.BENYAR	05	GNATURE OF LOCAL REGIS	STRAP ISSUING PERMIT
NY CHANGE IN DISPOSE- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	WITH RECE	GISTRAR OF DISTRICT OF DEATH EDIT OF DEATH RDS-P.O. BOX 8522 CA 92186-5222	A CONTRACTOR OF THE PARTY OF TH	IDRESS OF REGISTRAR (Dispression is to occur			
AUTHORIZED DISPOS	SITION(S) CHECK APPLICA	ARLE ITEMS				FOR CORONO	DR'S USE ONLY
C DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE		THER	G. SHIP IN TO CALIFOR				
BURGAL	MT. HOPE	DRESS OF CALIFORNIA CEMETER CEMETERY 3751 MAR , CA 92102	AY .	118. DATE BURIES	D 11C SIG	WITH OF PERSON IN	N CHARGE OF BURIAL
BURIAL	MT. HOPE SAN DIEGO	CEMETERY 3751 MAR	KET ST.	118. DATE BURIE	. 5	be less	CHARGE OF BURIAL
	11A NAME AND AD MT. HOPE SAN DIEGO 12A NAME AND AC	CEMETERY 3751 MAR , CA 92102	KET ST.	118. DATE BURIE	ATED 12C 9/G	DE LEVA NATURE OF PERSON IN	rules_
CREMATION	11A. NAME AND AD MT. HOPE SAN DIEGO 12A. NAME AND AD 13A. NAME AND AD 14A. NAME AND AD	CEMETERY 3751 MAR , CA 92102 DRESS OF CALIFORNIA CREMATO	KET ST. DRY RECEIVING REMAINS	7-5-00 128, DATE CREM	VED 13C SIG	NATURE OF PERSON IN	CHARGE OF CREMATION CHARGE OF FACILITY OF PERSON IN CHARGE

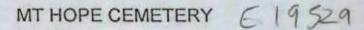
COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT- Need (NON- Res)

MT. HOPE CEMETERY

INTERMENT ORDER

IN GRAVE City	of San Die			
with Reuben		Date	12-19-	05
of Angie Robertson				
You are hereby authorized and instructed, sub				e remains
of Elida Roberts	son O	0 119	1904	
ina ASh Vault	Funeral, dat	e, time & ar	5,2006	10'00
Church, Chapel Graveside	I The Paris of State Sta	: Feather	unsell	Mortuary.
All Funeral cars must arrive before 3:00 p.m. o				
will be applied and billed to undersigned.				10
will be applied and office to dindersigned.	d'a			
Division 10 Section Blk		1.38	19	
Division / O Section Bik	OHOW	Lot	Glave_	_
Grave space & Care Fund D - 3	5075	(1974)		6_
Overtime/Late Arrival Fees				
Opening/Closing & Setup				99.00
Burial Container Ask U	ault		1	04.00
Handling Fees				14.00
Flower vases - Marker solling les				0
Recording/Filing/Transfer Fees				85.00
Sales taxes				8.06
JAN 3 2000		Total Due		510.06
MOUNT HOPE CEMEN		ad by		
MOUNT HOPE CEIMEN	see the norm	Der po y	lalance due	A
0-16	1	. 4		
and this is your authority to make disposition	of remains	as above indica	the above nam ited. I certify a	ed decedent nd represent
that I have the right to make this authorization any liability on account of said authorization a	H min i acha	a to noid last slot	e Cemetery ha	irmless from
			h. tro	
I hereby authorize the interment in lot I hold under deed.	Delet No	Tohn Ro		
	X	3914 Heli	t st	
John TIM X	X	Spring Va	lley QA	91977
	X/I	0197 741-	4207	Zip Code
	Telepho	210		8310
	Invoi	ce #		
Work Order # E 19529	Acct			
			the formate	nan reguest
	nation is av	ailable in alterna	aive iornais u	uun request



GRAVE BLIND CHECK FORM

Write in the name block marked with existing marker's the burial space.	"X". Place in the appro	the name priate spa	e's, lot # a ace(s) tha	nd grave t are adja	# of all
	# 3818 HICKMAN MargareT	#3819 X	# 3820 reste by Hawk	role	
Blind Check Initi	200			-	1-3-06
Interment Date:	Thurs				5
Div: // Sec Grave Laid out t	et:BI	k/Row:_	Lot:		
Agrees with Leg		1			
Agrees with Maj	p: 🛭 Yes	Q	No		

3lind Check & Verified By:

Date: 1-4-de

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LISE BLACK INK ONLY - MAKE NO FRASLIRES WHITEOUTS OR OTHER ALTERATIONS

A. NAME OF DECEDE	MT FIRST ISSUES	18. MIDDLE	1C. LAST (FAMILY)	III EOU IS ON O			ATE OF DEATH	4 SEX
ELYDA	ani Finoi (diven)	IB. MIDDLE	ROBERTSON		HED CHILD	AND THE PROPERTY OF THE PARTY O	72872005	F
Featherlagi	DDRESS OF CALIFORNI		- IF AP	UCENSE NUMBER PLICABLE	John Ho 3814 Re Spring	Bertaon, so lix St. Valley, CA	n 91977	
ACKNOWLEDGEMENT OF	The second	San Diego, CA 92		D1083 contract by Section 100068	BA SIGNATURE	OF APPLICANT—Pages		SIGNED 10/2005
PERMIT	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH A TY FOR THE DISPOSITION	IN Salar Code, and see substitute pursued to Salar COORDANCE WITH PROVISIONS OF MO SAPETY CODE AND IS THE AUTHORIS SPECIFIED IN THIS PERMIT. INDEXT OF DISPOSAL OUTSIDE OF CALIFORNIA.	BA. AMOUNT OF FEE PAID \$11.00	DB CATE PERMIT 01/04/20 C. MAGGA	006 20	NATURE OF LOCAL REG	-	all pic. Management of
	POTABLEST	GISTRAR OF DISTRICT OF DEATH FS to CALIFORNIA CA 92186-5222		SS OF REGISTRAN C COSTION IS TO OCCUR				
THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS O	DRESS OF CALIFORNIA CEMETE	E TEMPORARY ENVAULTM F DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE O) INC SIGN	DISPOSITION PENDING (Name and Address)		
BURIAL OREMATION	San Diego	DRESS OF CALIFORNIA CHEMAT CALOCY 601 D Cras	ORY	/-5-00 128. DATE CREMA	ATED 120 SIGN	MATURE OF PEHAON	N CHARGE OF CE	REMATION
SCIENTIFIC USE	The second second	Leore, CA 92530 DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECEIV	VED 13C. SIGN	IATURE OF PERSON	N CHARGE OF FA	CILITY
TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		148. DATE SHIPPE		RESS AND SIGNATUR LACING WITH THE C		CHARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CA EA, ONLY ENTER LATITUDE AND L	DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION		IATURE OF PERSON RGE OF DISPOSITION		

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 TWO INTER AT-Need INTERMENT ORDER Res - TS Vault City of San Diego WON-RES ASh Vault Date 12 - 29-05 You are hereby authorized and instructed, subject to your rules and regulations Fong- wan SIO + I cong son Fong AL Vault Funeral, date, time Church, ChapeD Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 1/3.00 will be applied and billed to undersigned. Lucation verify Lot /46 Grave Section A E-10088 (1991) Overtime/Late Arrival Fees Opening/Closing & Setup..... DEC 2 9 2005 Paid receipt number _ Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed,

> Invoice # Acct. #

E-19530

Decease (Res)

聖地牙	哥越棉奈華人協會者養組會員證
姓名	萬 寫 雲 (女)
英文名	Mrs. STO FONG WAN
年 齡	09月04月1912年
電話	(619) 693-1975
地址	8682 COVINA CIR S-D, CA. 92126

MT HOPE CEMETERY 6 19530

GRAVE BLIND CHECK FORM

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

75 Vault + Ask Vault Vault Vault Ask

 		-	-
Quan	#5 Lot 146	#6	Doe guan LoT147
	1	-	

Blind Chec	k Initiated I	By: Sa	noha	Date	: 12-30-0
	THE	5		-	SON Fonge Chapel
		Blk/Ro	1		. Gr. <u>5</u>
		rd: 🛛 Yes	1		

Agrees with Map: Ø Yes

3lind Check & Verified By: (

E 19530

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 4. SEX 3 DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C LAST (FAMILY) 2. DATE OF BIRTH 09/04/1912 12/28/2005 PONG SIO 58. COUNTY OF DEATH - OUTSIDE CAUF, 16. NAME, RELATIONSHIP, FULL MARING ADDRESS AND ZIP CODE 5A, CITY OF DEATH ENTER STATE OF INFORMANT SAN DIEGO SAN DIEGO EVA FONG - DAUGHTER 74. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: 78. GALIF, LICENSIE NUMBER 1853 ELVA STREET - IF APPLICABLE GREENWOOD MORTUARY - I-805 & IMPERIAL AVE. EL CAJON, CA 92019 SAN DIEGO, CA 92102 FD 843 BA SIGNATURE OF APPLICANT - SPECIALISM 2019 288 DATE SIGNED I have acknowledge as approach had the proposed discoulter stated hence is one of the discoulters authorized by Section 100005. 12/30/2005 ACKNOWLEDGEMENT OF ARRESTAND of the Health and Salety Code, and was euthorized pursuant to Section 7100 of the Health and Salety Code 9A. AMOUNT OF FEE PAID 98 DATE PERMIT ISSUED DO SIGNATURE OF LOCAL RESISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-12/30/2005 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. \$11.00 AUTHORIZATION OF NOTE: THIS PERIMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA D. King ▶ 2521498 LOCAL REGISTRAFI SE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH --IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA. ANY CHANGE IN DISPOSI-IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL DISSOURCE SAN DIEGO, CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT X A. BURIAL (INCLUDES ENTOMBMENT) I. DISPOSITION PENDING - PLEMAINS LOCATED AT (Marrie and Address) B. CREMATION F DIBINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CAUFORNIA D. SCIENTIFIC USE ITA NAME AND ADDRESS DE CALIEDRNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURNAL MDUNT HOPE CEMETERY -3751 MARKET ST. SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED: 12C. MIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC BSE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148, DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SSE DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF SUFFICIENT TO IDENTIFY FINAL PLACE AND CADISTRICT OF DISPOSITION. CHARGE OF DISPOSITION CREMATED REMAINS DIS-**BCATTERING/BUFBAL** DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERS

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 71

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

LA	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (F	FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE	OF DEATH	4. SEX
	IEONG		SON	P	ONG		-/-/1911	01/0	1/1984	H
5/	HACAT	1		58 COUNT ENTERS	STATE	-	NAME RELATIONSHIP FULL OF INFORMANT EVA PORC - DAUG		ADDRESS AND	ZIP CODE
71	GREENWOOD CREENWOOD	DORESS OF CALIFORNIA HORTUARY -	I-805 & IMPI SAN DIEGO,	THE RESIDENCE OF THE PARTY OF T	- UF APP	CENSE NUMBER	1853 ELVA STREE KL CAJON, CA 92 A. SIGNATURE OF APPLICANT-	019	pune 86. DATE	SIGNED
	ACKNOWLEDGEMENT OF A	PPEICANT I femily ackno of the Health a	wiedge on applicant that the propose and Enlety Cooks, and was authorized	ed disposition stated female is one of t I pursuant to Seption 7100 of the river	he dispositure sub- th and Salety Code		habord			/2005
	AUTHORITATION OF	THE CALIFORNIA HEALTH I	ACCORDANCE WITH PROVIS AND SAFETY CODE AND IS TO SPECIFIED IN THIS PERMIT NIGHT OF DISPOSAL OUTSIDE OF	HE AUTHOR-	.00	NIA 600 12/30/20		AL REGISTI	RAR ISSUING PE	RMIT
***	Company of the Compan	90. ADDRESS OF RE IF DEATH OCCURRI	GISTRAR OF DISTRICT ED IN CALIFORNIA	OF DEATH —	P.O.		DISTRICT OF DISPOSITION — ANOTHER DISTRICT IN CALIFORNIA 92186 5222			
10	ALTHORIZED DISPOS	SITION(S) CHECK APPLICA	HILE ITEMS				THE PARTY OF THE P	ORONOR'	S USE ONLY	
I	B CREMATION C DISPOSITION OF THAN IN A CEME	CHEMATED REMAINS O		F DISINTERN G SHIP IN TO	CALIFORNIA O OUTSIDE OF	CALIFORNIA	(Name and Addre	oo)	FIEMAINS LOCAT	
	BURIAL	MOUNT HOPE	DRESS OF CALIFORNIA E CEMETERY - SAN DIEGO, CA	3751 HARKET ST		1-3-06	11C SIGNATURE OF PER	RSON IN C	Les es	HIAL
ILE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA	CREMATORY		129. DATE CHEMATI	ED 12C AIGNATURE OF PER	SON IN C	HARGE OF CH	REMATION /
ALL APPLICAL	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA	FACILITY RECEIVING R	EMAINS	13B, DATE RECEIVE	D 13C SIGNATURE OF PER	RSON IN C	HARGE OF FA	CILIT
COMPLETE	TRANSIT		DRESS IN RECEIVING S CREMATED REMAINS AS	STATE OR COUNTRY WH RE TO BE SHIPPED	ERE	14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
	SCATTERINGSBURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO		ELINE, OR OTHER DESCR LAND CA DISTRICT OF DI IDE AND LONGITUDE		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO		15D LICENSE CREMATED RE POSER — IF A	EMAINS DUS-

CORY 2 IS RETAINED BY 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)

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-30-05

	our rules and regulations, to inter the remains
of Family OF Jam	
in a DO CrypT Funeral, Type of Burnat Container	date, time
Church, Chapel, Graveside	: Mortuary
All Funeral cars must arrive before 3:00 p.m. of regula	r work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 12 Section 2 Blk/Row Grave space & Care Fund	Lot 210 Grave 10
Grave space & Care Fund	2,264,00
Overtime/Late Arrival Fees Opening/Closing & Setup 2 4 5 3 Burial Container 0 0 c ryp	1,066.0
Burial Container DOCTYA	CEMETERY 539, 00
Handling Fees	CEME 454.00
Handling Fees	
Flower vases – Marker setting fee 2 B Recording/Filling/Transfer Fees 2 B B	65,00 130 00
Sales taxes	41.77
	Total Due # 4, 49 4.7
Paid receipt n	umber pd by visa \$ 1,124.00
	Balance due 3, 370.7
I hereby certify I am the and this is your authority to make disposition of remainst I have the right to make this authorization and I as any liability on account of said authorization and intern	of the above named decedentins as above indicated. I certify and representate to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	JAMES MASON 5918 Flipper DR
in noun V	dies of the state
clo purchaser pin#	1419 263-5206 2000
Ewana M 950N 229832 16	
	PORTUGE AND ADDRESS OF THE PORTUGE AND ADDRESS O
Work Order # E 19531	voice #

O Printed on recycled paper

This information is available in alternative formats upon request.

LOT 20% 1452.80 80%0 1,811.20 of although the party of Charles . Elisand VALUE OF STREET

Pin# 229	831 C/O Pin# 2				41117,77 E-1	
DIV 12	smes C/O Purchaser SEC 2 LOT 210	GR 10	5918 Flipper	DEBIT	CREDIT 263-52	BALANCE
112-30-05	Opened Pre-Need L	ot & Trust for	lst & 2nd	\$4.494.	77 \$1,124.0	
1-0-06	Burial, Trust to it (2) R/F, Taxes P- 0	nclude (2) 0/C,			and 141 -	3229.77
3-13-06		00/7/ #	# 3 Feb, mar 4 April 06		147-	2806-77
4-4-06	P-00	211 #5#6	#7,#8 may, du		564-	2242.77
6-19-010	P-00344	Coupon	y septob	bu of	1/9/-	181022
9-19-04	P-00499	" 12	1 13 Dec 1	an 03	582 -	153777
10/3/06	P-00513	11 /	4 Feb 07		141	1,896 77
5-3-07	P-00 581	1/ /5	may 07	19109	100	11/4.77
6-07-07	P. 00 854	# 18	sure of	AID	141-	832,77
7-31-01	P-00915	# 19	July 07	21287	14	691.77
8-22-07	P-00949	# 20	0110 07	1 2 2par	SAN E	409 27
9-1007	8-00975	#22	Sept 07	FE CEMEN	HY VY	26877
10/12/07	5-89803	#23	got of		1444	1/277
10/14/07	P-01003	#24	1000 07		12/11	+

E-19531

DMU CALIFORNIA DMU

DRIVER LICENSE

E0687778

SEX:M HT:5-07 CLASS:C



JAMES EARL MASON 5918 FLIPPER SAN DIEGO CA 92114

HAIR:BLK WT:140 FVECIBE

EYES: BRN DOB: 06-25-47

es/18/2882 235 RB FD/87

DMU CALIFORNIA DMU

DRIVER LICENSE

EXPIRES 81-02-88 NO 153503

EHANA MASON 5918 FLIPPER DR SAN DIEGO CA 92114

SEX:F HAIR:BLK HT:5-02 WT: 174 CLASS: C



EYES:BRN 008:01-02-53

RSTR: CORR LENS

Cuana Moson

01/04/2003 212 DL FD/08

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 30 day of December, 19 2005 between MASON Family, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 1/0, Grave 10, Row, Section 1, Block Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$4,494.77, payable as follows: \$1.124.00 cash herewith, the receipt of which is hereby acknowledged; said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES -OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E-19531

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E-19531

TOTAL \$ 4, 494.77	
DOWNPAYMENT \$ 1, 124.66	
23 MONTHS \$ 141.00	
FINAL \$ / 27.77	
TWO YEAR CONTRACT	PURCHASER PHONE (614) 263-5204
I agree to pay the required monthly payments of \$ /41.00 for 23 months.	James Earl MASON
Final payment to be \$ /17.77 on the 24 month.	Signature Earl Moson
First monthly payment to begin on: MONTH Jan. 2006	5918 F Lippor Driver Street Address (Mail)
YEAR 1006	San DiEG CAD- 9211/x City State Zip Code
Purchaser's Signature was and Many	TO PLAY OF SAN DIEGO

Ewma Mason et of SAN DIEGO Nt. Hope Cemetery

Sy: Sanda

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

OFFICIAL RECEIPT		PRE-NEED PUR MOUNT HOPE CI (619) 527-34	CHASE EMETERY	P00854
From: James Mas	200) Addre		pate: Just	141
in part Pays	ment of Pul-	need lot to	ust Cong	llars (\$ 141. — 100 #18 Grave 10
Invoice No. E - 1953. Acct. No. W.O. BALANCE DUE \$ 832	NOT VALID FO STAMPED "PAI	P PURPOSES STATED UNLES D'IN THIS SPACE. UN - 7 2007	S CREDIT 67 20% Sales Care 77 Pre-Need 63	7007 1184 1033 1186
□ Pre-Need Trust □ C	heck 720 ISSUED BY	HOPE CEMETER	Y TOTAL PAID	s 141.—

OFFICIAL RECEIPT



WHITE	TO CUSTOMER
CANARY	CEMETERY

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

P 00975

				Date:_	4-1	0	.2007
From: James		0.500,000	ress: 0	n file			
One hun	died to		ne and	000		Dollars (\$_	141
in Pact	Payment of	Pu	- need let	+trus	T. Cou	pon #	22
DIV /2	Sec_	2	Blk/ Row		210	Grave _	70
Invoice No. E -	19531	NOT VALID F	OR PURPOSES STATED	UNLESS			
Acct. No.	771.00		PAID' IN THIS SPACE.		CREDIT 20% Sales Care	67007	12.
W.O.			PAIR		Pre-Need Trust	63033 77186	141-
BALANCE DUE \$	26877		- Parkett			-	
-			SEP 18 2	7			
Pre-Need Lot	Money Order	40.3				_	
Pre-Need Trust	Charge	MO	UNT HOPE LL	- 3Y			
AC-212 (11-05) This information is available in a		1	Dallette	<u> </u>	TOTAL PAID	\$	141 -

OFFICIAL RECEIPT



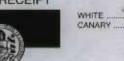
WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHASE MOUNT HOPE CEMETERY

P00809

135254		(015)		527-5400	5-3		, 20 0 7	
From: Mason,	domes	Address: _	on	Date:		2	, 20 🗸	1
The state of the s						Dollars (\$ _	141	-
in Dart	Payment of P	n.coupon	n#17					
Div 12	Sec	2 '	Bik/ Row_	Lot	210	Grave	10	
Acct. No. W.O. BALANCE DUE		NOT VALID FOR PUR STAMPED 'PAID' IN T		DUNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77164 63033 77186	141.	
Pre-Need Lot Pre-Need Trust AC-212 (11-05)	☐ Money Order ☐ Charge ☐ Check ☐ Chec		- 3 2007	ETERY	TOTAL PAID		141	

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

PRE-NEED PURCHASE MOUNT HORE CEMETERY

P 00581

			(619) 52	Date: _		11- 20	, 20	06
From: James m.	ason	Address:	onse					
Two hund	hed & ca	hty - Iwo				Dollars (\$	282-	_,_
in part	Payment of	Plensed	Cot, to	ust	15+	16		
Div	Sec_	2	Blk/ Row	Lot	210	Grave	10	
Acct. No	14.77	NOT VALID FOR PURE STAMPED "PAID" IN TH			CREDIT 20% Sales Care Pre-Naed Trust	67007 77184 63033 77186	282	
Pre-Need Lot Pre-Need Trust	☐ Money Order ☐ Charge ☑ Check 5≤5	1	HOPE CEN	METERY			-82	
AC-212 (11-05) This information is available in aftern					TOTAL PAID	5	282	-

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA P 00513 PRE-NEED PURCHASE TO CUSTOMER CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Ewana Mason Pll-need Payment of Blk/ 210 Row Invoice No. # 19831 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. 77186 Tourt BALANCE DUE OCT 03 2006 Pre-Need Lot Money Order Charge Pre-Need Trust AC-212 (11-05) TOTAL PAID

)	OFFICIAL RECEIPT	CUSTONER I	Y OF SAN DIE	PURCHAS	E	P	00499	
)		MO		27-3400* Date:		1-19	, 20 0	9
	Two Hundred Eigh	Address:	onr	record		Dollars (\$_	282.—	
ŧē.	in Payrent of Div Name Sec	fre-need	Bik/ / Row_	Lot_s	210	_ Grave	10	
	Invoice No. = 1953 Acct. No. = W.O. = \$ 1,537.77	NOT VALID FOR PURP STAMPED "PAID" IN TH		9	REDIT 20% Sales Care Pre-Need Trust	67007 77184 — 63033 77186 —	a82.	
	Pre-Need Lot	SEP 1	9 2006					
	Pre-Need Trust Charge AC-212 (11-05) This information is evel/able in alternative formats upon reques	ISSUED BY Pull	ette	1	OTAL PAID	s _	282	

	OFFICIAL RECEIPT	WHITE TO CANARY	CUSTOMER	PRE-NEED MOUNT HOP	PURCHAS	SE F	00353	
•		141/4		(619) 5	527-3400 Date: _	6/19	, 200 (
المرص	From: Jumes 1	Mason undred	Address:	On re	and	00	141	283
MAN	Dart	-	pre-nee	d 101,	Trust	Dollars (S	newts))
	Div_ 12	Sec	2	Blk/ / Row	Lot	210 Grav	0 10	- ~0
1	Acct. No.		NOT VALID FOR PI STAMPED "PAID" II	URPOSES STATED N THIS SPACE		CREDIT 67007 20% Sales Care 77184 —		282
	W.O	HAGAN I	26	AID		Pre-Need 63033 Trust 77186 -	191	
-	BALANCE DUE 9	1960-72	819,7730	IN 1 9 2006				
8	Pre-Need Lot	Money Order	MOUNT	HOPE CEM	ETERY	04: -		97
	Pre-Need Trust AG-212 (11-05) This information is available in alterna	Charge Scheck 5434	1	Wlette		TOTAL PAID 5	141	= 282

OFFICIAL RECEIPT WHITE CANARY		CHASE - P UU344
From: Ewara Mason	(619) 527-340	no 10-13 , 20 06
One hundred to	voy-one	Dollars (\$
in part Payment of Div 12 Sec	201-need Cot+lu	Lot 210 Grave 10
Invoice No. 8 - 19531 Acct. No. W.O. BALANCE DUE \$ 2101.77	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	
	JUN 1 3 2006	
Pre-Need Lot	MOUNTHORE CO.	TOTAL PAID 8 141

ŏ

	TO CUSTOMER CEMETERY	PRE-NEED P	URCHASE	PO	10211
Warner Land	Mason	MOUNT HOPE (619) 527		4-4	, 20 00
From James / Ewan Frue hundred	Six hy Addre	xur —		Dollars (\$ _	564-
The state of the s	Sec 2	need Co1	Lot 210	Grave _	10
Invoice No. <u>E - 19531</u> Acct. No		A PURPOSES STATED UN ID' IN THIS SPACE	CREDIT 20% Sales Ca Pre-Need	67007 re 77184 ————————————————————————————————————	564 -
BALANCE DUE \$ 2,242.	77	APR 0 4 7776	Trust		
Pre-Need Lot Money	Order MO	UNT HOPE CO	321		
AC-212 (11-05) This information is available in alternative formats in	391 ISSUED BY	paulotte	C. TOTAL PAID	s	554-

OFF	ICIA	AL F	REC	EIPT	
	- 6	5	200		
	_4		8		

	100	
WHITE	TO	CUSTOMER
CANARY		

PRE-NEED PURCHASE MOUNT HOPE CEMETERY

P 00171

From: Ewalla	mason		55.	7-3400 Date:	, , , ,	CA 921	
One hand	ud Festing	· one a		7.00		Dollars (\$	41. —
in part Div 12	Payment of Sec	fu-1	Blik/ Row	Lot	210	_ Grave _	10
Acct. No		STAMPED "PAII	MAR 13 2006		CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	141.—
Pre-Need Lot	☐ Money Order ☐ Charge	MOUN	T HOPE CEME			ME	
AC-212 (11-05) This information is evaluable in	Geneck 2700	1	paulette	-	TOTAL PAID	s	141. —

	OFFICIAL RECEIPT / WHITE TO CANARY		ASE PUUL34
)		(619) 527-3400 Date:	2-21 662
	From James E. Mason	Address: On McC	
	in Part Payment of P	re-need Ot/trust.	Dollars (\$ 282 —)
	Div 12 Sec	2 BIK/ Row Lot	210 Grave 10
	Invoice No. E - 1953/ Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184
	W.O	PAID	Pre-Need 63033 Trust 77186
•		FEB 2 1 2006	
	Pre-Need Lot	MOUNT HOPE GENETERY	
	AC-212 (11-05) This information is evailable in alternative formats upon reques	Sigued By	TOTAL PAID \$ 288

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

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

P 00051

			MASSES.	Date:	1-1	2	, 200	16
one hu	endred for	rty-one		00 (1	Dollars (\$	141	
in Part Div 17	Payment of Sec	Pre-ne	ed Lot, BIK/ Row	trus/	210	Grave	10	
Invoice No Acct. No W.O		NOT VALID FOR PUI STAMPED "PAID" IN		UNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 — 63033 77186	141.	-
BALANCE DUE #	3,329,77	JA	N 1 1 2006					
Pre-Need Lot	Money Order	MOUNT	HOPE CEM	EFER				
AC-212 (11-05) This information is available in	Charge Check 532 afternative formats upon require		aule tte	_	TOTAL PAID	s _	141.	

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT P00949 PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: From: Address: Payment of 210 Grave /D Sec Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. Trust 77188 409.77 BALANCE DUE AUG 2 2 2007 Pre-Need Lot Money Order (Pre-Need Trust Charge - Check < AC-212 (11-05) TOTAL PAID This information is available in alternative formats upon request

OFFICIAL RECEIPT



WHITE TO SUBTOMER CANARY CEMETERY

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

P00948

	Maan	- Albando de Soci		Date:_	8	122	, 20	07
From: Janes one h	Payment of	onty- Or	re c		5 1	Dollars (\$ _	141-)
Div 12	Sec_	2	Blk/ Row	Lot	210	_ Grave	10	
Acct. No. W.O. BALANCE DUE	\$ 550.77	NOT VALID FOR PU STAMPED "PAID" IN	PAI	0	REDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	141.	_
Pre-Need Lot	Money Order		AUG 2 2 20	107				
AG-212 (11-06)	Charge Letteck 2537	MOU ISSUED BY	Jacolita		OTAL PAID	s	141	-

3751 Market Street San Diego, CA 92102

James E. Mason Ewana Mason 5918 Flipper Dr. San Diego, CA 92114

Payment Coupon

Account Number: E-19531

E-19531

Payment Number:	21	Payment Due Date:	09/30/2007
Payment Amount:	141.00	Amount Enclosed:	1,1,10
Payment after 10/10/2007:	141.00		14/
Bal. After This Payment:	409.77	For answers to billing questions,	
Payments Remaining:	3.00	619-527-3400. Thank yo	u.

Mt Hope Cemetery 3751 Market Street San Diego, CA 92102

Payment Coupon

Account Number: E-19531

James E. Mason Ewana Mason 5918 Flipper Dr. San Diego, CA 92114

Payment Number:	20	Payment Due Date:	08/30/2007
Payment Amount:	141.00	Amount Enclosed:	141.00
Payment after 09/09/2007:	141.00		141'0
Bal. After This Payment:	550.77	For answers to billing questions,	
Payments Remaining:	4.00	619-527-3400. Thank yo	16.

Ma Illema Change



THE CITY OF SAN DIEGO E- 953

MOUNT HOPE CEMETERY CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-19531

DATE: 10/12/2007

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: <u>James Earl Mason and their heirs</u>

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of \$2,264.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 210 GRAVE(s): 10 according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

- (a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its hooks.
- (b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.
- (c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.
- (d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.
- (e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file to inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.
- (f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.
- (g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed. Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 12nd day of October, 2007.

Signature / Date

Cemetery Manager



AT-Need Res

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

mock setup Veterans

Date 12-30-05

No.		grea ·		
You are heret	by authorized and instructe		and regulations	to inter the remains
of	INEZ /	niddleTon	2299	05
in a		Funeral, date, tirt	Thursda	42006 12:00
Church Chap	Type of Build Container Arriv	1130-1:00P	Bishop	Mortuary.
	ars must arrive before 3:00			N. 10.00 (1.
will be applied	d and billed to undersigned			
	VeTera	ans Area	MOCK	setup
Division	Section	Blk/Row	_ Lot	
Grave space	& Care Fund			
Overtime/Late	e Arrival Fees			
Opening/Clos	sing & Selup		**************	
Burial Contai	ner			
Handling Fee	15		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Flower vases	- Marker setting fee	Mock set	4p	8 71,00
Recording/Fil	ling/Transfer Fees		,	
Sales taxes.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
mor	Thary To pay		Total Due	\$71.00
6 W	EN	Paid receipt number	R-595	16 \$ 71.00
Bisho	p morthury			nce due
I hereby cert	ify I am the			above named deceder
that I have it	our authority to make disp right to make this authorized account of said authorized	rization and I agree to I	hold Mt. Hope C	emetery harmless fron
	norize the interment in lot I	Print Name	see ut	lackeal
hold under d	eed.	Address	for s	Packed ynature
Signature			U	
wie	e lung Ines	CRY		Zip Cod
at R	everede Cen	elice Telephone		
pen	Everede Cent	d Invoice #		
Work Order	# E 191532	Acct. #_		

C Printed on recorded popular

This information is available in alternative formats upon request.

AT-weed RES

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

mock setup Veterans	Date 12-30-05
A = 4.0 You are hereby authorized and instructed, subject to you	
T 1111 -	
	Thursday, 15'00
Type of Sucar Company age in the Time	sie, ame Jan S ALL UV. I
Church Chapel Graveside Actuado (127)	MORUSY.
All Funeral cars must arrive balero 3:00 p.m. of regular w	work duy or an extra-gharge of \$
will be applied and billed to undersigned.	The Dantineed
VETEROUS MARK	en mock setua
Division Section	Lot Grave
T Alle	
Grave space & Care Fund	
Overhood are Arrivo Fees JAN - 4-20	
Opening/Closing & Setup	marrow to anormalist
SURIO CONTAINOR MOUNT HOPE C	EMERDA
	and the condition of th
Power vages - Marker sening to Alloc IL	setup 871.00
hecarding/Fring/Transfer Fest	THE STATE OF THE S
Sales taxes	
mortuary To pay	Total Das #71.00
	nber R-59516 471.00
Bishop morthary Padrocaipt nun	Δ
0 11	Bolance que
nersby certify is mine I D of Alborat remain	of the above harried decedent
hot i have the right to make this authorization and I agre	se to hold MI. Hope Cemplery harmless from
any liability on account of said buttorization and interme	11 0 .1)
hereby authorize the interment in let	eketha Bankhead
hold ynder dead.	
Intha punkhead in	"San Nomo 19 91954
Cir.	110 1175/1 20-50
Your	DI 4 4 100 2 70 1
MAC AND ADDRESS OF THE PARTY OF	0.000 234.000
E 191533 lovs	place #
Work Order # E [1] 36 Acc	1.
REA 100 (3-04) This information is at	vallable in a ternalive forms is upon request.
© require amount	

time 11 P.M AT- Need

MT. HOPE CEMETERY

INTERMENT ORDER

(Res)	City of San Diego		
Proof of Res		Date	1-3-06
ATTucked		119860	
You are hereby authorized and instru	octed, subject to your rul	les and regulations, to	o inter the remains
of Leonard	David El	Ston SR.	
ina Linen	Funeral, date,	time Jan 5,	2006 1:00
Church Chapel, Graveside		: Rassdale	Mortuary
All Funeral cars must arrive before 3	:00 p.m. of regular work	day of an extra chan	ge of \$ 2/3,00
will be applied and billed to undersig	ned. Harry	Calon	×
Division 7 Section /	4 Blk/Row	_ Lot _44_ (Grave 3
Grave space & Care Fund			2, 264.00
Qvertime/Late Arrival Fees			
Opening/Closing & Setup			533.60
Burial Container	HMER		170.00
Handling Fees	PAIL	***************************************	206.00
Flower vases - Marker setting fee			0
Recording/Filing/Transfer Feet	JAN - 3 2006		65.00
Sales taxes		***************************************	20.93
Paid Cassiz MOUN	THOPE CENT	Total Due	\$ 3,358.93
13.00	Paid receipt number	R-59522	# 3 358.93
The sile		Balance	due O
Thereby certify I am the 56N		¥ of the abo	ove named deceden
and this is your authority to make of that I have the right to make this aut	isposition of remains as horization and I agree to	s above indicated. I do hold Mt. Hope Cem	certify and represent
any liability on account of said author	rization and interment.	2	19861
I hereby authorize the interment in le	ot XHA	RAY J. E	ISTON
hold under deed.) Print Name 7443	20 Coldwal	el Gno#12
Generalin 2 000	Account of	dio liter	9
Replacement for	1-31-06 CTY d		916-6U ZIP COX
late annal feer	calletton Telephone	AC1-8721	110
1-6-06	sel family Invoice	# 43601	8
Work Order # E 1953	3 to collections	128996	
	his information is availa	able in alternative for	rmats upon reques

A Printed an revoled pages



STATE STREET.

For Everything You Invest In-RETIREE SERVICES P.O. BOX 550868 JACKSONVILLE, FL 32255-0868

FOIR 3841 DM.1-5 102.M1

3841 3841 1 1.12-----

L D ELSTON 859 40TH STREET SAN DIEGO CA 92102 DECISION OF A CONTROL OF A

Dig From
FOOT OF Stave
up/per Kevin

MT HOPE CEMETERY €-19533

GRAVE BLIND CHECK FORM

				pace(s) that Please dir 7 on		
-			#3 X	#1- margare 64sten	#1 Mere Payne	e.6<5
			1.0			
ntermen	t space fo	ed By: or: <u>Lea</u>	enard	David	_ Date: /	ON.
				Time: Lot:		

Mount Hope Cemetery

3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102

E-19533

STATEMENT

(619) 527-3400

01-06-06 VOUN ORDEN NO. E-19533

TO:

Harry J. Elston 4320 Coldwater Apt# 12 Studio City, CA 91604

DESCRIPTION OF CHARGE

AMOUNT

Late arrival fees for the service of Leonard David Elston Sr. on Jan. 5th, 2006. Your arrival time was 3:1; P.M.

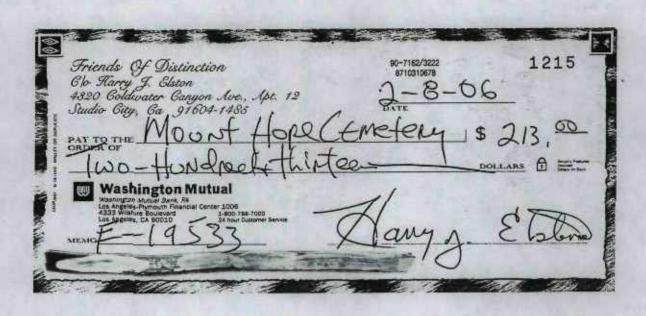
Total Due

\$213.00

Due within 10 days of receipt

Thank you MT. Hope Cemetery

.GIAL RECEIPT WHITE CANARY	CITY OF SAN DIEGO, CAL PRE-NEED PURCH MOUNT HOPE CEM (619) 527-3400 Date	ETERY (-19533
From: Trusto ox Disto	tion and 00	Dollars (\$ 2/3 -)
in Jul Payment of Sec Invoice No. E - 14533	14 BIN LO NOT VALID FOR PURPOSES STATED UNLESS	//
W.O	STAMPED PAID IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 Pre-Nesd 63033 Trust 77186
BALANCE DUE	FEB 1 3 2006 MOUNT HOPE LESS TO	
AC-212 (11-05) This information is available in alternative formats upon reque	JISSUED BY JULIE # 436018 acc # 128996	TOTAL PAID \$ 2/3-



PAID FEB 1 3 2006 MSUNT HOPE CEMETERY APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 87

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

_								-		
1A	. NAME OF DECEDE	INT FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			DATE OF BIRTH		OF DEATH	4. SEX
	LEONARD		DAVID	ELSTON,		the same water	06/26/1918	Decree of the latest t	72005	M
5/	CITY OF DEATH			5B. COUNTY OF DEATH ENTER STATE	- OUTSIDE CALIF.	OF INCO	CHARACT			
	SAN DIEGO				SAN DIEGO	EAETA	N YVONNE EL			AUGHTER
7.A	ANDERS	ON-RAGSDALE		— IF API	CICABLE		RSON, NV 89		,#1723	
	5050 F	EDERAL BLVD	., SAN DIEGO, CA	92102	FD-1329	BA SIGNAT	URE OF APPLICANT-	Pissing weng p	HIM BB. DATE	SIGNED
	ACKNOWLEDGEMENT OF A		which we approprie that the proposed disposition as and Salety Code, and was authorized pursuant to Se	tion 7100 of the Health and Salety Code.		PO 11	nnika	Myo	Y 01/0	3/2005
			ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR-	BAL AMOUNT OF PEE PAID	S. PRYOR	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO	2600089	I. HEGISTR	AR ISSUING PE	HMIT
	NUMBER OF THE PROPERTY OF	ITY FOR THE DISPOSITION	SPECIFIED IN THIS PERMIT.	\$11.00	01/03/200	Sec. 10.0	2000003			
	LOCAL REGISTRAR	NI SURE CONTRACTOR OF THE PARTY	RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	Top Williams	SS OF REDISTRAR OF					
	NY CHANGE IN DISPOSE	9D, ADDRESS OF REI	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA				DISTRICT IN CALIFORNIA			
	TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	P.O. BO	X 85222 GO, CA 92186-5222			-				
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLICA					FOR CO	RONOR'S	USE ONLY	
0	A BURIAL IINCLUDE	S ENTOMBMENTI	F	E TEMPORARY ENVALITME	ect		TI. DISPOSITION PE	MONO -	DANNEL OCAL	TED AT
ì	B CREMATION	and the second second		F DISINTERMENT *			(Name and Address		Section 19	-
1		CREMATED REMAINS O	THER	G. SHIP IN TO CALIFORNIA						
i	D. SCIENTIFIC USE			H. TRANSIT TO OUTSIDE OF	CALIFORNIA					
G		T TIA NAME AND ADI	ORESS OF CALIFORNIA CEMETER		118. DATE BURIED	1110	SIGNATURE OF PER	SON IN CI	(ADOE OF BU	CHAI
	BURIAL		EREFERY: SYSTEMEN	KET STREET		1	1/	e.	INFIGE OF BO	CHPIL
		SAN DIEGO,	CA 92102		1-5-06	-1	wer F	1		
		12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	OFFY	128. DATE CREMAT	TED: 12C	SIGNATURE OF PER	SCIN IN A	ARGE OF CO	EMATION
EME	CREMATION		W. 1		THE STATE OF THE STATE OF	120.		Jon Jon	minut or an	EMPLIAN
4	- STEWATION	1000					0			
CABI		13A NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECEIVE	ED 190	SIGNATURE OF PER	SON IN C	IARGE OF EA	CILITY
Ddd.	SCIENTIFIC			LOCATION (LINES	ion on a recourt	100	STATE OF FEE	0014 114 01	inclue of th	
LA	UBE									
EAL		14A NAME AND ADI	DRESS IN RECEIVING STATE OR (YN INTRY WHERE	14B. DATE SHIPPEI	2 140	ADDRESS AND SIGN	ATLESE OF	DEDOON IN	CHARGE
ij		THE RESIDENCE OF THE PARTY OF T	CREMATED REMAINS ARE TO BE	The state of the s	19th DATE SHIFTED	THE RESERVE TO SERVE THE PARTY OF THE PARTY	OF PLACING WITH T			CHMHUE
OME	TRANSIT									
Q		154 ADDRESS NEA	REST POINT ON SHORELINE, OR	OTHER RESCRIPTION	APP DATE OF	N. C.	OLGALIZATION OF SEC	DOM: IN	sen commen	LI MIDEO CE
	SCATTERINO/BURIAL	SUFFICIENT TO	IDENTIFY FINAL PLACE AND CAD	ISTRICT OF DISPOSITION.	15B DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		CREMATED RE	EMAINS DIS
	AT SEA OR DISPOSITION OTHER	IF BURIAL AT SE	A. ONLY ENTER LATITUDE AND LI	ONGITUDE					POSER IF A	PPLICABLE
	THAN IN A CEMETERY									
						431.0			1	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need		Date 1-3	3-06
You are hereby authorized and instru	ucted, subject to your rule		ter the remains
in a D. D. CRYPT A "	Funeral, date, ti	ime Thursday	Jans 1:d
Church Chapel Graveside		Kagsdall	Mortuary.
All Funeral cars must arrive before 3	:00 p.m. of regular work	day or an extra charge	of \$
will be applied and billed to undersig	ned		-
Division 12 Section 3	Blk/Row	Lot 151 Gran	ve_2
Grave space & Care Fund			3011 -
Overtime/Late Arrival Fees			
Opening/Closing & Setup	100		708.
Burial Container	DAID	717-	472
Handling Fees	PAID	604-	350-
Flower vases - Marker setting fee	PARE L ORDO		
Recording/Filing/Transfer Fees			85
Sales taxes	11017-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	55.5	7 36.58
INO.	UNI HOPE CEN	Total Due	466256
Mar Tuar To Pay I hereby certify I am the	Paid receipt number		4662.5
MOR TO		P-00103 Balance du	05180
I hereby certify I am the	all Me - Do	well of the above	9 - 100-
and this is your authority to make dithat I have the right to make this aut	isposition of remains as	above indicated. I cert	ify and represent
any liability on account of said author	rization and interment.	noid Mr. Hope Comore	Qu# 2290
I harabu authoriza the laterment le la	7 Di	onne Bou	
I hereby authorize the interment in le hold under deed.	Peiré Name	144	12301
LALAME ME. DON	vers Address	The land	FI 20-
Signature and on I	9/05	accorde ce	7750
weiter mail to \$ 517.	99 Testpolical	19-195-1	306
Paulette 100	Cett	507-0736	
F 1000	Invoice	#	
Work Order # E 1953	Acct. #		
REA-104 (3-04) - 1 0 - 41 - T	his information is availa	ble in alternative forma	its upon request.

MT HOPE CEMETERY E- 1 9 534

GRAVE BLIND CHECK FORM

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

ine buriai spa	ice.				
		Bowlee			
	Darret	x	Carron	18200	
•		werkes 10			
	V				
	Initiated By: Pa	an feliata cara di ing langua di Di Ta		Date: _	306
	ate: 1-5-0			1/2	
Div: 12	Sect: 2 B	IK/Row:_	Lot:	ISI Gr	2
Grave Laid	out by: Nozma	in ten			
Agrees with	Legal Card: Ø	Yes	No	-)	
	Map: Yes		No 1	1ag	
5" · 6" ·	0.14.26.40	11/2.1	21.	-	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 63

			DOE BLACK INK DIVLT - WAT	CE NO ENASONES, W	HITEOUTA ON O	THEN METER	MILONS			
	NAME OF DECEDE	NT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY) BOWENS		04	DATE OF BIRTH EXTH. DAY, YEAR 02/1943	89701	PAY YEAR	4. SEX
54	SAN DIEG	0		SB. COUNTY OF DEAT	H — OUTSIDE CALIF.	DIANE I	BOWENS: WI	FE	DORESS AND	ZIP CODE
	ANDERSON-I	RAGSDALE MO	A FUNERAL DIRECTOR OR PERSON RTUARY SAN DIEGO, CA 9210	-F/	D-1329	817 ET	A STREET, AL CITY, CA	#2301 A 9195		SIGNED
Ξ	ACKNOWLEDGEMENT OF	APPLICANT I floridly acting	owheitge as applicant that the proposed deposition alo and Solety Code, and was authorized parament to Sec	act harde to one of the dispositions a ion 7100 of the Freath and Salety Co	uthorized by Section 109055 ide.	1-U0	mala	1/10	01/0	4/2006
		THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCOPDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT. INGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	S. PRYOL 01/04/20	R 26	SIGNATURE OF LOCAL	LREGISTRA	IA ISSUING PE	AMIT
m	NY CHANGE IN DISPOSI- TION REQUIRES A NEW FRAIT TO SHOW FRAIL DISPOSITION	P.O. BOX 8			RESS OF REGISTRAR BROSITION IS TO GOOD!					
10 MILLIAM	A. BURIAL INCLUDE	CREMATED REMAINS C		E TEMPORARY ENVALLT F DISINTERMENT G. SHIP IN TO CALIFORNI H TRANSIT TO OUTSIDE	A		DISPOSITION PE	NBING — PI	USE ONLY	FED AT
	GUPHAL :	MT. HOPE C SAN DESCO,	CA 92102	KET STREET	1-5-0		IGNATURE OF PERS	SON IN CH	ARGE OF BU	FILAL
LE ITEMS	CREMATION	12A. NAME AND AL	DRESS OF CALIFORNIA CREMATO	PA	128. DATE CREM	ATED 12C, S	IGNATURE OF PERS	SON W CH	ARGE OF CR	EMATION
LL APPLICABI	SCIENTIFIC USE	13A. NAME AND AD	ORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEI	VED 13C. S	IGNATURE OF PERS	SON IN CH	ARGE OF FA	CILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B, DATE SHIPP	the second second	DDRESS AND SIGNA F PLACING WITH TH	CONTRACTOR OF THE PARTY OF THE		CHARGE
	CATTERING/BURIAL AT BEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAID EA. QNLY ENTER LATITUDE AND LO	STRICT OF DISPOSITION	15B, DATE OF DISPOSMO	4 1	IGNATURE OF PERS HARGE OF DISPOSI		15D LICENSE CREMATED RE POSER — IF A	EMAINS DIS

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

AT Need

MT. HOPE CEMETERY Auwaltime
INTERMENT ORDER 3:16 P.M

(Kes)	City of San Diego	perleven
1-00 + 2 roll		Date 1-3-06
Burne pd in bull		Date 7 3 CC
You are hereby authorized and instru	ucted, subject to your rules and	regulations, to inter the remains
of Jay	c Dorsey	SR. 219906
ina DA CryAT "A	// Funeral, date, time	SR. 229906 FRI Jan 6, 2006 1:00p.
Churchi Chapel, Graveside	:_ R	assdale Mortuary.
All Funeral cars must arrive before	8:00 p.m. of regular work day or	an extra charge of \$ 2/3.00
will be applied and billed to undersig	ned Joroly M	Versell !
	7 7 1	/
Division 12 Section 1	Blk/Row Lo	1_101 Grave 6
Grave space & Care Fund		2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	2 e ⁸ 53300	1,066.00
		539,00
		454.00
FAIL	7	0
Flower vases - Marker setting fee Recording/Filing/Transfer Eegs. 200	x 2 e 865.00	130.00
Sales taxes	90	41.77
MOUNT HOPE CE		# 41.77 H Due 94, 494.77
MOUNT HOPE OF	TALIMO E pero p	by m/c 4,494.77
4.	MA STATE	Balance due
I hereby certify I am the	fe ,	of the above named decedent
and this is your authority to make that I have the right to make this au	disposition of remains as above	e indicated. I certify and represent
any liability on account of said author	orization and interment.	219907
Character with soles in a factor and to be	w &Dor	Hall Darcece
I hereby authorize the interment in I	Peint Marie 194	Broadway
Morody M Dorsey	Y Address 5	Stouceday 11/L
R. O. D late and	·	OLIE LICED PRODUCE
on 1-12-06 M fe	e 1-36 -06 Telephoris	204-140-
on 1-12-0 19535	- Bt 00044	
Work Order # E 1953	Invoice #	
	man & a second second second	alternative formats upon request.

6 Printed on recycled paper

Please return this portion with payment. Favor de devolver esta parte con su pago.

E-19535

Service Address: 6194 BROADWAY SD

0

69

Account Number	Cycle	Date Malled	Due Date	Please Pay This Amount
9185 015 659 2	08	Dec 14 2005	Jan 02 2006	\$146.94

Bill Becomes Past Due After Above Date

Make Payment To

San Diego Gas & Electric PO Box 25111 Santa Ana, CA 92799-5111



2 2 400000185015659000001469400000014694





MT HOPE CEMETERY

E-19535

GRAVE BLIND CHECK FORM

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

				1	
	HE				
,					
	#4 Jeremy Hoban	charlie Thompso	#G X		
#9. Burne	#10	# 11	#12		

Blind Check Initiated By: Sancha Date: 1-	- 3-06
Interment space for: JAY & Dorsey SR.	
Interment Date: Jan 6, 2006 Time: 1:00 C	Lurch
Div: 12 Sect: 1 Blk/Row: Lot: 101 Gr Grave Laid out by: Norman Ferguer	
Agrees with Legal Card: Seyes D No	
Agrees with Map: X Yes	
3lind Check & Verified By: DAKREY Date:	1-5-06

E-19535	APPLICATION AND PERMIT FOR DISPOSITION O)F H
---------	--	------

HUMAN REMAINS

				MAKE NO ERASURES, V	WHITEOUTS OR OTH			4. SEX
JAY C.			DORSE	DORSEY, SR. 2 DATE OF BIRTH 3 DATE OF D. MONTH. DAY YEAR MONTH. DAY 08/28/1944 01/02/2				
	SAN DIEGO	DRESS OF CALIFORNI	IA - FUNERAL DIRECTOR OR P	58. COUNTY OF DEA ENTER STATE S ERSON ACTING AS SUCH 78. GAL	AN DIEGO F LICENSE NUMBER APPLICABLE	OROTHY DORSEY:	L MAILING ADDRESS AND WIFE	M D ZIP CODE
			SAN DIEGO, CA	92102 F		SAN DIEGO, CA 9		E SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby toke	nowledge as applicant that the proposed di and Sadery Cridin, and was instrument pur	positive stated between in great the dispositive water to Section 2000 of the results and Sange	Code	Juniun	ALL THE RESERVE TO THE PERSON OF THE PERSON	05/2006
	FEMILI	THE CAUFORNIA HEALTH TY FOR THE DISPOSITIO	IN ACCORDANCE WITH PROVISION I AND SAFETY CODE AND IS THE A IN SPECIFIED IN THIS PERMIT TO RIGHT OF DISPOSAL OUTSIDE OF CA	¤тнон \$11.00	S.PRYOR	2600383	CAL REGISTAAR ISSUING PE	EHMIT
AI		P.O. BOX	EGISTRAR OF DISTRICT OF BED IN CALIFORNIA 35222 , CA 92186-522	iF1	DRESS OF REGISTHAR OF	DISTRICT OF DISPOSITION	*	
I	THAN IN A CEME D. SCIENTIFIC USE	CREMATED HEMAINS OF	DORESS OF CALIFORNIA CE		NIA	Name and Arth	PENDING - REMAINS LOCA POSS)	
	BURIAL	SAN DIEGO	O, CA 92102	1 MARKET STREET	1-6-06	TIMEN /	Ekonype	1
THE CLEMES	CREMATION	12A NAME AND A	DOMESS OF CALIFORNIA CI	REMATORY	128, DATE CREMAT	ED: 12C. SIGNATURE OF P	ERSON IN CHARGE OF C	REMATION
ALL APPLICATION	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C. SIGNATURE OF PI	ERSON IN CHARGE OF FA	ACILITY
DOMECHIE !	THANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		14B, DATE SHIPPEI	D 14C. ADDRESS AND SN OF PLACING WITH	GNATURE OF PERSON IN 1 THE CARRIER	CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER	SUFFICIENT TO		NE. OR OTHER DESCRIPTION ND CA DISTRICT OF DISPOSITION AND LONGITUDE	15B. DATE OF DISPOSITION	190. SIGNATURE OF PI CHARGE OF DISP	OSITION CREMATED F	E NUMBER OF REMAINS DIS- 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 OF 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 19535

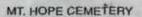
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

			OGE DEMOR HAN ONE!	INFINE INC	Craiovillo, III		TITLITY	TE CONTIONS		Will be to be	Addition to the
1A NAME OF DECEDENT FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY)				2. DATE OF BIRTH 3. DATE OF DEAT MONTH, DAY, YE					4. SEX		
		DORSEY			08/28/1944		2/2006	M			
54					MTER STATE			, RELATIONSHIP, FULL FORMANT	MAILING	ADDRESS AND	ZIP CODE
-	SAN DIEGO		A FINISH DISECTOR OF S	THE SALES	All the same of the party of the last of t	N DIEGO	DORO	THY DORSEY:	WIFE		
10				CHOCK ALT LING	AS SULT TE CALL	PLICABLE	6124	BROADWAY			
	5050 FEDE	RAL BLVD.,	SAN DIEGO, CA	92102	FD-	-1329				seme BR. DATE	SIGNED
	ACKNOWLEDGEMENT OF						> ()	unnilla	Hn	0/ 01/0	05/2006
ä	PERMIT			VS OF	OUNT OF FEE PAID		ISSUED		AL PLEGISTS	IAR ISSUING PE	TME
	summer annu oc	ITY FOR THE DISPOSITION	N SPECIFIED IN THIS PERMIT	9	11.00			2600383			
	LOCAL REGISTRAR			are all the same of the same o	THE ADDIO			>			
				DEATH-							
				2			-				
10	AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ABLE ITEMS	7 1111			100	FOR CO	DRONOR	S USE ONLY	
1	X A BURIAL ENCLUDE	ES ENTOMOMENT)		E.TE	MPORARY ENVALIEN	ENT .	-1-1	I DISPOSITION PI	ENDING -	PEMAINS LOCA	TEO AT
[B. CREMATION			F DIS	INTERMENT			(Name and Addres	es.		
Ę	THAN IN A CEME	TERY	OTHER	1000		E DAUEDOWN					
					Arean 10 our side of					-	
	BAIDINA	CONTRACTOR		Marine Co. Access	STREET	TIB. DATE BURNE	D 111	C SIGNATURE OF PER	SON IN C	HARGE OF BU	JRIAL.
	BOHME					1-6-00	, P	Kum F	6	meste	/
SE SE		12A. NAME AND AL	DORESS OF CALIFORNIA C	REMATORY	101	12B. DATE CREM	ATED 12	C. SIGNATURE OF PER	SONING	HARGE OF CE	REMATION
H	CREMATION							//			
ABLE							>				
HID		13A, NAME AND AD	DRESS OF CALIFORNIA FA	CILITY RECEIV	ING REMAINS	13B. DATE RECEI	VED 13	C. SIGNATURE OF PER	SON IN C	HARGE OF FA	CILITY
N.	USE					-					•
ML			DEFENDING TO SELECT				>				
Ę		The state of the s		OT THE OWNER OF THE PARTY OF TH	CANADA CONTRACTOR OF THE PARTY	14B. DATE SHIPPI	ED 14				CHARGE
OMP	TRANSIT	The state of the s									
o		ANA ADDDCCC NE	ARCOY BOILT ON SUPPET II	HE OR OTHER	DECORPTION	ten mare as	>		-	Tore version	Columns in a
AUTHORIZATION OF LOCAL REGISTRAY OF DISPOSITION OF COLFIDENTIAL THREE PRINT WITE THIS PERMIT GIVES NO RIGHT OF DISPOSITION OF COLFIDENTIAL THREE IN DISPOSITION OF DI	15D LICENSE CREMATED RE	EMAINS DIS-									
	DISPOSITION OTHER		EA. ONLY ENTER LATITUDE	AND LONGITU	DE					POSER — IF A	PPLICABLE
-	THAN IN A CEMETERY						-				
-							477.65			47	

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

LOW Income



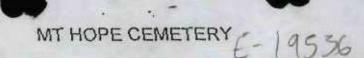
INTERMENT ORDER

AT	ne	ed
Res	iden	+ fe

City of San Diego

Date 1-3-06

Resident tee 12	Chairs
or telila Tavalo	2 Mailo 229923
ina Liner F	uneral, date, time Mon Jan 9 9 00
Churchi Chanel, Gravesida	TH DUNITL Mortuary
All Funeral cars must arrive before 3:00 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division Section 2 Blk	RowLot_3_ Grave_3
Grave space & Care Fund	1132
Overtime/Late Arrival Fees	ID
Opening/Closing & Setup	DIA F
Burial Container.	
Handling Fees	103.0
Flower vases - Marker setting-less vs. 1100	E CEMETERY -
Recording/Filling/Transfer Figes	3250
	inci
COL 08952435	1/0001
	9) =16 3 / V ~
Falci	CX CX
dought	
and this is your authority to make disposition	of remains as above indicated, I certify and represen
any liability on account of said authorization ar	and Lagree to hold Mt. Hope Cemetery harmless from
	ymisa. P. 70Foto
I hereby authorize the interment in lot I hold under dead.	19933 54th CT
+ Misa to Tet	JACTIESS CAN DIO COD 3111
Superiore	CONTRACTOR
	prized and instructed, subject to your rules and regulations, to inter the remains of the Tourish and Internal Acts and
Paulette	100.000
Work Order # E 19534	Acct. #



GRAVE BLIND CHECK FORM

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

	1	u	х			
	Hessell					
	Walken		Perer			
			aulett lila			- 6-06
Intermen	t Date:	non_	Jan 9 T	ime:	900	Chape
Div:L1	_ Sect:_	2 BI	k/Row:	Lot:	3_ 0	ir:_3_
Grave La	aid out by:	DAVIS	10	OSE		
Agrees	with Map:	E Yes	Yes DARKE	No	Fron	1-6-06
Jinu Ci	IUCK & VE	rined by.	o moc.		Date.	1000



THE CITY OF SAN DIEGO

E 19536

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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.

Name of Deceased:	Felila	Tavala	a Maila)
Address:	233 54	th Str	eet	
City:	San Di	State C	A Zip Code	92114
City of San Diego re	sident? (Circle)	(VI	3	NO
Size of Family (che	ck one)			
Anni	ial Income		Annual Inc	ome
(1) \$13,4		□ (4		
NAC 0.000 PM - 0.000 P			\$44,030	
(2) \$22,0 (3) \$30,2		□ (6	The second secon	
- 1884 250.40	70-73	No.	AN DEPOSIT OF STREET	
hospital unless said stay I hereby certify undeabove statements are	er penalty of perjury	under the law		California that the
Signed/ Relationship	Joseph	Dan	- 01	000
signed/ Kelationship			Date	
one of the following: I Cu	id California Driver's Licer treni Utility Bill Curren ipt property tax statemen	t Monthly Checkin	card displaying City of ag/Bank Statement R	San Diego address and lental/Lease Agreement
14. Da	Dhong		1/5/06	
Approved by			Date	
Approved By 496 Date 145/06				



Mt. Hope Cemetery

E 19536

Form 1040	U.S. Individual Inc	Section 1995	turn 21	004	(99) IRS Use	only - C	o not write or sta	iple in this space.
	For the year Jan 1 - Dec 31, 2004, or off		, 20	004, end	ting , 20		The second second second	1545-0074
abel	Your first name	MI Last	name		-1060	1	Your social secu	rity number
See instructions.)	PENI		FETE	N	12700 1VO	0		
Jse the	If a joint return, spouse's first name	700 1000	name	CDI	A 1270406C		Spouse's social	security number
RS label. Otherwise,	MISA Home address (number and street). If you		ISI		Aparlment	-		
lease print		I have a riot out, see	materioris.		operation)	10.		ortant!
r type.	233 54TH STREET Gity, lown or post office. If you have a for	aine address sas instr	irflone		State ZIP code			nter your soci nber(s) above
and dential	n-Marines - Comp	eign godress, see insire	Actions.		THE THE PARTY OF T		30001113 1101	1001(0) 00011
Presidential Lection	SAN DIEGO	-		-	CA 92114-38			4
See instructions.)	Note: Checking 'Yes' will not Do you, or your spouse if fili	change your tax on a joint return, v	or reduce your want \$3 to go to	refund	fund?	You	TNO T	Yes N
iling Status	1 Single		4		Head of household (w	ith quali	fying person)	(See
	2 X Married filing jointly (ever	if only one had incom	ie)		instructions.) If the qui but not your dependen	attrying	person is a c this child's	niid
Check anly	3 Married filling separately.	Enter spouse's SSN ab	ave & full		name here		William William St.	
ne box.	name here >		5		Qualifying widow(er) with d	lependent	child (see instru	ctions)
xemptions	6a X Yourself, If someone	can claim you as	a dependent,	do no	ot check box 6a		Baxes ch	
1/1/	b X Spouse	****					No. of ch	ildren
	c Dependents:		(2) Depende		(3) Dependent's	(4)		01
	c Dependents.		social secu number		relationship to you	qualifi child for	child with you	
	(1) First name	Last name	1/91/1957		to you	tax cr		
	JOSIAH LEASAU		-		Grandchild	X		rorce
							(see instr	*)
more than	The supplier of the same of th	100				T	Depender on 6c not	
our dependents, ee instructions.							Add numi	S11011-11
ee instructions.	d Total number of exemption	one claimed	0.00				The Manager	D.
	7 Wages, salaries, tips, etc.			221-21	The second secon	1	7	27,054
ncome	8 a Taxable interest. Attach	The second secon				-44-44	8a	27,004
	b Tax-exempt interest. Do			****	86	******		
ttach Form(s)	9a Ordinary dividends. Attac				5.51		9a	
V-2 here. Also	b Qualto divs (see instra)				96	ALIVATORS .	EE II	Ball of the
ttach Forms 7-2G and 1099-R	10 Taxable refunds, credits, or offs	sets of state and local	income taxes (see	instruct	ions)	4	10	
tax was withheld.	11 Alimony received			*****			11	
was alid ant	12 Business income or (loss					-	12	13,848
you did not et a W-2,	13 Capital gain or (loss). Att Sch D				Name of Street, or other party of the Street, or other party or ot		13	
ee instructions.	14 Other gains or (losses).					2007 1200	14	
	15a IRA distributions	-			ixable amount (see ins	1000	156	
	16a Pensions and annuities	16a			xable amount (see ins		16b	
CALCO DIVINA	17 Rental real estate, royalt 18 Farm income or (loss). A	THE RESERVE OF THE PARTY OF THE	o corporations	, trust	s, etc. Attach Schedule	-	17	
nclese, but do nt attach, any	18 Farm income or (loss). A 19 Unemployment compens		The best statement of	A STATE OF	NAME AND ADDRESS OF THE	700000000	19	5,359
ayment, Also,	20 a Social security benefits	20a		b Ta	xable amount (see ins	The second second second	20 Ь	5,555
ease use orm 1040-V.	21 Other income					CICIAMINI	21	
	22 Add the amounts in the fa	ar right column for	lines 7 throug	h 21.	This is your total incor	me -	22	46,261
	23 Educator expenses (see	instructions)	**********	THE S	23			
djusted	24 Certain business expenses of re	servists, performing as	rists, and fee-basi	5				
iross	government officials. Attach For		********	10 10 6	24	-		
come	25 IRA deduction (see instru	TOTAL TOTAL CONTRACTOR	********		25			
	26 Student loan interest deduction (see instructions)							
	27 Tuition and fees deduction (see instructions)						200	
	28 Health savings account deduction. Attach Form 8889					_		
				*****	29	070		
	30 One-half of self-employm			ffers.		979.		
	31 Self-employed health ins 32 Self-employed SEP, SIMI			110.02	31	-	200	
	32 Self-employed SEP, SIMI 33 Penalty on early withdraw		Pieris	tites s	32	-	22	
	34a Alimony paid b Recipient's SSI			N. W.	34a	-	BUILD IN	
	35 Add lines 23 through 34a	W White Same					35	979
	36 Subtract line 35 from line	22. This is your a	diusted aress	incor	ne	1.4.0	36	45.282

Social Security Administration Supplemental Security Income

E19536

Notice of Planned Action

Date: October 29, 2005 Claim Number:

435 CMP5,M10,094,024308

000024308 01 MB

0.309

FELILA MAILO 233 54TH ST SAN DIEGO CA 92114-3804

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Halarahdradhadddahadddahaddahaddadhaddadd

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

December 1, 2005

Continuing

\$357.00 This includes \$234.00 from the State of California. We will reduce your payments as shown above beginning December 2005.

Information About Your Payments

Your regular monthly check of \$357.00 will be sent to you about the first day of December 2005.

See Next Page

SSA-L8155

Your Payment Is Based On These Facts

You have monthly income which must be considered in figuring your eligibility as follows:

- Your Social Security benefits-- before deductions for Medicare premiums, if any-- of \$283.00 for October 2005 on.
- The food and shelter you get in someone else's home or apartment. We value that food and shelter at \$193.00 for October 2005 on.

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

- You are living in someone else's house or apartment. We may be able
 to pay you more SSI money if you are paying your share of the
 household expenses. Contact us if you think you are paying your
 share.
- This decision refers only to your claim for Supplemental Security Income payments.
- This determination replaces all previous determinations for the above periods.

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.
- 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.

E 19536



SEX:F HT:5-06

HAIR:GRY WT: 155 EYES:BLK DOB: 04-26-38

2 N.12 Por, to

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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		USE BLACK INK ONLY - N	MAKE NO EHASURES, WH	ILEONIS OH O	THEH ALTEHATIONS	0
IA. NAME OF DECED	NT-FIRST (GIVEN)	1B. MIDGLE	1C. LAST (FAMILY) MATLO		2. DATE OF BIRTH MONTH, DAY, YEA 04/26/1938	
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ACKNOWLEDGEMENT OF	APPLICANT I Hereby ack of the Health	nceledge as applicant that the proposed disposition and Salety Code, and was authorized persuant to	or stated herein is one of the dispositions aut a Section 7900 of the Health and Selety Code	Mayor recessing to burner	· Claverette	luss 12/29/2005
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	N ADCORDANCE WITH PROVISIONS OF A AND SAFETY CODE AND IS THE AUTHO IN SPECIFIED IN THIS PERMIT IN RIGHT OF DISPOSAL OUTSIDE OF CALFORI	611 00	12/30/20 C. RUSS	005	OCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW POWAL DISPOSITION	VITAL RECO	EGISTRAR OF DISTRICT OF DEA SED IN CALIFORNIA DRDS-P.O. BOX 852 CA 92186-5222	IF DISP		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORN	UA.
10. AUTHORIZED DISPO	SITION(S) CHECK APPLIC	CONTRACTOR STATES	United States		FOR	CORONOR'S USE ONLY
A BURIAL (INCLUDE BE CREMATION OF THAN IN A CEME	F CREMATED REMAINS	OTHER	E TEMPORARY ENVAULTME F DISINTERMENT G SHIP IN TO CALIFORNIA H TRANSIT TO OUTSIDE OF		L DISPOSITION (Name and Add	N PENDING HEMAINS LOCATED AT Seeul
	11A. NAME AND A	DORESS OF CALIFORNIA CEMET	ERY	11B DATE BURIEL	111C SIGNATURE OF P	ERSON IN CHARGE OF BURIAL
BURIAL		CEMETERY 3751 MA	Contract Contract	1-9-00	by Kenne	E. lower
CHEMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREM	ATORY	128. DATE CREMA	ATED 12C SIGNATURE OF P	ERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECEN	VED 13C. SIGNATURE OF P	PERSON IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO E		14B. DATE SHIPPI	D 14C ADDRESS AND SI OF PLACING WITH	IGNATURE OF PERSON IN CHARGE H THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	SUFFICIENT T IF BURIAL AT !	AREST POINT ON SHORELINE (O IDENTIFY FINAL PLACE AND C SEA. ONLY ENTER LATITUDE AND	A DISTRICT OF DISPOSITION.	15B DATE OF DISPOSITION	ISC SIGNATURE OF DIST	
			the state of the s			

COPY 2 IS RETAINED BY 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

in grave publicady	City of San Diego		
Outricus.		Date 1-3-6	1
You are hereby authorized and instruc	ted, subject to your rules a	and regulations, to inter	the remains
or Wesley B. Ec		229926	
in a ash bauet	Funeral, date, time	AYD 1/	11/00
Church, Chapel, Graveside	wery Only:	NIA	Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work day	or an extra charge of	s
will be applied and billed to undersigned	ed		The same
Pivision 7 Section 5	BINGOW 19	Lot Grave	JA-
Grave space & Care Fund	***************************************		0
Gvertime/Late Arrival Fees			
Opening/Closing & Setup			149
Burial Container			79-
Handling Fees			85
Flower vases - Marker setting fee	THE REPORT .		
Recording/Filing/Transfer Fees	113		65
Sales taxes JAN - 3	2000		6.12
MOUNT	Z000		384.12
HOPE O	Haid-receipt number	Mastercard	38442
	METERY	Balance due	0
I hereby certify I am the INCP	hiera)	of the above na	amed decedent
and this is your authority to make dis that I have the right to make this auth- any liability on account of said authori	orization and I agree to ho	ove indicated. I certify	and represent
Chronic and the partition of the	IMME	termad As	Kan
I hereby authorize the interment in lot hold under deed.	Paul Name (2 116016	th.
+MUNaword ASVW	- m	la Wta	MAGR
COL N6410786	(CF (G)	271-184	2 Zip Chida
	Invoice # _		15-0-4
Work Order # E 19537	Acct. #		
REA-104 (3-04) Thi	is information is available	in alternative formats	upon request.

MT HOPE CEMETERY

E 19537

	the name	of the deceas	ed for v	which the	grave is	
audation.	madenda la	"X". Place the the appropri	ate spa	ace(s) th	at are adja	anni in
				gatria		O OF
•		SWATE				13
:	anders	Smith	х			
Blind C	heck Initia	ted By: Pa	uler	te	_ Date:	1-11-00
Interme	ent space f	or: Wesley	1 B.	Edgan	ton &	,
		AYD				
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100		: Alorma	~			
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Agrees	s with Map	Ø Yes	0	No	X	
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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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711			1.5

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS IA. NAME OF DECEDENT-FIRST (GIVEN) 18 MIDDLE IC LAST (FAMILY) 2 DATE OF BIRTH 3 DATE OF DEATH MONTH. DAY, YEAR MONTH, DAY, YEAR WESLEY в. EDGENTON 06/15/1933 12/28/2003 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. 6 NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT DRRANCE KEVIN D. BROOKS, NEPHEW TA TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 15 CALIF LICENSE NUMBER 1119 34TH ST. APT. G -- IF APPLICABLE HUNTER-PEREZ MORTUARY SAN DIEGO, CA 92102 BA SIGNATURE OF APPLICANT - Person taking permit, BB. DATE SIGNED 5443 LONG BEACH BLVD., LONG BEACH, CA 90805 FD 595 Charaky economisting as applicant that the proposed disposition states became a use of the disposition automored to ACKNOWLEDOMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized purtaint to Section 7180 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. DA AMOUNT OF FEE PAID, 9B DATE PERMIT ISSUED, 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF \$13.00 MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D ADDRESS OF REGISTRAF OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN AMOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW 313 N. FIGUEROA ST. RM. L-1 PERMIT TO SHOW FINAL PO BOX 85222 DISPOSITION. LOS ANGELES, CA 90012 SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) X B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY O. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY BURIAL 3751 MARKET ST. SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN DRANGE OF CREMATION GRAND VIEW MEMORIAL PARK CREMATORIUM CREMATION 1341 GLENWOOD ROAD GLENDALE, CA 91201 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C. SIGNATURE OF REPSON IN CHARGE OF FACILITY SCIENTIFIC N/A USE 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C SIGNATURE OF PERSON IN 15B. DATE OF CATTERING AT SEA 150. LICENSE NUMBER FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION OF CREMATED RE-DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -- IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT- Need

City of San Diego

(RES)	Date _ /-3-06
	119910
	subject to your rules and regulations, to inter the remains
of Maria Dolores Ran	irez de Zaragoza
ina LINER	Funeral, date, time Jan 9, 06 9:00
Church Chapel, Graveside	: Heath Funded Mortuary.
All Funeral cars must arrive before 3:00 p.r	n. of regular work day or an extra charge of \$ 2/3.00
will be applied and billed to undersigned.	
	10
Division 12 Section 2	Blk/Row Lot 138 Grave 6
Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	BAIR 533.00
Burial Container	LINEA AID 270.00
Handling Fees	JAN - 5 2006 206.00
Flower vases - Marker setting fee	<u></u>
Recording/Filing/Transfer Fees	WALLET WARE PERSON 65.00
Sales taxes	MOUNT HOPE CEMETER 10.93
	Total Due 3,358.73
Pa	id receipt number R-57532 1,358.93
	Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorizationary liability on account of said authorization	of the above named decedent ion of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	X Jorge turagora
fan //	Address Sup Charles Ch COLIN
77	10 × 1015) 857-0083
Jorge taragota	JC. Tirlephore
(o. purglause	Invoice #
Work Order # E 19330	Acct. #

70x Healf Funeral Home 619 477-4130 30478 OUT \$954 1 220 MED2657 0000009123 **

RADIOLOGY MEDICAL GROUP P.O. BOX 34307 SAN DIEGO, CA 92163-4307

PLACE OF SERVICE: MERCY HOSPITAL IP

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E-19538

PATIENT N	IAME
MARIA ZARAGOZA	
ACCOUNT NUMBER	STATEMENT DATE
3310959	11/15/05



Hilmidin Hillin Hillin

AMOUNT DUE	DIAT THUDMA
	The state of the s
35.69	

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

- JUNE

MT HOPE CEMETERY

E-19538

GRAVE BLIND CHECK FORM

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

the buria	I space.	Lin			
	#4 August Gambrell	#5 clara Grambrell #11 MARIA Lopez	#C X		
	neck Initiat	or. MAr	iaz	arago	1-5-06
Div:/_	nt Date:	∠ BI		Lot	Gr:_6
Agrees Agrees	with Legal	Card: Ø	Yes	□ No	::1-6-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

98

A. NAME OF DECEDER	UT CIDOT MINER	18 MIDDLE	1C LAST (FAMI		2. DATE OF BIRT	H 3. DATE OF DEATH	4 4 SEX	
MAI		D		GOZA	MONTH DAY VE	AR MONTH DAY YEA	AB	
SA CITY OF DEATH	San D	riego		F DEATH OUTSIDE CALIF.	6. NAME, BELATIONSHIP, F OF INFORMANT	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COD		
Heath F	uneral Hom	A - FUNERAL DIRECTOR OF P Rational City		TO CALIF LICENSE NUMBER IF APPLICABLE FD 807	4454 Market S	Street 1 92102		
ACKINOWLED/DEMENT OF A	Denty acti	revenition as explicion that the proposed the	spoolition stated human is one of the di-	specificing authorized by Section 103265	WE SIGNATURE OF AFFEIGR		/06/2006	
	LET THE PROBLEM	and Salvey Code, and was pulliorized puts	DA AMPLIATOR E	AND REAL PROPERTY AND REAL PROPERTY.	ISSUED - BC S/SNATURE OF	LOCAL REGISTRAR ISSUING	PERMIT	
authorization of	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE A IS PECIFIED IN THIS PERMIT DIRIGHT OF DISPOSAL OUTSIDE OF CAL	\$ 11.00	Street, and the street, and the street, street		ey L Bows		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	IF DEATH OCCURR	EGISTRAR OF DISTRICT OF RED IN CALIFORNIA San Diego CA 9			OF DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CALFO			
10. AUTHORIZED DISPOS	ITION(S) CHECK APPLIC	ABLE ITEMS	1		FO	OR CORONOR'S USE ONL	Y	
B CREMATION C. DISPOSITION OF THAN IN A CEME! D SCIENTIFIC USE BURIAL	TIA NAME AND AL	OTHER DDRESS OF CALIFORNIA CE Constery CO CA 92102	THE MINISTRA		D 11C SIGNATURE OF	PERSON IN CHARGE OF	BURIAL	
CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA C	REMATORY	128. DATE CREM	ATED 12C SIGNATURE OF	PERSON IN CHARGE OF	CREMATION	
SCIENTIFIC USE	13A, NAME AND AL	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REM	AINS 136 DATE RECE	IVED 13C. SIGNATURE OF	PERSON IN CHARGE OF	FACILITY	
TRANSIT	THE RESERVE OF THE PARTY OF THE	ODRESS IN RECEIVING STA CREMATED REMAINS ARE	A CONTRACTOR OF THE PARTY OF TH	E 148. DATE SHIPE	The state of the s	SIGNATURE OF PERSON ITH THE CARRIER	IN CHARGE	
ATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELIN O IDENTIFY FINAL PLACE AN SEA, ONLY ENTER LATITUDE	ID CA DISTRICT OF DISP		N CHARGE OF DE	SPOSITION CREMATE	NSE NUMBER OF D REMAINS DIS- 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

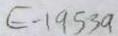
City of San Diego

AT Need

Date 1- 4-00

You are hereby authorized and instructed, subject to	your rules and regulations, to inter the remains
of Steve Parraz S	or fin # 239829
in a Double-Debth" A" Funera	I, date, time TUES. Jon 10 TO
Church Chapel Graveside	:Cairemon+ Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regul	A
will be applied and billed to undersigned. 42/3	00 Sandra partaz
Division 12 Section 2 Blk/Row	Lot 154 Grave 5
Grave space & Care Fund E - 19527	
Overlime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container D.D. CRYPT A "	9_
Handling Fees.	
Flower vases - Martier setting to	
Recording/Elizar trensfor Fees	
Sales taxes	<u> </u>
OH COM TAILS CITY	Total Due
Paid receipt	
hereby certify I am the daughte	Balance due
and this is your authority to make disposition of ren that I have the right to make this authorization and I	of the above named decedent nams as above indicated. I certify and represent
any liability on account of said authorization and inte	menting address fin 28
I hereby authorize the interment in lot I	x SAndra Parraz 23
holdunder deed.	X 1430 petree Stapt 943
Station State of the State of t	X EL CATON, CA 92020
	COX 619-444-4665 20000
Rulette	Telephone Cell 619-917-6778
Taulo F 19530	Invoice #
Work Order # E 11537	Acct. #
REA-104 (3-04) This information is	is available in alternative formats upon request.

O Printed on recycled paper



GRAVE BLIND CHECK FORM

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

		х			
Shacke	Copdo	*			
	Initiated By:			-	1-6-06
	ace for: Sta				-
Interment Da	ate: Dues. C	Jan-10.	Time:	12:00 (hapel
Div: 12	Sect: 2	BIK/Row:_	Lot:	154 G	ir:5_
Grave Laid	out by: Norm	an Ferg	m	- 11	
Agrees with	Legal Card:	Yes	□ No		
Agrees with	Map: X Yes	, 6	No		
3lind Check	& Verified By	v: Ctra	un	Date:	1-9-06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 4 SEX 1B MIDDLE 2. DATE OF BIRTH 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST IGIVENI 1C LAST (FAMILY) 12/31/2005 MONTH, DAY, YEAR STEVE PARRAZ, SR. 09/20/1940 NAME, RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE 5A, CITY OF DEATH 5B. COUNTY OF DEATH - OUTSIDE CALIF. 6 ENTER STATE OF INFORMANT LA MESA SAN DIEGO MARY D. PARRAZ - WIFE ED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 1761 CALIF LICENSE NUMBER 1430 PETREE STREET, APT. 543 - IF APPLICABLE TREMONT MORTUARY-4266 MT. ABERNATHY AVE. EL CAJON, CA 92020 SAN DIEGO. CA 92117 FD 1126 BA SIGNATURE OF APPLICANT-Pages salve parts. BB. DATE SIGNED havely accrowledge on spokered that the proposed depolation stated haven is one of the dispositions authorized by Section 10005 01/09/2006 ACKNOWLEDGEMENT OF APPLICANT of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code SA, AMOUNT OF FEE PAID IGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-01/09/2006 \$11.00 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF NOTE: THE PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA ▶ 2600567 D. King LOCAL HEGISTRAR DE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO, CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS X A. BURIAL (INCLUDES ENTOMBRENT) E. TEMPORARY ENVALISHMENT I. DISPOSITION PENDING -- REMAINS LOCATED AT (Name and Address) B. CREMATION **FIDISINTERMENT** C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC LIBE H TRANSIT TO OUTSIDE OF CALIFORNIA HA NAME AND ADDRESS OF CALIFORNIA CEMETERY THE DATE BURIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL MOUNT HOPE CEMETERY 06 3751 MARKET ST. SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC HEE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. DISPOSITION CHARGE OF DISPOSITION POSER -- IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

Low Income /

AT-Need (Res)

FIEA 104 (2-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	1	-		
Date	1	5 -	06	-5

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Church) Ch							ula		Mortuary
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will be appl	lied and b	illed to unde	ersigned.				_		X
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Opening/Cl	losing & S	Setup					*********		266.50
Burial Cont	lainer		P	1) Cry	P.T			*******	539.00
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				- 3	alephone				
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This information is available in alternative formats upon request.

Low INCome

AT-Need (Res)

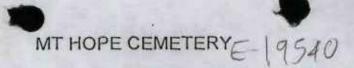
MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-5-06

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Church) Ch	100000000000000000000000000000000000000	The second secon						-		rituary
All Funeral	cars mus	st arrive belo	re 3:00	p.m. el regul	ar work	Nav or a	o satto o	-		3.00
will be appl	led and t	illed to unde	rsigned	Steel	la.	Gre	en	-		X
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and the second										
Opening/Cl	losing & S	Setup	*******						2.66,	50
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Work Order	F	1000	41)		Acct.					

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GRAVE BLIND CHECK FORM

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THE CITY OF SAN DIEGO

€19540

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

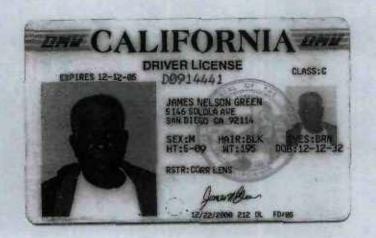
Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

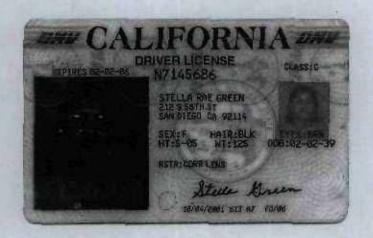
James Nelson Green

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		V			7 210 1000	92114			
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red/Relai	ionship				Date				
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Mt. Hope Cemetery
Community Poiks 1 + Fork and Represent - 3751 Market Street - San Giego, Ca 92102 4527 Tel (619) 557-3400 + Fox (619) 527-3403





SOCIAL SECURITY 2530 E PLAZA BLVD NATIONAL CITY CA 91950

Social Security Administration Supplemental Security Income

Notice of Change in Payment

Date: November 28, 2004 Claim Number: 463-42-0795 DI

E-19540

435 B069,M4E,350,002639 0000

000061980 01 AB 0.301

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.

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 and your spouse's income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income and your spouse's income affects your payment amount. We include explanations only for months where payment amounts change.

Information About Your Payments

- The amount due you beginning January 2005 will be \$455.00. This amount includes \$276.50 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 2005 if there was an increase in the cost of living during the past year.
- The amount due you as shown above is the amount we would send each month if we were not recovering an overpayment. We will continue to withhold \$15.00 each month until the overpayment of \$3,377.33 remaining after January 2005 is recovered. Your payment will be \$440.00 beginning January 2005. Please get in touch with any Social Security office if you disagree with the rate of withholding or if you prefer to make refund.

Your Payment Is Based On These Facts

Our records show that the following income used to figure your payment has also changed-

11/28/2004

Your increased Social Security benefits-before any deductions for Medicare premiums- of \$532.00. You should receive the increased Social Security benefit about January 3, 2005. We must count the increase in your benefits for January 2005 even though we are counting your other income for November 2004.

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.
- 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 <u>computer matching</u> 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.
- 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.

9540 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE O	F BIFITH 3. DA	TE OF DEATH 4. SEX
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	National TYPED NAME AND AL Bishop Mot	DDRESS OF CAUFORN	Lemon Grove, CA	ENTER STATE	San Diego	Stella Rac 212 So. 58 San Diego,	Green, Wath Street, CA 9211	G ADDRESS AND ZIP CODE
#	ACKNOWLEDGEMENT OF A	Personal Principle action	awardje as applicant that the proposed disposed Selvey Code, and was surfection pursuan	plion algorithmen's as one of the stupeath	ons authorized by Section 103085	BA SIGNATURE OF A	PPLICANT—Person ted	01/03/2006
-	recent of	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUT IN SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE P	COLUMN TWO IS NOT THE OWNER.	r	OO359	ETRAR ISSUING PERMIT
3		IF DEATH OCCURR	GISTRAR OF DISTRICT OF DI ED IN CALIFORNIA 5222, San Diego		ADDRESS OF REGISTRAR DISPOSITION IS TO OCCUP	OF DISTRICT OF DISPOS		· ·
	A. BURIAL INCLUDE B. CREMATION	CREMATED REMAINS S	Cas Vara	E TEMPORARY ENVA	* · · ·		FOR CORONO POSITION PENDING Ins and Address	- REMAINS LOCATED AT
10	EXIRIAL	Mt. Hope	Cemetery, 3751 o, CA 92102		01-06		RE OF PERSON IN	CHARGE OF BURIAL
RE ITEMS	CREMATION	12A, NAME AND AL	DORESS OF CALIFORNIA CRE	MATORY	128. DATE CREM	ATED 12C. SIGNATU	RE OF PERSON IN	CHARGE OF CREMATION
IL APPLICAT	SCIENTIFIC USE	13A. NAME AND AD	ODRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	198, DATE RECE	VED 13C SIGNATU	RE OF PERSON IN	CHARGE OF FACILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPP	ED 14G ADDRESS OF PLACE	OF PERSON IN CHARGE RRIER	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE DIDENTIFY FINAL PLACE AND EA, ONLY ENTER LATITUDE A	CA DISTRICT OF DISPOSIT	AND DOOR WILL BARRY MAKES PROVIDE THE PROPERTY OF THE PROPERTY		RE OF PERSON IN OF DISPOSITION	15D, LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

INTER	IMENI ONDER
pre-need o	ity of San Diego
plotfee fin# 2298	57 Date 1 - 5 - 0 Cg
VDC 100	subject to your rules and regulations, to inter the remains
	- + Vertener Galu
	Transport of the second of the
Type of Builal Container	Funeral, date, time
Church, Chapel, Graveside	\$ Mortuary.
Anna de la companya del companya de la companya del companya de la	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division_L2 Section_2	Blk/RowLot 247_Grave
Grave space & Care Fund	2264
Overtime/Late Arrival Fees	
Opening/Closing & Setup	PAID
Burfal Container	
	FEB 1 1 2008
Flower vases - Marker setting lee	T HOPE CEMETERY
bul-mar	OU33
Sales taxes	01(33)
Sales taxes 696822 9	Total Due
3 Р	aid receipt number VISa Curd 452.8
	Balance due 1011, 20
I hereby certify I am the	of the above named decedent ition of remains as above indicated, I certify and represent
that I have the right to make this authorization any liability on account of said authorization	ation and I agree to hold Mt. Hope Cemetery harmless from
any materials of second or serious	+ Milton L. Gale Pinga98
I hereby authorize the interment in lot I hold under deed.	Print Name
+mor Color	5574 Encina Dr.
Signature (Con)	San Diego, CA. 92114
	(619)264-9410
paulette	10165/6008
paulette work Order # E 19541	Invoice #
Work Order # E 13 T1	Acct. #
This in	formation is available in alternative formats upon request

E-195	541	PRE NEED LO	OT ONLY! mor	17h1y#75.47	. 1	FIRST PHYMENT	bue .
PINH	24	9856 MONTHLY	PRYMENTS Due	15th of each	month	much is, ob	73 7 1
GALE,	MII	TON L. & Verlene	r 5574 Encina Dr	., SD CA 92114		519-264-9410	
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2/13/	07	P-00696	#12	Feb 07		7547	905.56
3/15	107	P-00748	at 13	May 07		7547	830.08
4-15	07	P-00780	# 44	april 00		7547	75462
5/10	10	P-00873	#15	mais 07		7547	679.15
611	3/0	7 P-00863	# 16	June 07		75.47	6008
7-11	3/0	1 P-00 895	#17	July 07		75.4	
8181	17	P- 0094	# 18	Que 07		7547	100
1				000			

1=-19541 Gale, Milton 2. Debit Credit Balance Forwarded P-00967 Coupon #19 2007 FEB 1 1 2008 MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

PRE-NEED PURCHASE MOUNT HOPE CEMETERY (619) \$27-3400

P 01112

		(619) \$27-3400 Date:			12.11	1/17 .20 08		
From: N	1-Gale	Addre				Dollars (\$_	75.	
in part	Payment of Sec	PN 2	BIK/ Row		247	Grave _	4	
Acct. No	\$ 75.39		PAID	JNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	75	47
Pre-Need Lot Pre-Need Trust AC-212 (11-05) This information is available a	Money Order Charge Underly 8	ISSUED BY	IT HOF A PE	Y	TOTAL PAID	s	75	47

CITY OF SAN DIEGO, CAL PRE-NEED PURCH MOUNT HOPE CEM (619) 527-3400 Date Address: DA File	ASE POTOUS
2	Dollars (\$ 75.47
PN 10t Only long	00n # 20 1 247 Grave //
NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 75, 47
PAID 0CT 1 2 2007	Trust 77196
MOUNT HOPE CEMETERY	
	PRE-NEED PURCH MOUNT HOPE CEM (619) 527-3400 Date Address: DA FILE PN 10+ Dnly low Blik/ Row Lo NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID OCT 1 2 2007

TOTAL PAID

AC-212 (11-05)

Trus information is available in alternative formets upon request.

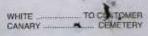
OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA P 00286 * PRE-NEED PURCHASE TO CUSTOMER .. WHITE CEMETERY CANARY MOUNT HOPE CEMETERY (619) 527-3400 Date: From: Gale, Multon Address: Dollars (\$ 75 49 Payment of Pre-need Cot. Blk/ Row Lot 247 Grave // Invoice No. E-19541 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. 77186 Trust BALANCE DUE \$ 1,584.79 Pre-Need Lot _ Money Order Charge Pre-Need Trust Xcheck4680

AC-212 (11-05)

This information is available in alternative formats upon request

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT P 00237 PRE-NEED PURCHASE WHITE ... TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY ... (619) 527-3400 Date: M. Gale on record Address: Dollars (\$ 75.47 Pre-nect in Daut Payment of Blk/ Row 247 Invoice No. E-19541 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" INITHIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. _ Trust 77186 APR 13 2006 BALANCE DUE 16 QU. 24 MOUNT HOPE CEMETERY Pre-Need Lot Money Order Pre-Need Trust Charge ISSUED BY Paulitte Check 75.47 AC-212 (11-05) TOTAL PAID This enformation is available to

OFFICIAL RECEIPT



PRE-NEED PURCHASE MOUNT HOPE CEMETERY

P 00337

		ale	(619) 52	27-3400 Date:	6	-13	, 20	06
From: Milton, Seventy	- Five and Payment of P	Address: 147/00 Ve-nee		cord	7	Dollars (\$ _	75.4	2_)
in Piny	Sec 2	Ye- nec	Blk/ Row	Lot_	247	Grave _	11	
Acct. No. W.O. BALANCE DUE	509.32	NOT VALID FOR P STAMPED "PAID" I	PAID	INLESS	CHEDIT 20% Sales Care Pre-Need Trust	6790T 9 77184 ————————————————————————————————————	75.	47
Pre-Need Lot Pre-Need Trust AC 212 (11-05)	☐ Money Order ☐ Charge ☐ Check 7 à \$	MOUNT	HOPE CTU		TOTAL PAID	5_	75	47

OFFICIAL RECEIPT



TO CUSTOMER CEMETERY

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

P 00378

10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		7			
		Date:_	7-10	, 20	06
From: Milton Gale	Address:	on rec	ord		
Seiven - Five and 4	7/00		Dollars (\$_	75.47)
in part Payment of	fre-need la				
Div 12 Sec	2 Biki		247 Grave	1/	
Invoice No. E - 19591	NOT VALID FOR PURPOSES	STATED UNLESS		150	
Acct. No.	STAMPED "PAID" IN THIS SPA		CREDIT 67007 20% Sales Care 77184		
W.O	DAIL		Pre-Need 63033 Trust 77186	75	97
BALANCE DUE \$1433.85	Lagran				
	JUL 102	306			
Pre-Need Lot Money Order					
☐ Pre-Need Trust ☐ Charge	MOUNT HOPE	TENTE	-		
AC-212 (11-05) Check Check	ZISSUED BY pulla	6 (15	17
This information is available in alternative formats uper rabuse	D		TOTAL PAID \$	-/-	

OFFICIAL RECEIPT	WHITETO	CEMETERY MOUNT HOPE CEMETERY			ASE .	. P. 00487		
			(619)	527-3400 Date:		9-12		6
From: Milton	L. Gale	Address	3	on 1	record			
Seventy-	five and	47/00				Dollars (\$ _7	5.47	
in Part	Payment of	Pre-net	ed lot a	nly.)			
Div_ 12	Sec	2	Blk/ Row	Lot	247	Grave	11	
Invoice No. E-19	541	NOT VIVE IN COR.	N INDOCES STATES	2188		701100000		
Acct. No.		STAMPED "PAID"	PURPOSES STATEL IN THIS SPACE	JUNLESS	CREDIT	67007	1	
W.O.			PAI	N	20% Sales Care Pre-Need	63033	75 4	17
BALANCE DUE	\$ 1282.91	-	SEP 12	2006	Trust	77186		
					-25.17			
Pre-Need Lot	Money Order	MO	UNT HOPE	CHMEI	EHA.	-		
Pre-Need Trust	Charge		The same of			_		-
22 2020 2020	Dicheck 479	SISSUED BY	aulette		NAME OF TRANSPORT		741	_
AC-212 (11-05) This information is everlable in a					TOTAL PAID	\$	104	7

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA 00438 - - PRE-NEED PURCHASE WHITE TO CUSTOMER ... CANARY MOUNT HOPE CEMETERY (619) 527-3400 8-11 Date: Address: record Dollars (\$ 75 47 Seventy- rive Frenced Payment of Blk/ Row DIV 12 Grave // Sec Invoice No. E - 1954 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. Trust 77186 BALANCE DUE 1,358.38 MOUNT HOPE CEMETERY Pre-Need Lot Money Order Pre-Need Trust Charge Xcheck 4772 ISSUED BY Paulitus 75.4

TOTAL PAID

AC-212 (11-05)

This information is available in alternative formats upon request

00574 CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT PRE-NEED PURCHASE TO CUSTOMER WHITE CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 11-13 Date: Address: Dollars (\$ 75. 47 Seveite twe Blk/ Row DIV Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. 77186 Trust BALANCE DUE NOY 13 223 Pre-Need Lot Money Order Checky 85 98SUED BY Mullety Pre-Need Trust AC-212 (11-05)

This information is available in alternative formats upon request

TOTAL PAID

OFFICIAL RECEIPT



WHITE

TO CUSTOMER CEMETERY

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

P 00620

				Date:	Vecem	ber/2	, 20	06
From: Multor	Dale	Addres		record		1000		
Secreta	- Five	and 4	7/00			Dollars (\$ 7	75.47	11.5
in part o	Payment of H	e-need	d'lot or	ly	Caupo	n#1	0	
DIV 12	Sec_		Blk/ Row	Lot.	247	_ Grave	11	
Acct. No		The second secon	DEC 200		CREDIT 20% Sales Care Pre-Need Trust	67007 77184 ————————————————————————————————————	75	47
Pre-Need Lot	☐ Money Order	MOUN	THOPECE	TET CTY				
Pre-Need Trust	□ Charge ☑ Check 4401		paulette	c.	TOTAL PAID	- s_	75	47

OFFICIAL RECEIPT	WHITE TO				ASE	P 00526		
	Dale Fire as	d 47/0	s: on re	Cord		Dollars (\$_		
in part 1 Div 12	Payment of Sec 19 541	2	Blk/ Row	et en	1247	Grave _/	/	
Acct. No	17 391		PURPOSES STATE	D UNLESS	CREDIT 20% Sales Care Pre-Need	67007 77184 63033	75 47	
BALANCE DUE	1,207.44	1	OCT 1 2 2006		Trust	77186		
Pre-Need Lot	Money Order	MOUNT	HOPE CEM	ETERY			5	
Pre-Need Trust	Charge Check 4841	ISSUED BY	Daulette	- C.	TOTAL PAID	_	75. 47	

This information is available in alternative formets upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

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

P 00696

			(619) 5	27-3400 Date:		2/13	,20	07
Seventy.	-Five and	47/00 re-neco			- 11	Dollars (\$ _7;	5 47	
Div 12	Sec	2	Blk/ Row	Lot	247	Grave //		
Acct. No. W.O. BALANCE DUE	19541	NOT VALID FOR STAMPED "PAID"	PURPOSES STATED IN THIS SPACE.	UNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	75	47
Pre-Need Lot	☐ Money Order							
Pre-Need Trust			aulette		TOTAL PAID	\$	75.	47

	TO CUSTOMER**	PRE-NEED MOUNT HOP		ASE POOD			
			27-3400 Date:	1112	, 20 <u>D</u>	7	
Seventy-five and	9 47/00	ss: on re	cord	Dollars (\$ _	75.47	0	
in PalCF Payment Div 12 S	ec_Z	Blk/ Row_	Lot 24	7 Grave	11		
Invoice No. E - 19541 Acct. No		R PURPOSES STATED U O' IN THIS SPACE	UNLESS	67007 ales Care 77184 —	75 4	1	
BALANCE DUE \$ 981.03		JAN 1 2 2007					
☐ Pre-Need Lot ☐ Money ☐ Pre-Need Trust ☐ Charge ☐ Check	MOUN	THOPE CEMI			75 (6	7	
AC-212 (11-05) This information is available in alternative formats up			TOTAL	PAID \$	12. 4	1	

P00748 CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT PRE-NEED PURCHASE **YOUUSTOMER** WHITE CEMETERY CANARY. MOUNT HOPE CEMETERY (619) 527-3400 Date: Address on record Dollars (\$ 75.47 PN Column # 13 in part Payment of Invoice No. E - 19541 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. _ 20% Sales Care 77184 75 47 Pre-Need 63033 W.O. 77186 Trust MAR 15 2007 BALANCE DUE \$ MOUNT HOPE CEMETERY Pre-Need Lot Money Order Pre-Need Trust Charge ISSUED BY Paultte C AC-212 (11-05) TOTAL PAID

This information is available in attarnative formats upon request

	OFFICIAL RECEIPT WHITE TO QUISTOMER CANARY CEMERERY	PRE-NEED PURCH MOUNT HOPE CEM (619) 527-3400	ASE	P00	823	
2		Date	1	5/1	,20	0
	From: Multon Bell Address		D	ollars (\$ 7	5.47)
	in Paut Payment of U nue Div 12 Sec 2	400.00	247	Grave		
	Invoice No. E 19541	PURPOSES STATED UNLESS	CREDIT 20% Sales Core Pre-Need	67007 77184 63033 77186	75	47
2	Pre-Need Lot	ulette C.				
	AC-212 (11-05) This information is available in alternative formats upon request.	ANA	TOTAL PAID	5	75	47

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT P00780 PRE-NEED PURCHASE TO GUSTOWER WHITE CANARY. CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: __ on record Mitton Gale Dollars (\$ 75.47 Payment of 247 Grave NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 771B4 Pre-Need 63033 W.O. __ 77186 Trust BALANCE DUE \$ 754 62 APR 1 0 2007 Pre-Need Lot Money Order MOUNT HOPE CEMETERY Pre-Need Trust Charge ISSUED BY AC-212 (11-05) TOTAL PAID This information is available in alternative formats boon reques

P00863 CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: Wilton Gale Dollars (\$ Payment of Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 75 47 Pre-Need 63033 W.O. 77186 Trust BALANCE DUE \$ 6036 GPre-Need Lot Money Order Pre-Need Trust AC-212 (11-05) This information is available in alternative formula upon request

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA P00895 PRE-NEED PURCHASE TO CUSTOMER WHITE CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: Address: Seventy-Dollars (5 Payment of Div Grave Row Invoice No. E - 19541 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" WHITHIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. Trust 77186 BALANCE DUE \$ 588.21 MOUNT HOPE CEMETERY Pre-Need Lot Money Order Charge Pre-Need Trust AC-212 (11-08)

This information is available in atternative formats upon request

	CITY OF SAN DIEGO, CAI PRE-NEED PURCI MOUNT HOPE CEN (619) 527-3400	METERY 9-13
Seventy - Jule Seventy - Jule in part Payment of	and 91/00 Pre-need lot o	Dollars (\$ 75.47
Div Sec_	7 Blk/	ot 247 Grave
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE. PAID	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186
Pre-Need Lot Money Or Pre-Need Trust Charge AC-212 (11-05) This withstreaker is available in alternative formatic upon	17 ISSUED BY Paulette C.	TOTAL PAID \$ 75. 47

OFFICIAL RECEIPT WHITE	CITY OF SAN DIEGO, CAL PRE-NEED PURCH MOUNT HOPE CEM	IASE	P(01043	
N. Gula	(619) 527-3400 Date		11/	15 . 200	97
From: OUU	Address:		Dollars (\$	75.47)
in Payment of Payment of Sec	on file PN 10+ on	y 247	Grave	11	
Invoice No. = 1954/ Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184 —	71	117
W.O	NOV 1 5 2007	Pre-Need Trust	63033 77186	13	4/
Pre-Need Lot					
Pre-Need Trust Charge	0.5		-	75	47
AC-212 (11-05) This information is available in alternative formets upon re-		TOTAL PAID	5	13	11

•	OFFICIAL RECEIPT WHITE CANARY	CITY OF SAN DIEGO, CA PRE-NEED PURC MOUNT HOPE CEI	CHASE PUIU64
)	Multipa I Conta	(619) 527-340	
	From: MILLON L. Gule		Coupon#22
	Div 12 Sec	fre-need lot only.	LOUPON#22 Lot 247 Grave //
	Invoice No E - 19541	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pre-Nieed 83033 75 47
	BALANCE DUE \$150.86	PAID DEC 1 2 2007	Trust 77186
)	Pre-Need Lot	MOUNT HOPE CEMETERY	
	Pre-Need Trust Charge AC-212 (11-05) This externation is available in alternative formats upon on	ISSUED BY Paulette C	TOTAL PAID \$ 75 47

***	OFFICIAL RECEIPT WHITE GANARY	TO CUSTOMER PRE-NEED PURCH MOUNT HOPE CEM	IASE	PO	1133	
*	From: Milton Gale	(619) 527-3400		2/1	1 ,20	08
	in Payment of _	Paldinful for Pn	LOT OY	Dollars (\$_	75-3	9_)
	Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID FEB 11 2008	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	75	39
	Pre-Need Lot	Paulette	TOTAL PAID	-	75	39

. OFFICIAL DECEIPT

INTERMENT ORDER

11 News	City o	f San Diego	12000	201
ingrave d	fd zirkleity o	Di	nte _ 1 - 60	-06
ing gera	10	. 2-3	19948	
You are hereby authorized		ect to your rules and re	gulations, to int	er the remains
of	ANCES Z	JRKLE Q.	Tros	10 9:0
ina ASH VI	AULT F	uneral, date, time	on Jen	ARRY T
Type of Burial Co Church, Chapot, Gravesid	dainer Johnson	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	testure	Mortuary.
All Funeral cars must arriv	e balare 3:00 a.m. of	rocular work day or on	astra chama	11/1000
will be applied and billed to				Linde
Will de applied and blied I	o bilderoigned.	The second		
Division Sec	tion GAR To	Aow_O_Lot_	63 Grav	• 4
Grave space & Care Fund				D_
Overtime/Late Arrival Fee	S			
Opening/Closing & Setup.	de	DAID		149 -
Burial Container	3x6x9	h withing	le	79
Handling Fees		JAN - 6 200	3	85
Flower vases - Marker se		JAN 0 ES		-
		TUCDE CE	WETERY	65:-
Recording/Filing/Transfer		(1644h.100.am	M1,731-11-11-11-11-11-11-11-11-11-11-11-11-1	6.12
Fax #858 - 270	281		***************************************	284.12
218-270	-0.		ueeu	20110
CX #850	Paid re	eceipt number Mas	reruna	204 1K
ro.	,		Balance due	
I hereby certify I am the and this is your authority	to grake disposition	of complete as about to	of the above i	named decedent
that I have the right to ma any liability on account of	ke this authorization	and I agree to hold Mt.	Hope Cemeter	y harmless from
I havely authorize the late	and the last t	×		
I hereby authorize the inte hold under deed.	rment in jot i	Print Nama		1
X		Address		100
Signature		X		Charle
		1	CX	W. W.
		Tellephone	V	ball of
		Invoice #	ret a	1
Work Order # E	9542	Acct. #	V	
REA-104 (3-04)		ation is available in alt	ernative format	ls upon request.
	O Print	ad an everted enter		

140,745 201

MT. HOPE CEMETERY

INTERMENT ORDER

AT Need

City of San Diego

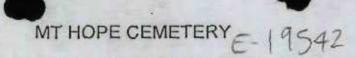
- 19542

Date 1- 10-060

You are hereny aumoritard and instructed, subject to your rules and regulations, to inter the remains FRANCES ZIRKLE W water a. Mahi All Funeral cars must arrive bottons 2.00 a.m. of regular work day or an axid charge of \$ bonder will be applied and billed to undersigned. Securin GAR Englan & Lot 63 Grave Grave opuse & Care Fund Overime/Late Arrival Fees . Opuning/Closing & Scrup Handing Foes..... Flower vases - Manner setting les MOUNT ACTE CENTICATE Transfergittle ag/Transfer Same For #858 - 270-0781 384.12 Pade incorpor Emper Emer Card 384/12 and this is your authority to make dispusition of remains as above indicated. I contry and represent the at a page to the account of sale supposition and a special to bold Milly on account of sale supposition and a special to bold Milly on account of sale supposition and interment. * HELEN DOYLE I namely authorize the informant in lot I hope under deed.

X Trelen K. Boy Le 4944 CASS ST # 304 SAN DIEGO, CAL- 9=105 858-270-0781

FX-619-627-3403



GRAVE BLIND CHECK FORM

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

Bradtswy	
x Bure	
735	

Blind Check Initiated By: 119 106 Paulette Date: 1-9-06
Interment space for: France's Zirkle &
Interment Date: 1/97.06 Time: 440 9:00
Div: 1 Sect: GARBIK/ROPY Lot: 63 Gr: 4
Grave Laid out by: Norman Feren
Agrees with Legal Card: TYes D No
Agrees with Map: Yes O No
3lind Check & Verified By: Maid Moning Date: 1-10-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

C- 19542

USE BLACK INK ONLY - MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 4. SEX 2. DATE OF BIRTH 1A, NAME OF DECEDENT FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) SE COUNTY OF DEATH OUTSIDE CALIF. 6. NAME, RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE FRANCES ELIZABETH 5A CITY OF DEATH ENTER STATE OF INFORMANT SAN DIEGO HELEN DOYLE-EXECUTRIX SAN DIEGO 7A TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 4944 CASS ST.,#304 IF APPLICABLE NEPTUNE SOCIETY SAN DIEGO, CA 92109 14065 HWY 8 BUS, EL CAJON, CA BA. SIGNAPURE OF APPLICANT -Feron taking porms (88, DATE SIGNED) FD-1352 Chartery Allgrammerties as applicant that the proposed disposable stated howers as one of the disposables authorized by Section 100005 of the Health and Solety Code, and was authorized previously in Section 7100 of the Health and Solety Code. 01/05/2006 ACKNOWLEDGEMENT OF APPLICANT 9A AMOUNT OF FEE PAID 68. DATE PERMIT ISSUED 90 BROWATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 01/05/2006 2600249 THE CALIFORNIA HEALTH AND SAFFTY CODE AND IS THE AUTHORI-TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA \$11,00 L. HEATH LOCAL REGISTRAIT 9F ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -IF DISPOSITION IS TO DOCUR IN ANOTHER DISTRICT IN CALIFORNIA MAY DHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA TION REDUIRES A NEW P.G. BOX 85222 PERMIT TO SHOW FINAL MAN DEEGO, CA DISPOSITION 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS W A. BURIAL (INCLUDES ENTOMIMENT) E TEMPORARY ENVAULTMENT DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) F DISINTERMENT. **B CREMATION** C. DISPOSITION OF CREMATED REMAINS OTHER O. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE HA. NAME AND ADDRESS OF CALIFORNIA CEMETERY ITB DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT.HOPE CEMETERY, 3751 MARKET ST., BURIAL SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION LENEDA, INC. CREMATION 14065 HWY 8 BUS.EL CAJON.CA 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 13C SMINATURE OF PERSON IN CHARGE OF FACILITY 13B. DATE RECEIVED SCIENTIFIC USE 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT M/A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF 15C. SIGNATURE OF PERSON IN 16D LICENSE NUMBER OF CREMATED REMAINS DIS-SUFFICIENT TO IDENTIFY FINAL PLACE AND CADISTRICT OF DISPOSITION SCATTERINGARURIAL DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY B/A

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.

INTERMENT ORDER

at need

City of San Diego

Area	Date 1/9/06
	219901
You are hereby authorized and instructed, subject	to your rules and regulations, to inter the remains
or Juana Huerta	
in aFun	
Type of Burial Container Church, Chapel, Graveside	: AZTLAN Mortuary.
All Euro Guadalupe Murano	gular work day or an extra charge of \$ 2/3,00
will be applied and billed to undersigned.	the second of the second secon
will be applied and billed to undersigned	and a tura
Division 12 Section 2 Blk/Ro	wLot /35 Grave5
	738.75
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container Line	170.00
Handling Fees	206.00
Flower vases - Marker setting fee	DAID
Recording/Filling/Transfer Fees	FAID 65.00
Sales taxes	IAN - 9 2006 2 0.93
MOST TO Pay	Total Due
I Problems	PHONE DENTIFICATION 183368
Wedne	Balance due
I hereby certify I am the DA49Ate	
and this is your authority to make disposition of	remains as above indicated. I certify and represent
that I have the right to make this authorization an any liability on account of said authorization and i	d I agree to hold Mt. Hope Cemetery harmless from nterment. 219503
I hereby authorize the interment in lot I hold under deed.	* Maria a. Vira
maria a. Virax	X San ysider 92173
SignMure	170-W Seaward av. 17
O WHE	619-690-69-66
Paviette	Telephone
And the second s	Invoice #
Work Order # E [9543	Acct.#
	on is available in alternative formats upon request

O Printed on recycled paper

DHU CALIFORNIA DHU

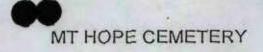
SENIOR CITIZEN IDENTIFICATION CARD

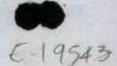


JUANA RODRIGUEZ-HUERTA 248 H SAN YSIDRO BLVD 33 SAN YSIDRO CA 92173

SEX:F HAIR: WHT EYES: BRN HT:5-03 WT:130 DOB: 06-24-18

Juanatt potiquey





GRAVE BLIND CHECK FORM

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

ne ballal spao					
			Perry		Davi
Devices	Porter	X		Yaferca	
	Horton				
Interment space	ce for:	Nec	nois	Codvid	niez
Div: 12 s	ect: 2 Blk	/Row:_	Lot:		
	egal Card: DY	,		5700	
	Nap: Ø Yes & Verified By:		2.00	_ Date:	1-9-06
			1	8	

E-19543

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO FRASURES, WHITEOUTS OR OTHER ALTERATIONS 1B MIDDLE 2 DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) M8672871913 Huerta Rodriguez Juana IL NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SA CITY OF DEATH 5B. COUNTY OF DEATH - OUTSIDE CALIF OF INFORMANT Maria Viza-Daughter ENTER STATE San Diego San Ysidro PED NAME AND ADDRESS OF CALIFORNIA - EUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178 CALIF LICENSE NUMBER - IF APPLICABLE 170 W. Sassard Ave. San Ysidro, CA 92173 La Masa, 6A 91941 PD-1658 NA. SIGNATURE OF APPLICANT -Paraditation sent 88. DATE SIGNED 1811661 I hereby activitiedge as applicant that the proposed discounties about twins to one of the dispositions authorized by Section 198555 of the Health and Sittery Code, and was authorized pursuant to Section 2000 of the Health and Sittery Code. ADVINOVILEDGEMENT OF APPLICANT 98. DATE PERMIT ISSUED - DC SIGNATURE OF LOCAL REGISTRAG ISSUING PERMIT BA. AMOUNT OF FEE PAID THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT eah A. Mica 11.00 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORI-TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AUTHORIZATION OF NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH HE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSI-TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego, CA 92185-5222 DISPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITIONIS) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBAIENT) E TEMPORARY ENVAULTMENT DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE TIA, NAME AND ADDRESS OF CALIFORNIA CEMETERY TIB. DATE BURIED TIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURNAL San Diago, CA 92102 1 - 11 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED (KSD) SChoo SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B, DATE OF 15C. SIGNATURE OF PERSON IN 18D LICENSE NUMBER OF SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. CHARGE OF DISPOSITION CHEMATED REMAINS DIS-TTERING/BURIAL DISPOSITION POSER -- IF APPLICABLE AT SEA OR IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE POSITION OTHER THAN IN A CEMETERY

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

INTERMENT ORDER

AT Næd

REA-10/ (3-04)

City of San Diego

Date 1/9/00 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel Graveside, All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of will be applied and billed to undersigned. Section 4 BIMRow Lot 218 Grave Grave space & Care Fund . Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container NO Well reg Handling Fees......if Flower vases - Marker setting fee Recording/Filing/Transfer Fees..... Total Due..... Paid receipt number .. Balance due I heroby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Invoice # - 19544 Acct. #

O President on correlated proper

This information is available in atternative formats upon request.

E 19544

GRAVE BLIND CHECK FORM

he buria	arked with " marker's in al space.	the approp	oriate spa	ice(s) th	hat are adja	acent to
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E-19544

COPY -iist accompany

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS

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or contactors)			TRANSIT PERMIT		
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	CEMETERY	MGR.: MAIL TRANS	RVICES PHOENIX ARIZ	VITAL RECORDS,	P.O. BOX 1887 4

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

AFFLICATION AND FEMILIT FOR DISPOSITION OF HOMAN HEMA

ag 87

		U	SE BLACK INK ONLY - MAK	KE NO ERASURES, I	WHITEOUTS OR OT	HER ALTERATIONS	0	The same		
1.4	NAME OF DECEDE	GERALD	B. MIDDLE MILLARD	1C. LAST (FAMILY) PURDY		2. DATE OF BIRTH MONTH, DAY, YEAR 12/15/1918	3. DATE OF DEATH MONTH, BAY, YEAR 01/05/2006	4. SEX		
54	O DEATH			SE COUNTY OF DEA	TH — OUTSIDE GALIF, R	OF INFORMANT	O THE STREET,	D ZIP CODE		
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AI T	P CHANGE IN DISPOSI- ION REQUIRES A NEW EPART TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGI IF DEATH COOURRED	STRAH OF DISTRICT OF DEATH IN CALIFORNIA	F	DISPOSITION IS TO OCCUS I	F DISTRICT OF DISPOSITION — NAMOTHER DISTRICT MY DAL FORMA Diego CA 92186—5	ATE OF BIRTH NTH, DAY, YEAR ATTONSHIP FULL MAILING ADDRESS AND ZIP CODE MANT PLOY BE SEED E OF APPLICANT—From pling perist 8B. DATE SIGNED AZ 8541 E OF APPLICANT—From pling perist 8B. DATE SIGNED SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FOR CORONOR'S USE ONLY I DISPOSITION PENDING — REMAINS LOCATED AT [Hums and Address] GNATURE OF PERSON IN CHARGE OF BURIAL GNATURE OF PERSON IN CHARGE OF FACILITY DRESS AND SIGNATURE OF PERSON IN CHARGE			
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLICABLE	E ITEMS			FOR C	ORONOR'S USE ONLY			
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SLE ITEMB	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CHEMATORY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			128, DATE CREMAT	TED 12C SIGNATURE OF PER	ISON IN CHARGE OF C	REMATION		
UL APPLICA	SCIENTIFIC USE				13B. DATE RECEIVE	ED 13C SIGNATURE OF PER	13C. SIGNATURE OF PERSON IN CHARGE OF F.			
TRANSIT		14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B, DATE SHIPPEL		14C. ADDRESS AND SIGNATURE OF PERSON IN CHA OF PLACING WITH THE CARRIER			
The second second	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER TIMES CEMETERY	SUFFICIENT TO ID	5A. ADDRESS, NEAREST POINT ON SHOREUNE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE				SITION CHEMATED F	EMAINS DIS-		

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

AT-Need (NON-Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-9-06

or Be	atrice	Park	-	7762	5	
ina	Ner Bung Cuntainer	Funera	ıl, date, tim	Jan 1	2 th 06	10:30
Church, Chapel, Gra	AND DESCRIPTION OF THE PARTY OF			S.D. Men	corial	Mortuary.
All Funeral cars mus	tic eroted evine to	00 p.m. of requ	ilar week de	ny or an extra	charge of \$	783.00
will be applied and t	pilled to undersign	ed	the	9		X
8	3	Dit in		10 155	4 0000	1
Division 8	Section 3	riginal	E	-19548	1-9-06	9200
Grave space & Care	e Fund	C- 379	(Qu	it clair	a)	0_
Qvertime/Late Arriva	al Fres		********			100
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Burial Container		LXXX.	er			359.00
Burial Container Handling Fees Flower vases – Ma Recording/Filing/Tr			-30flb			175.00
Flower vases - Ma	rker setting fee	TANTU	To-			8
Recording/Filing/Tr	ansfer Fees		Margare			85.00
Sales taxes		UNT HOP	£0-			
E CONTRACTOR OF THE PARTY OF TH	MO	Ols.		Total Due		454.82
		Paid receip	ot number .	R-5953	4 1,	454.82
				Ba	lance due	0
I hereby certify I are and this is your at that I have the righ any liability on acc	uthority to make d it to make this aut	isposition of re horization and	l agree to	above indicate hold Mt. Hope	d. I certify Cemetery	and represent
1	0	22992	KEL	2 de 100	Onet	229920
hereby authorize	the interment in a	0//	Paire Name	220	our At	+11
1/1/	ul G	X	Auxhess 4	000 0	Jind "	000
Signature			X	Sandi	cgo	9211
1			(6/9	582	-2698	\$ 5500
			Invoice #			
	- 19545					

Quit Clair INTERMENT OFFICER City of San Diego

(NON-RES) =	IDETE	Date _/	- 9-06
	19545		
You are hereby authorized and instructed, s			A CONTRACTOR OF THE PARTY OF TH
or From Marjorie D Cu			
in aType of Durial Concessor	Funeral, date,	time	
Church, Chapel, Graveside		:	Mortuary.
All Funeral cars must arrive before 3:00 p.m	. of regular work	day or an extra c	harge of \$
will be applied and billed to undersigned.			
Division 8 Section 3	BIK/Row	_ LOI 1554	Grave/
Grave space & Care Fund	PA	1)	
Overfine/Late Arrival Fees Opening/Closing & Setup	JAN - 9	2006	
Burjal Container	INT HOPE	Carlota and	

Flower vases - Marker setting lee	11 01-		Facos
Recording/Filling/Transfer Fees.)	ait Cia	1.00	03.00
Sales taxes			\$ 85.00
		Total Due	
Pa	d receipt numbe	R-5957	9 \$85.00
		Bala	nce due
I hereby certify I am the			above named decedent
and this is your authority to make disposit that I have the right to make this authorizal	tion and I agree I	to hold Mt. Hope (Semetery harmless from
any liability on account of said authorization	and interment.	FREDRICE.	ZARSE
I hereby authorize the interment in lot I	X-1	redri E. 30	
hold under deed.	XB	BOX 2	45¥
<u> </u>	Address X A	PINE CA	71903
· ·		BA9-619-5	
	Temphone	NO ANT OIT -S	11170
	Invoice	#	
Work Order # E - 19548	Acct 4		
MATERIAL TO THE PARTY OF THE PA	1001		

This information is available in alternative formats upon request. O Printed on received pose-

CEMETERY SERVICES AGENCY FREDRIC E. ZARSE, CEMETERY BROKER

REA-104 (3-04)

GRAVE BLIND CHECK FORM

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

		ver			
	#1553 Clarit Chuningha	₹155-4 X	#1535 Eduardo cumberón	keh	
lind Check I	nitiated By:	San	she	Date:	1-10-06
	nce for: Be Thurs le: Jan 12				
Div:_8 !	Sect: 3 B	IK/Row:_	Lot:	1554	Gr:/_
	Legal Card: □				
Agrees with I	Map: Yes	0	No		

- Date:/-/0-06

3lind Check & Verified By: Nace

E-19545



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

12/23/1986

2329

OWNERSHIP AND INTERMENT PRIVILEGES

Marjorie D. Cunningham

145.00 for the sum of \$

(DOLLARS)

LEGAL DESCRIPTION

Lot 1554 Section 3 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER

0-3940

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 Market Only

Cemetery Manager

FORM ## - 584

Quit claim Broken
from Cemetery Broken
from Length Jaise
Fredric E-3 6
Faller
to Adelia Parker

Public Works Director

9545 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

PARKER

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

TC. LAST (FAMILY)

BA, AMOUNT OF FEE PAID

\$11.00

hereby solonowledge as applicant that the proposed disposition stated herein to one of the dispositions authorized by Section 105055

of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Salety Code

2. DATE OF BIRTH 4. SEX 3. DATE OF DEATH 0170372006 SIDE CAUF TO NAME, RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE ADELIA PARKER-SISTER 4330 52ND

92115

01/10/2006

A CITY OF DEATH	58. COUNTY OF DEATH — OUTS ENTER STATE
SAN DIEGO	SAN DIEGO
I. TYPED NAME AND ADDRESS OF CAUFORNIA - FUNERAL DIRECTOR OR PERSON AL WMS SAN DIEGO MEMORIAL CHAPEL	TING AS SUCH 7B CALIF LICENSE — IF APPLICABLE

2441 UNIVERSITY AVE. SAN DIEGO, GA 92104

18. MIDDLE

1A NAME OF DECEDENT-FIRST (GIVEN)

BEATRICE

ACKNOWLEDGEMENT OF APPLICANT

PERMIT

AUTHORIZATION DE

LOCAL REGISTRAR

ANY CHANGE IN DISPOSE

TION RECURES A NEW

PERMIT TO SHOW FINAL DIBPOSITION

FD-1575

01/10/2006

NUMBER

2600616

15C. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

OF INFORMANT

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR. ITY FOR THE DISPOSITION SPECIFIED IN THIS PEAMIT. MOTE. THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

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

PO BOX 85222 SAN DIEGO, CA 92186-5222

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

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

SUFFICIENT TO IDENTIFY FINAL PLACE AND GA DISTRICT OF DISPOSITION

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

15B DATE OF

DISPOSITION

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT F. DISINTERMENT B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY

I DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address)

FOR CORONOR'S USE ONLY

SAN DIEGO, CA

BA SIGNATURE OF APPLICANT, Percentagraphics 88, DATE SIGNED

D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MERCANE BURNEY TIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL HT. HOPE CEMETERY 3751 MARKET ST. BURIAL SAN DIEGO, CA 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148 DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER THANSIT

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

15D LICENSE NUMBER OF

CREMATED REMAINS DIS-

POSER - IF APPLICABLE

SCATTERING/BURIAL

AT SEA OR

DISPOSITION OTHER THAN IN A CEMETERY

INTERMENT ORDER

1 4	ity of San Diego	
At so kesident	Date 1-9-	<u>a</u>
	subject to your rules and regulations, to in	ter the remains
or Juanita	Pryor 216880	
in a Liner Type of fluid Centains	_ Funeral, date, time Friday &	13 1:00
Church, Chanel, Graveside	: CA Bunal	Mortuary.
All Funeral cars must arrive before 3:00 p	m. of regular work day or an extra charge	ds 213.00
will be applied and billed to undersigned.		
Division 12 Section 1	Blk/Row Lot 1/2 Gra	vo 4
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		_
Dening/Closing & Setup	16	
Burial Container	(t	
The state of the s	*	
Sales taxes	<u> </u>	
~1.74	Total Due	
386-36	Paid receipt number	
Par 386-3674	Balance d	ue
hereby certify I am that and this is your authority to make dispo- that I have the right to make this authori any liability on account of said authoriza	osition of remains as above indicated. I ce zation and I agree to hold Mt. Hope Come	a named decedent nity and represent tery harmless from
1	Y	. 1
I hereby authorize the interment in lot I hold under deed.	Pont Name	Ne
7	Address	0
Signature	Print Marna Address City Langtone	Zip Code
	Taxoniana No.	
Paulette	Du	
	Invoice #	
Work Order # E - 19546	Acct, #	
REA-104 (3-04) This	information is available in afternative for	nats upon reques

O Printed on several passes

INTERMENT ORDER

City of San Diogo

At reed		Date 1-9-C	X e	
You are homeby authorized and	a. n	es and regulations, to inter	r the remains	
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in a Liner		imstriday kun		
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All Funeral cars must arrive be		day or an oxfor charge of	s 213.00	
will be applied and billed to un	dy bengierat			
		1. 7		
Division 12 Section		_ Lot 1/2 Grave	4	
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Opening/Closing & Serup	***************************************			
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Handling Fees	1.			
Flower vases - Marker setting	100			
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Ingroup certify I am that	daughter	of the phase as	amed decedent	
that I have the right to make t	nake disposition of romains at his authorization and I agree (s above indicated I confly	And regression	
any liability on account of said	authorization and informant.		Control of the Contro	
I horaby authorize the interme	ent in lot) XA	and otherwa	v-Clark-	
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REA-104 (3 04)		able in allemative formats	unon (moues)	
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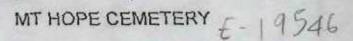
31 18/21 15 15:81 SD MT. HOPE CEMENTERY > 92292758

SO MY. HOPE CEMENTERY + 92862674

MT. HOPE CEMETERY

INTERMENT ORDER City of Son Diago Date 19-00- The are needly authorized and instructed, subject to your runs and required one, to make the runs of the control of the co	Nes .
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You are neight authorized and instructed, evener to from	
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THE WALLEST AND THE PARTY OF TH	
retained by Free Contraction	
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Friday 1.00 1/13/06



GRAVE BLIND CHECK FORM

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

		100		EPM .	
		Houston	Thomas		
	Peupr	x	Shaw	medrice!	
Blind Check Initiate	ed By: I	aulet	te.	Date: _	1-10-00
Interment space for	r:Juan	ita Prya			
Interment Date: _ J	un 13	1	ime:l	:00 Chu	urch_
Div: 12 Sect:	1 B	WROW: _	Lot:	112	Gr: 4
Grave Laid out by	msole	aten	que	~_	
Agrees with Legal	Card:	Yes (J No		
Agrees with Map:	Ø Yes	01	Vo	7	2001
3lind Check & Ve	rified By:	Jaid 7	Vorieg	_ Date	1-1000

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 48

			USE BLACK INK ONLY -	MAKE NU ERASURES, WI	HILEODIS ON O	HEH AL	TEMATIONS		
	JUANITA	ENT-FIRST (GIVEN)	16. MIDDLE	1C LAST (FAMILY) PRYOR			03/27/1917 0	DATE OF DEATH ONTH, DAY, YEAR 01/07/2006	4 SEX
57	CALIFORNIA	A CREMATION	A FUNERAL DIRECTOR OR PERS 6 BURIAL CHAPEL SAN DIEGO, CA	SAR DIEGO ON ACTING AS SUCH 78 CALIF		AN 57 SA	PIELATIONSHIP, FULL MAI ORMANT NETTE PRYOR-CI 63 RADIO CT. N DIEGO, CA 92 ATURE OF APPLICANT FRIE	LARK-DAUGH 2114	TER
	ACKNOWLEDGEMENT OF	APPLICANT I Nestry action	setedge as applicant that the proposed dispuss and Salety Code, and was authorized pursuant	on stated herein is one of the dispositions au	thorized by Section 1500055	1	Dust Bea	01/	11/2006
-	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH. TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF IND SAFETY CODE AND IS THE AUTH SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	SA. AMOUNT OF FEE PAID	98. DATE PERMIT 01/12/2 J. BENY	006	DIC SIGNATURE OF LOCAL RE 2600876	EGISTRAH ISSUING PE	TIME
- 77	NY CHANGE IN DISPOSI- TION RECUIRES A NEW PERMY TO SHOW PINAL DISPOSITION	VITAL RECO	GISTRAR OF DISTRICT OF DE ED IN CALIFORNIA DRDS-P.O. BOX 85 CA 92186-5222	₩ DIS	JESS OF REGISTRAR (POSITION IS 10 OCCUP		T OF DISPOSITION — R DISTRICT IN CALIFORNIA	1	
10	AUTHORIZED DISPO	SITION(B) CHECK APPLICA	NAME OF TAXABLE PARTY.				FOR CORO	NOR'S USE ONLY	
1	BURIAL (INCLUDI S. CREMATION C. DISPOSITION OI THAN IN A CEME D. SCIENTIFIC USE	F DREMATED REMAINS CITERY 11A NAME AND AD HT BOP!	DRESS OF CALIFORNIA CEME CEMETERY 3751 DO, CA 92102				I DISPOSITION PENDI (Name and Address)		10000
E ITEMS	CREMATION		DRESS OF CALIFORNIA CREM	MATORY			C. SIGNATURE OF PERSON	NIN CHARGE OF C	HEMATION
AL APPLICABL	SCIENTIFIC USE	1SA, NAME AND AD	DRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	138. DATE RECEN	/ED 130	C. SIGNATURE OF PERSON	N IN CHARGE OF FA	CILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPE	D 140	C. ADDRESS AND SIGNATU OF PLACING WITH THE C		CHARGE
	CATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUPPRIENT TO IF BURIAL AT SI	REST POINT ON SHORELINE, I DENTIFY FINAL PLACE AND C EA. ONLY ENTER LATITUDE AN	A DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		C. SIGNATURE OF PERSON CHARGE OF DISPOSITIO	CONTRACTOR OF THE PARTY OF THE	

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'S MAY BE DISCARDED. THE LOCAL REGISTRAR MAY SESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

ISChairs INTE	RMENT ORDER	
	City of San Diego Date 1/9/0	06
ou are hereby authorized and instructed	1, subject to your rules and regulations, to Inter	
ha DD CRYPT B " Type of Budle Correspond Church, Chapet Graveside)	Funeral, date, time Funday 13,06	11,00 Mortuary
Il Funeral cars must arrive before 3:00 will be applied and billed to undersigned.	p.m. of regular work day or an extra charge of \$	- Julian American
Division B section 1	BINROW Lot 747 Grave	
Grave space & Care Fund		-
Overtime/Late Arrival Fees	PAID	708
Handling FeesFlower vases - Marker setting fee	JAN 1 8 2006 -	7
Recording/Filling/Transfer Fees	MOUNT HOPE CO.	85.00
	Paid receipt number 12-59536	793.00
hereby certify I am the + dou	Balance due of the above na stition of remains as above indicated. I certify zation and I agree to hold Mt. Hope Cemetery	med deceden and represen harmless from
hereby authorize the interment in lot I	Georgia GIDDINGS	

Pawette

Work Order # E - 19547

Invoice #

Acct. #

This information is available in alternative formats upon request.

REA-104 (3-04)

O Present in several paper

MT HOPE CEMETERY E-19547

GRAVE BLIND CHECK FORM

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

ne buna	space.					
	-	1	-			
	1-1	1	h	1-7		
	chull	laws	x	Steele	Stecle	
			Aliller			
			100	-		
Blind Cr	neck Initia	ted By:	aulett	e .	Date:	1-11-2
Interme	nt space f	or: Ger	orge	E. KOL	PACOFF	=
Interme	nt Date:	1-13-	06	Time:	11.00	
	N. Committee	/ B				Gr /
		111				
Grave L	aid out by	mook:	son t	en	~	5
Agrees	with Lega	I Card:	Yes	O NO	1	0/
Agrees	with Map	Yes	, 0	No	pl.	0
3lind C	heck & V	erified By:	Marid	Morris	~ Date	:1-11-0
2000 CO		/	Carret	1	N. Contraction	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 40

-		The black		T - MAKE NO ENASU	A1122	III EOO IS ON O		I a mare a		TTRes	
1A. NAME OF DECEDENT—FIRST (GIVEN) GEORGE			18. MIDDLE	1C. LAST (FAI	LPAC	OFF	2 DATE OF BIRTH MONTH, DAY, YEAR 05/05/1915	MONTH D	AY YEAR	4. SEX	
SA. CITY OF DEATH La Hesa				\$20.000 (\$20.000 \$10.000 \$10.000)	58. COUNTY OF DEATH — OUTBIDE CALIF. ENTER STATE San Diego		B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Georgia Giddings - Daughter				
77	Heath	Funeral H		PERSON ACTING AS SUCH	78 CAUF — IF AP	PLICABLE	3725 Sarasona M Bonita CA 91902 BA SIGNATURE OF APPLICANT	ay '		7	
	ACKNOWLEDGEMENT OF	APPLICABIT I harsiby according to Health	celedge as applicant that the proposes and Salaty Code, and was sufficient	dispressor stated herein is one of the current to Section 7100 of the Health is	Scooling aut and Salaty Code	nertood by Section 103855			01/1	1/2006	
-	AUTHORIZATION OF	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISI AND SAPETY CODE AND IS THE SPECIFIED IN THIS PERMIT MIGHT OF DISPOSAL OUTSIDE OF	\$ 11.0		98. DATE PERMITS	/ 200 A PARAMA	L A B	I ISSUING PER	PAD .	
- 11	NY CHANGE IN DISPOSE TION RECURSES A NEW EARLY TO SHOW FINAL DISPOSITION	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 1F DEATH OCCUR IN ANOTHER DISTRICT W CALIFORNIA 1F DEATH OCCUR IN ANOTHER DISTRICT W CALIFORNIA									
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	ABLE ITEMS				FOR CO	DRONOR'S U	SE ONLY		
Part and the same	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE			F. DISINTERMEN G. SHIP IN TO C	ALIFORNIA	STATE OF STA	DI DISPOSITION PE (Name and Address	a)			
	BURIAL	Mt. Hope	Cemetery CA 92102	CEMETERY		1-13 - 06	11C SIGNATURE OF PER	BONTINGHA	ADE OF BUI	P)	
L APPLICABLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY						12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			MAINS	138. DATE RECEIV	ED 13C SIGNATURE OF PER	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			NE.	14B. DATE SHIPPE		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
The same of the sa	SCATTERING/BURGAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE				158. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	SITION I	ISO LICENSE CREMATED RE POSER — IF A	EMAINS DIS-	

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

Quit Claim INTERMENT ORDER

City of San Diego

	Data 1-	9-06
# 176113	Pin#	129911
		and the same of th
) Cunningham T	o Adelia	Parker
		Mortuary
		- Committee
3:00 p.m. of regular work da	ly or an extra cha	rge of \$
gned		
3 Rik/Row	101 1554	Grave /
10 W 01	1	
PAIL	d	
IAN - 9 2	006	
······································	***********************	
MOUNT HOPE	A Posta Cara	
From To	F-185119	EMILIO E
	Funeral, date, times and serving from the serving from th	Selk/Row Lot 1554 JAN - 9 2006

Total Due Paid receipt number & -5952

Balance due

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

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

Recording/Filing/Transfer Fees.

Sales taxes.

used grant on E-19545 parker/ New OWN en

F - 19548 Work Order #

REA-104 (3-04)

Invoice #

Acct. #

This information is available in alternative formats upon request.

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT AT-NEED PURCHASE WHITE TO CUSTOMER 59529 CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 1-9-06 Date: Boy 7454 Aloine CA Address: 85.00 Dollars (\$ 106 Adelia laim Transfer From Payment of Cunhingha Blk/ Row Lot 1554 Div Sec Grave E-19548 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Acct. No. 20% Sales Care 77184 80% Sales 100 W.O. of Lots 77184 Opening/ Closing 100 0 BALANCE DUE 77181 Burial 100 Containers 77182 100 Money Order Handling Fee 77185 Recording & 100 Misc. Fees 00 Charge 77183 Sales Tax 80101 Etheck # 6137 78390 ISSUED BY AC-212A (11-05) TOTAL PAID This information is available in alternative formats upon request. 6237 **CEMETERY SERVICES AGENCY** FREDRIC E. ZARSE, CEMETERY BROKER PO BOX 2454 ALPINE, CA 91903 DATE JAN 9, 2006 16-66-1220 (619) 579-9456 \$ 85.00

DOLLARS A

EiGHTY-FIVE

FOR CUNNINGHAM TO PARKER

Bank of America.

LA MOSS CA THAN FEL FEE

"OOG 237" "122000661"



CITY OF SAN DIEGO, CALIFORNIA-MOUNT HOPE CEMETERY

2829



€-19548

OWNERSHIP AND INTERMENT	PRIVIL	EGES
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TO Marjorie D.	Cunningham	for the	sum of \$_	145.00	(DOLLARS)
LEGAL DESCRIPTION _	Lot 1554	Section 3	Divisio	n 8	
AS DESCRIBED ON PUR	CHASE ORDER NU	MBER C-	3940		

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:

Sometery Manager

2 x 1 Flush Market Only

Public Works Director

INTERMENT ORDER

City of San Diego 0-06 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Blk/Row __ Division 12 Section 1 Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup...... Burial Container..... Handling Fees..... Flower vases - Market pering top Recording/Filing/Transfer Fees.... Sales taxes Pald receipt number Father Balance due I heroby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold friver deed.

FIEA-104 (3-04)

This information is available in alternative formats upon request.

Invoice # Acct. #

MT HOPE CEMETERY E- 19549

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	
	Perer	Fryeman
	nitiated By: Paulette	
	ice for: <u>Kenneth</u> e: 1-13-06 Tin	ne: 11:00 Church
	Sect: Blk/Row:	
Agrees with L	egal Card: Yes D	No Idaa
Agrees with M	Wap: Styles No. No. & Verified By: DARREY	Date: 1-11-06

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

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

61295

	Dat	te:	11-12,20	08
From: Stopman POE	Address: 3893 IMPGIZI	AL AVE	S.D. 92113	
ONE HUNDRED - SEVEN	JOY GIGHT & METER -		Dollars (\$ 178=0)
in For Payment of MA	weren Setting Fee Fo	12 KENNE	TH D. BOSLE	4_
Div 12 Sec_	Blk/ RowL	ot 52	_ Grave _ 4	
Invoice No. 274910 Acct. No. 6601 BALANCE DUE 6	NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182	
Money Order Charge Check 707 4 AC-212A (11-05) This information is available in effectabling formatic upon request	ISSUED BY	Handling Fee Flecording & Misc. Fees Sales Tax	100 77185 100 77183 60101 78390 \$ 17	_

E-19549

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) 2 DATE OF BIRTH 3. DATE OF DEATH 877471988° MONTH 100 /2006 Kenneth Darnell Bosley 58 COUNTY OF DEATH -- OUTSIDE CALIF, I 8 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP \$500 5A CITY OF DEATH ENTER STATE OF INFORMANT Marrieta Riverside Pride J Erving Sr. Father 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 18. CALIF. LICENSE NUMBER AND ADDRESS OF CALIF. LICENSE NUMBER ADDRES 23888 finstantine Drive Murrieta, CA 92562 Man Diego, CA 92102 FD-1329 BA. SIGNATURE OF APPLICANT -- Regard trains print 188 DATE SIGNED hereby adapted the applicant that the proposed disposition stated herein a large of the dispositions authorized by Section 100055 ACKNOWLEDGEMENT OF APPLICANT 01/1222006 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Irealth and Salety Code MA. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED DO SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-O 1 / T/2 / 2006 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 11.00 AUTHORIZATION OF MOTE-THIS PERMIT GIVES NO PIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA Maria L Bowson Mo LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records P.O. Box 7600 TION REQUIRES A NEW Vital Records P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION Riverside, CA 92513 San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT TI DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OF HER G. SHIP IN TO CALIFORNIA

Ē	U. SCIENTIFIC USE		OF CALIFORNIA	
	BURSAL	11A NAME AND ADDRESS OF CAUFORNIA CEMETERY Mt. Hope Cemetery, Sanibberket Street San Diego, CA 92102	1-13-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
RE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY.	128. DATE CREMATED	120. SIGNATURE OF PERSON W CHARGE PROFEMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING/BURIAL	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF	15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CHARGE OF DISPOSITION CREMATED REMAINS DIS-

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

IF BURIAL AT SEA, QNLY ENTER LATITUDE AND LONGITUDE

DISPOSITION

CHARGE OF DISPOSITION

POSER - IF APPLICABLE

AT SEA OR

DISPOSITION OTHER THAN IN A CEMETERY

INTERMENT ORDER

Date	1-1	0-	-00

If Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ If Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ If be applied and billed to undersigned. If the applied and bill	The state of the state of	
Date 1-10-00 trust use hereby authorized and instructed, subject to your rules and regulations, to infer the remains and remains a	The second secon	
a To Navet Na Navet Na Navet N		ERMENT ORDER
a To Navet Na Navet Na Navet N	are need	City of San Diego
a To Navet Na Navet Na Navet N	trust.	Date 1-10-00
To Vacuat Funeral, date, time pourch, Chapel, Graveside Funeral, date, time pourch, Chapel, Graveside Mortuai I Funeral cars must arrive before 3:00 p.m. of regular work day of an extra charge of \$ [If be applied and billed to undersigned.] If be applied and billed to undersigned. If the applied and billed to undersigned and the second		led, subject to your rules and regulations, to inter the remains.
Funeral, date, time Type of Board Container Purch, Chapel, Graveside If Funeral car's must arrive before 3:00 p.m. of regular work day of an extra charge of \$ If be applied and billed to undersigned. If the applied and the		
Interch Chapel, Graveside If uneral cars must arrive before 3:00 p.m. of regular work day of an extra charge of \$ If be applied and billed to undersigned. If a grave S If be applied and billed to undersigned. If a grave S	13 Vanet	
If be applied and billed to undersigned. If be applied and	Type of Burial Contains:	: Mortuary
If be applied and billed to undersigned. Invision Section Blk/Row Lot Grave		
rave space & Care Fund vernime/Late Arrival Fees pening/Closing & Setup. pening/Closing & Set		
rave space & Care Fund vertime/Late Arrival Fees pering/Closing & Setup. pring/Closing & Setup. pering/Closing & Setu	will be applied and billed to undersign.	
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pering/Closing & Setup	*	
pering/Closing & Setup. pering/Closing & Setup. print Container andling Fees. andling Fees. print Rame Paid receipt number Paid Paid Paid Paid Paid Paid Paid Paid Paid Paid Rame		Service, Arts, and Artistics,
andling Fees	Overtime/Late Arrival Fees	
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Paid receipt number Paid paid paid Paid receipt number Paid Receipt n	Burial Container	JAN 1 0 2006 356,-
Paid receipt number Paid receipt number Description of the above named decedent this is your authority to make disposition of remains as above indicated. I certify and represent the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the properties of the interment in lot I will under deed. Print Name Print Name Print Name Print Name Print Name Paid receipt number Description		
Paid receipt number Of the above named decedent it is your authority to make disposition of remains as above indicated. I certify and represent in the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from liability on account of said authorization and interment. Pare the Sohnson Pint Name Pin		
Paid receipt number Balance due Of the above named decedent of the above named decedent in the paid in the	And the second s	Ch =
Paid receipt number Paid receipt number Paid receipt number Balance due Of the above named deceded this is your authority to make disposition of remains as above indicated. I certify and represent the latest the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from liability on account of said authorization and interment. Additional Print Name Print Name 1949 ONE Wood Rest Additional Print Name 1949 ONE Wood Rest 1940		77 E
Paid receipt number Of the above named deced In the above named deced and this is your authority to make this authorization of remains as above indicated. I certify and represent the paid of the property name of the property name of the property name of the paid authorization and interment. Paid the above named deced and represent the property name of the prope		12/120
hereby certify I am the		ROPALL LIGAR
hereby certify I am the Self of the above named deceded this is your authority to make disposition of remains as above indicated. I certify and represent the property of the same of the		2
Indicated this is your authority to make disposition of remains as above indicated. I certify and represent I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from the liability on account of said authorization and interment. Interest authorize the interment in lot I have the solution of the liability on account of said authorization and interment. Interest authorize the interment in lot I have the solution of the liability on account of said authorization and interment. Interest authorize the interment in lot I have the solution of the liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability on account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability of account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability of account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability of account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability of account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability of account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability of account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability of account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability of account of said authorization and I agree to hold Mt. Hope Cemetery harmless from the liability of account of said authorization and I agree to hold Mt. Hope Ce		Solf-
hat I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from liability on account of said authorization and interment. Nare His Sohnson Print Name 749 Olive Wood Terr Addition Additions Print Name 749 Olive Wood Terr Additions San Diego CA 92/16 To began to hold Mt. Hope Cemetery harmless from the print Name Print Name 749 Olive Wood Terr Additions To began to hold Mt. Hope Cemetery harmless from the print Name Print Name 749 Olive Wood Terr Additions To began to hold Mt. Hope Cemetery harmless from the print Name Print Name 749 Olive Wood Terr Additions Invoice #	I hereby certify I am the and this is your authority to make dis	of the above named decede sposition of remains as above indicated. I certify and represe
hereby authorize the interment in lot I Nare tha Sohnson Print Name 749 Obvewood Tess Address San Diego CA 92/1 Cay 619 - 264-4516 Tulepagne Invoice #	that I have the right to make this auth	norization and I agree to hold Mt. Hope Cemetery harmless fro
Print Name 749 Obvewood Tess San Diego CA 92/1 Cay 619-264-4516 Tolepane Invoice #		Abre Has Cohocon
Powere Invoice #	I hereby authorize the interment in lo	Print Name
Powette Invoice #	W , +1) . L	1 749 OWEWOOD RI
Paulette Invoice #	Sunantin Street Street	San Diego CA 1211
Paulette Invoice#		cm 619-264-4516 200
T 10550	D. LOHE-	Tolignore
T 10550	Maweil	Involve #
Work Order #Accl. #	F - 19550	
	Work Order # L	Acct. #

6 Printed on received paper

INTERMENT ORDER

At need

City of San Diego

Date _

fou are hereby authorized and instructed, subject to your rules and regulations, to inter the r	emains
Tara Titus 129908	10
na D.D. CRYPT" A " Funeral, date, time Friday Jonus	1413
Church) Chapet, Graveside; Rao Scale	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$\infty\$	283-
will be applied and billed to undersigned. X MT	
Division 12 Section 1 BIM/Row Lot 99 Grave 3	
Grave space & Care Fund	
Overfilme/Late Arrival Fees	
Opening/Closing & Setup	8 -
Burial Container JAN 1 1 2006 71	7. –
Handling Fees (QC)	14
Flower vases - Marker setting fee MOUNT HOPE CEMETERY	-
Recording/Filling/Transfer Fees 85	5
Sales taxes	5.5.7
Total Due	805
Paid receipt number KT 54538 51	805
Balance due	0-
I hereby certify I am the	represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harm any liability on account of said authorization and interment.	nless from
X MAIVIN TITUS	1
I hereby authorize the interment in lot I hold under deed Prout Name	PI
* MAN	1
Shinture Chy 10 21 2 - 1 1 215	7 To Code
Tolephone	-
Aulette Invoice#	
Work Order # E - 19551 Acct. #	
FIEA 104 (3-04) This information is available in alternative formats upon	

O Printed on secorded paper

MT HOPE CEMETERY E-19551

GRAVE BLIND CHECK FORM

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

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			x			
4 MAS	Eduard					
Blind Ch	eck Initiated	ву:_	Paulett	e.	Date:	Y11 ,
Intermen	it space for:		Tar	a Ti	tus	
Intermen	nt Date: Jo	en 1	3	Time:	100	Church
Div:_\	Sect:_	L B	KRow:_	Lot	99	3r. <u>3</u>
Grave L	aid out by:	Jorn	m f.	egu	an	in the same
Agrees	with Legal (ard: 🛛	Yes	O No	71	./
Agrees	with Map: (Yes	0	No	the	9
3lind Ch	neck & Ver	fied By:	DARRE	ey/	Date	1-1206

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 43

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

			OL DESCRIPTION ONE	MARE NO CHADONE	,	THEFTHEFTEN	
1A	NAME OF DECEDE	INT FIRST (GIVEN) 1	IB. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
	TARA		- 1	TITUS		03706/1962	0170872006 F
-	BESSEMER			ENTER STATE	ALABAMA ;	5 NAME RELATIONSHIP, FULL OF INFORMANT MALVIN TITUS: HU	MAILING ADDRESS AND ZIP CODE
74	ANDERSON-	RAGSDALE MOR	FUNERAL DIRECTOR OR PEI TUARY AN DIEGO, CA		IF APPLICABLE	26829 TRUMBLE RO SUN CITY, CA 925 8A. SKRNATURE OF APPLICANT	
	ACKNOWLEDGEMENT OF A		oge as applicant that the proposest Sepo Safety Orde, and see authorized pursue	ed to Section 7100 of the Health and Bal	wy Cota.	Skriniko	1 01/11/2006
	PERMIT AUTHORIZATION OF	THE CALIFORNIA HEALTH AND ITY FOR THE DISPOSITION SE	COORDANCE WITH PROVISIONS D SAFETY CODE AND IS THE ALT PECIFIED IN THIS PERMIT. OHT OF DISPOSAL OUTSIDE OF CALF	\$11.00	S. PRYOR 01/11/200	2600792	AL REGISTRAN ISSUING PERMIT
Al	FOR PROBLEMS A NEW SERVICE TO SHOW PENAL DISPOSITION	9D, ADDRESS OF REGI IF DEATH OCCURRED	STRAR OF DISTRICT OF D IN CALIFORNIA	P			
-	A BUTTAL (INCLUDE	CREMATED REMAINS OTH		E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF	ORNIA		ORONOR'S USE ONLY PENDING — PREMAINS LOCATED AT
	BURIAL		RESS OF CALIFORNIA CEN IETERY: 3751 M CA 92102		1-13-00	1/	RSON IN CHARGE OF BURIAL
ALE ITEMS	CREMATION	12A. NAME AND ADDR	RESS OF CALIFORNIA CRE	EMATORY	12B. DATE CREMA	TED 120. SIGNATURE OF PER	RSON CHARGE CREMATION
ILL APPLICA	SCIENTIFIC USE	18A. NAME AND ADDR	RESS OF CALIFORNIA FAC	ILITY RECEIVING REMAIN	S 13B, DATE RECEIV	EO 13C SIGNATURE OF PET	RSON IN CHARGE OF FACILITY
DOMPLETE A	TRANSIT		RESS IN RECEIVING STATE REMATED REMAINS ARE TO		14B, DATE SHIPPE	D 14C, ADDRESS AND SIGN OF PLACING WITH 1	NATURE OF PERSON IN CHARGE THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IC	EST POINT ON SHORELINE DENTIFY FINAL PLACE AND I, ONLY ENTER LATITUDE A	CADISTRICT OF DISPOSI		15C. SIGNATURE OF PER CHARGE OF DISPO	

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

INTERMENT ORDER

City of San Diego

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ane	val	tem	2
per	1	-	

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Aurora R. Giomi Funeral, date, time FRIday Jan 13 200, m in a 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. Section & Blk/Row Lot 137 Grave Grave space & Care Fund Overtime/Late Arrival Fees 20) 708-Opening/Closing & Setup..... Burial Container..... Flower vases - Marker setting fee Sales taxes Balance due I hereby certify I am tho of the above named decedent and this is your authority to make disposition of tompins as above indicated. I certify and represent that I have the aightito make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Zio Code

Work Order # E- 19552

Invoice # ____

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-19552

GRAVE BLIND CHECK FORM

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

•	./					
	COOK	NCCOY	x	Mothical	Aray slett	
	Carter	Chindago	Johnson	Euran	Awyser	
Blind Che	eck Initiate	ed By: Po	ora L	e .Giom	Date: 1	112
						Thurch
		2 B		^		ir: 6
Grave La	aid out by	Don	nan	Cerque	en	
		Card:			*10	
Agrees v	with Map:	Yes Yes	0	No	1-190	
3lind Ch	eck & Ve	erified By	DARRE	5/1	Date:	1-12-06

	APPI					SITION OF	257150770		5-19 oct 80	The state of the s	
NAME OF DECEDEN	NT-FIRST (GIVEN)	1B. MIDDLE		1C. LAST (FAM	STATE SHAPE STATE OF			2. DATE OF BIRTH	3 DATE OF	-	SEX
urora			R.	Glomi				0572071925	017087	With the second	BIV
Chula Vis	ita			5B. COUNTY C ENTER STA San I	TE	- OUTSIDE CALIF.	Page Marie	RELATIONSHIP, FULL OFMANT d Lee Giomi			CODE
referred Cr 163 Univers an Diego, C	emation ar sity Avenue California	nd Burial 92115			—uFAPI	FD-1746	Chula	Tabias Driv Vista, Cal	ifornia	88. DATE SIGN	
ACKNOWLEDGEMENT OF AP	Charles ack	montedge as applicant that to h and Salley Chile and was	he proposed disposition st authorized printent to Se	aled herein is one of the c clion 7100 of the Health a	dispositions with inc. Salety Code	vorced by Section 103058	► 11/ke	Mal		01/12/2	2001
at management of	THIS PERMIT IS ISSUED I THE CALIFORNIA HEALTH ITY FOR THE DISPOSITIO NOTE: THIS PERMIT GIVES N	HAND SAFETY CODE A ON SPECIFIED IN THIS I	NO IS THE AUTHOR- PERMIT	\$11.0		0 1 / 12		OC SIGNATURE OF LOCA			-
NV CHANGE IN DISPOSI- TION REQUIRES A NEW SHIMT TO SHOW FINAL	P.O. BOX San Diego,	85222				ESS OF REGISTRAN POSITION IS TO OCCUP		T OF DISPOSITION			
C. DISPOSITION OF THAN WE A CEMEN D. SCIENTIFIC USE	CREMATED REMAINS	OTHER	Ī	G SHIP IN TO C		F CALIFORNIA					
BURIAL	Mt. Hope	Cemetery	3751 Mar	ket Stree	et	11B. DATE BURIE	0 110	SIGNATURE OF PER	SON IN CHAR	GE OF BURIAL	
BURIAL	Mt. Hope San Diego	Cemetery Califor Califor	3751 Mar nia 9210	ket Stree	et	1/12/6, 12B. DATE CHEM	66	SIGNATURE OF PER	Lu	درج	
	Mt. Hope San Diego	Cemetery , Califor	3751 Mar nia 9210: FORNIA CREMAT	ket Stree		1/12/0	ATED TO	Daniel	ASON IN CHAP	GE OF CHEMA	ATION
CREMATION	Mt. Hope San Diego 12A NAME AND A 13A NAME AND A	Cemetery , Califor NODRESS OF CALI	3751 Mar nia 92102 FORNIA CREMAT ORNIA FACILITY VING STATE OR	RECEIVING REN	MAINS	1/12/6. 128. DATE CREM	ATED TO	SIGNATURE OF PER	RSON IN CHAR	IGE OF CHEMA	TY

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS = 19552

_			Processing the South State of the South State of the Stat	WARE NO ENASONES, WI	in Edd is on O	Contract to the second second second	The same	AP APINY	4 SEX
	NAME OF DECEDER	NT-FIRST (GIVEN)	1B. MIDDLE	1C LAST (FAMILY)		05/20/1925		B 2006	4. SEA
œ	urora		R.	Giomi	al annue annue I	6 NAME, RELATIONSHIP, FUL			TID CODE
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81	oferred Cr	press of CALIFORNI remation and ity Avenue allfornia	d Burial		PLICABLE	1114 Embias Dri Chula Vista, Ca BA SIGNATURE OF APPLICANT	liform	1a 9191	SIGNED
	ADDIOWN EDGEMENT OF A	PPLICANT of the Health is	penetipe on approach that the programs stape and Salety Code, and was sixteen the pureus	sation stated herein is one of the discussions suffer etc to Section 7 NgC of the Health and Safety Code	serious by Section 100006	► MaddaL		20%	Lucy
	UTUDDITATION OF	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH / TY FOR THE DISPOSITION	ACCOMMON WITH PROVISIONS AND SAFETY CODE AND IS THE ALT SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALF	OF SA AMOUNT OF FEE PAID	98 DATE PERMIT		CAL REGISTR	AR ISBUING PE	MAT _
At I	IV CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL	P.O. Box 8		OF DISP		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORN	4		
10	AUTHORIZED DISPOS	ITTON(S) CHECK APPLICA	VOLE ITEMS		THE TAX	FOR	CORONOR'S	S USE ONLY	
	THAN IN A CEMET D. SCIENTIFIC USE	TIA. NAME AND AD	THER DRESS OF CALIFORNIA CEN Cometer by 3751		CALIFORNIA	11C. SIGNADURE OF PE		HARGE OF BU	RIAL
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LE ITEMS	CREMATION	12A. NAME AND AD	IDRESS OF CALIFORNIA CRI	EMATORY	12B, DATE CREMA	TED 18C BYCNATURE OF PI	RSON IN CI	HARGE OF CR	REMATION
J. APPLUCAB	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECEN	/ED 13C BIGNATURE OF PI	ERSON IN CI	HARGE OF FA	CILITY
COMPLETE A	THANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPE	D 14C ADDRESS AND SIG OF PLACING WITH			CHARGE
2	SCATTERINGRIJHIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELING DIDENTIFY FINAL PLACE AND EA, ONLY ENTER LATITUDE /	CA DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PI CHARGE OF DISP	THE RESERVE OF THE PARTY OF THE	150 LICENSE CREMATEO RI POSER — 8' A	EMAINS DIS-

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

OFFICIAL RECEIPT WHITE	CEMETERY CEMETERY	CHASE 6168U	
From: Preserved Stemstran TWO HUNGRED and in Full Payment of S	12 1/00 11 11	polars (\$ 214.00) We set for Evilbent Frences of the set for Evil Evil Evil Evil Evil Evil Evil Evil	10.1
Div	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	Lot	
BALANCE DUE Money Order Charge Check 2590	MAY 2 0 2009 ISSUED BY Paulate	Closing 77181 Surial 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc Fees 77183 Sales Tax 60101 76390 TOTAL PAID \$ 2/4	0.00

	INTERM	IENT OF	DER		
AT- peed	City	of San Diego			
1 NON-RES)	4		Date	1-11-0	6
ist Burial urn - 6	enden	Pin	r) 199	85	
You are hereby authorized and	instructed, sut	טופני וויסע מו וויסע	es and regula	tions, to inter	the remains
of Stever	1 6.	Coole	Y	(2)	
in a <u>No Ash</u> Vault Type of Dural Container Church, Chapel, Graveside	Read	Funeral, date,	timo Tues	. Fe 61	4.2006
Type of Dural Container Church, Chancel, Graveside	Delive	ry Phly	chula ?	resta 619	415-9111 Mortuge
All Funeral cars must arrive be	AYD	7 - 14	- and	7	_ marsagary
		or regular work	day or an ext	ra charge of a	
will be applied and billed to und	tersigned	-	1.4	Burial	-
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Flower vases Marker setting	100)	FEB 0	2 2006		237100
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Sales taxes	······································	MEHOR			
4	11100		Total Due		087.0
Ŧ.	Paid	receipt numbe	R-594	116 #1	087.0
				Balance due	0
I hereby certify I am the	Brothe	2.5	× ·	I the above na	abaseb bame
and this is your authority to n that I have the right to make t any liability on account of said	nakê dispositic his authorizati	on of remains a on and Lagree	s above indic to hold Mt. Ho	ated. I certify	and represe
	The state of the s		100	ott	ø
I hereby authorize the interme hold under deed.	ent in lot I	Print Nan	10	synot	
ALL CONTROL OF THE STATE OF THE	×	Address	you.	synal	we.
Signatura		Y			
1		X			796
		Telephon	•		
	Electric File	Invoic	e#		
Work Order # E 195	53	Acct			

Brother
William M. Cooley
208 "A" Creekride Circle
Prescott AZ. 86303
978 771-8685

marked Reed 2-3-06

creme

MT. HOPE CEMETERY INTERMENT ORDER

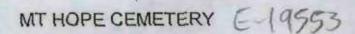


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of a rial	ur

City of San Diego

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(Non Ke			Date _	1-11-00	-
	urn-barde				
You are hereby au	thorized and instructe			ons, to inter the rema	ains
ot	Steven			(10)	
ina NO AS	h Vault Reg	d Funeral, d	ate, time Famul	y will c/B	
Church, Chapel, G	h Vault Reg universite		_ : _Humph	ita 619 415-5	tuary.
	ust arrive before 3:00		The state of the s	A Company of the Comp	
will be applied and	billed to undersigned	d	CARL ST		
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Division 8	Section 4	BIK/Row	Lot 35		-
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	arker setting fee		U Z 2006	\$ 85.	00
Hecording/Filling/	Transfer Fees		***************************************		_
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and this is your a	authority to make disposit to make this authority	position of remai	ns as above indicat ree to hold Mr. Hop	ed. I certify and rep e Cemetery harmles	resen
any liability on ac	count of said authoriz	zation and interm	ient. 11996	9	
Level - made	ut - later	. ,	WINIAM	M. COOLS	4
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for the h	tural Juca	weel in	voice #		
Work Order #	19553	brown	compliney marks	eary ok	
			ust to t		11.77



GRAVE BLIND CHECK FORM

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

 7			1000	
#356 MIKE CUZ		#358 X	#359 E15+0N	
	#375			

Blind Check Initiated By: Date: 1 - 13 - 01
Interment space for: Steven Cooley @
Interment Date: Feb 14, 06 Time: AYD
Div: 8 Sect: 4 Blk/Row: Lot: 358 Gr:
Grave Laid out by: Norman Perguson
Agrees with Legal Card: Yes O No
Agrees with Map: 17 Yes No
Blind Check & Verified By: Date: 2-14-06

CONTRACTOR OF STREET

13:15 6194254637

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THARY

** **

Fithe

BURIAL PERMIT

AT-NEED PURCHASE MOUNT HOPE CEMETERY

59416

(619) 527-3400 1-1-06 Date: Prescott AZ Cooler 708-4 Address: Dollars (\$ 1, 087.00 At- Need Services Steven Full FOR Cooleya marker setter Payment of Blk/ Row fee pd 8 358 Div. Sec Grave E-19553 Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CAEDIT 67007 Acct. No. 20% Sales Care 77184 80 80% Sales 100 W.O. of Lots 77184 Opening/ 100 FEB 0 2 2006 BALANCE DUE 00 0/0 Closing 77181 199 Burial 100 Containers 77182 100 0616629425 MOUNT Handling Fee 77185 Money Order Recording & 100 322 00 Charge Misc. Fees 77183 Sales Tax 60101 Check 78390 00 08 AC-212A (11-05) TOTAL PAID

06166 11-24 Office AU N 1210(8)

OFFICIAL CHECK

0616629425

Operator I.D. ariz3935

***MT HOPE CEMETARY, CITY OF SAN DIEGO ***

January 30, 2006

One thousand eighty-seven dollars and no cents

This information is available in alternative formats upon request

\$1,087.00

WE'LS FARGO & COMPANY ISSUER 420 MONTGOMERY STREET SAN FRANCISCO. CA 94163 PAYABLE AT WELLS FARGO BANK N.A. FOR MOUIRIES CALL (480) 394-3122

TO THE ORDER OF

Nichel Leng CONTROLLER

"O616629425" "121000248:4861 505428"

E-19553

age 63 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

-	NAME OF DECEDE	ATT EXPORT CONTAIN	18. MIDDLE	1C LAST (FAMILY)		2. DATE OF BIRTH 3	DATE OF DEATH 4. SEX
in	STEVEN	NI-FIRST (GIVEN)	G.	COOLEY		MONTH DAY YEAR M	IONTH, DAY, YEAR
	LAS VEGA:	Married World Williams Co. Co., Name of Street, or other Publisher, which is not to be a second or other publisher, and the second or other publisher, and t		58 COUNTY OF DEA ENTER STATE NEV	TH — OUTSIDE CALIF,	08/22/1942 0 6 NAME, RELATIONSHIP FULL MA OF INFORMANT ETHEL MAR CARTER-	
7A	HUMPHREY	CHULA VIST	A FUNERAL DIRECTOR OF PERSON A MORTUARY VISTA, CA 91910		APPLICABLE DE CA	217 MOOSE LANE	9145
	ACKNOWLEDGEMENT OF A	PPEICANT I hereby acting of the Health a	owindge on applicant that the proposed disposition and Safety Code, and was authorized persuase to S	lection 7100 of the Health and Salety (ixia		01/17/2006
	e certain i	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCOPIDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR SPECIFIED IN THIS PERMIT. INGHT OF DISPOSAL OUTSIDE OF CAUFORNI	\$11±00	01/17/20 SANDRA PI		EGISTRAB ISSUING PERMIT
		9D. ADDRESS OF RE IF DEATH OCCURR	GISTRAR OF DISTRICT OF DEAT ED IN CALIFORNIA	SA	DHESS OF REGISTRAN C HISPOSITION IS TO OCCUP IN DIEGO COS	P DISTRICT OF DISPOSITION — NANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 92186—5222	
	A BURIAL (INCLUDE B. CREMATION	CREMATED REMAINS O		E. TEMPORARY ENVAUL F DISINTERMENT G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSICH	NIA.		ONOR'S USE ONLY
	BURIAL	MT. HOPE	CEMETERY CET ST., SAN DIEG		2-14-0 C	Morman F	N IN CHARGE OF BURIAL
ILE ITEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMA	TED: 12C SIGNATURE OF PERSON	N IN CHARGE OF CREMATION
IL APPLICAE	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PERSON	N IN CHARGE OF FACILITY
COMPLETE	TRANSIT		AME AND ADDRESS IN RECEIVING STATE OF COUNTRY WHERE EMAINS OF CREMATED REMAINS ARE TO BE SHIPPED			D 14C. ADDRESS AND SIGNATU OF PLACING WITH THE	JRE OF PERSON IN CHARGE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OF LIDENTIFY FINAL PLACE AND CA EA, ONLY ENTER LATITUDE AND	DISTRICT OF DISPOSITIO	158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON CHARGE OF DISPOSITION	

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

pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

1	NON	-R	e	5)
~	0 0				

() () (C)	ty of San Diego		
(NON-RES) CI		Date /-	11-06
2 nel Burial urn-Ga	raen	1# 11996	0
You are hereby authorized and instructed,	subject to your rule	s and regulations,	to inter the remains
or william	m. C00	ley (X)	
ina No Ash Vault Regd	_ Funeral, date, ti	me	
Church, Chapel, Graveside	:	Humphey	619 415-9111 Mortuary.
All Funeral cars must arrive before 3:00 p.		Annual Manager	
will be applied and billed to undersigned.			
		2 nol B	mal
Division 8 Section 4			
Grave space & Care Fund E-	9553		-0
Overtime/Late Arrival Fees	***************************************		
Overtime/Late Arrival Fees	Ad But sal		\$ 199.00
Burial Container No	ASA Dauly	Read	9
Handling Fees			
Flower vases - Marker setting fee	1,5005	2006	0
Recording/Filing/Transfer FeesMQ Sales taxes			Ð
Guis intermination	***************************************	Total Due	# 284.00
	told regains overhoo	P-00095	\$ \$284.00
	an receipt number		ce due
Thornby carries I am the Se	16	**	
I hereby certify I am the Seand this is your authority to make disposithat I have the right to make this authorizany liability on account of said authorization.	sition of remains as	above indicated.	
I hereby authorize the interment in lot I	ν	see atta	ch
hold under deed.	Print Name X	see atta	+
X	Address	gor ny	rauc-
Related Orden	Chy		7 p Co
RIO E-19553	Talephona		
	Invoice		
Work Order # E 19554	Acct. #	N. C.	

Weller M. Lookude Cuells
208"A" Leskude Cuells
Theread AZ, 86303

Pre-wed INTERMENT ORDER



(No	ON -19	ial ur		arden		Date	1-11-	06	.51
You are he	reby auti	norized and la	nstructe	d, subject to	your rule	ley	ations, to inter	Vices of Edit Control	
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							tra charge of		86
will be app	lied and	billed to unde	rsignec	r			7 00	of Berna	0
Division _	8	_ Section _	4	Blk/Row		Lot	Grave	- Allenan	
Grave sna									
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					PAR	1 0		0	
Flower vas	ses – Ma	rker setting fe	90	F7.67.	0.0.2	2006		0	
		ansfer Fees.			Dor	2000		85.00	
Sales taxe	ıs			THE STATE OF	44-174			0	
			11	Paid receip	number	Total Due		784.00	2
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that I have	your au the righ	thority to ma	ke disp s autho	rization and	nains as agree to	above indic	the above nated. I certify ope Cemetery	and represer	nt
					, U	LILLAN	1 4.6	DOUEY	
hold under		House 1 Couler 19553	Dey	<u>.</u>	Appress A	escon	7. AZ 171-86	86303	3
		View services	220		Invoice I				
Work Ord	ior# E	195	54		Acct. #_				
			250.0	END TOTAL	THE STATE OF THE PARTY.	10% VIII 106			

FIEA-104 (3-04)

This information is available in alternative formats upon request.

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

P 00095

	Pre-Need cremation	purial			
Div Sec_	4 Bik/ Row Lo	358	Grave		
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. FEB 0 2 2005	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 — 63033 77186 —	284	00
☐ Pre-Need Lot ☐ Money Order	MOUNTE				
Pre-Need Trust Charge	1		-		
66) 54) 4 AC-212 (11-05) This information is available in alternative formets upon reques	ISSUED BY Danoha	TOTAL PAID	5 _	284	00

06166 Office AU#

11-24 1210(8)

OFFICIAL CHECK

0616629424

Operator I.D.: ariz3935

PAY TO THE ORDER OF

***MT. HOPE CEMETARY, CITY OF SAN DIEGO ***

January 30, 2006

Two hundred eighty-four dollars and no cents

\$284.00

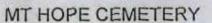
WELLS FARGO & COMPANY ISSUER 420 MONTGOMERY STREET SAN FRANCISCO CA 94163 PAYABLE AT WELLS FARGO BANK, N.A. FOR INQUIRIES CALL (480) 394-3122

VOID IF OVER US \$ 284.00

"OB16629424" :121000248:4861 505428"

INTERMENT ORDER

ed Gity of	San Diego			
pre- need to Ather		Date	1/11	106
	Pint	t 1300s	72	and the same of
You are hereby authorized and instructed, subje			is, to inter t	he remains
OF FOR! ETHEL L	HAW	KINS	1000	-
ina ASH VAULT F	uneral, date, time	marso	6" A	YD_
Church, Chapel, Graveside AYD		Con	rad	Martuary.
All Funeral cars must arrive before 3:00 p.m. of	I consular most clas	an an autor	charge of ¢	- Grant
	rogular work ou	y Of all Gallar	simile or a	
Will be applied and billed to undersigned	27.00	-	-	
Division 11 Section 2 Blk	Row	Lot 119	Grave	9
Grave space & Care Fund				0
A STATE OF THE STA				_
Overtime/Late Arrival Fees	1000			149-
Opening/Closing & Setup	AIU-			79 -
				17.
Handling FeesJAN	1.1.2006	**************		85,-
Flower vases - Marker setting lee				-
Recording/Filing/Transfer FMQUNT.HOL	PE CEMET	ERY	********	66.
Sales (axes				619
		Total Due		384.19
Paid	receipt number _	P-000		384.1
- 400	scelpt nomber 2	Bal	ance due	4
Come d No	shen			The same
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and I agree to I	bove indicate	d. I certify	med decedent and represent harmless from
do	7704	1150	taio	144
I hereby authorize the interment in lot I hold under geed.	Print Name	ACIN	17112	-
To O	45311	Hewlett	DDE	
tionature by	x San	Deigo	ca	9215
19	11019	12,50	SHAL	Ziq Code
Doulette	Tateparene	7.40	3515	-
Dave	Invoice #			
Work Order # E 19555	Acct. #			
	100			
N. I	nation is availab	ie in alternați	ve formats	upon reques
617460-8747	Frix			
	CL.			



E 19599

GRAVE BLIND CHECK FORM

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

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	-	-			
		1			
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		1			
Blind Check In Interment spa Interment Date	ce for: E+	hel L	HAWKI	15 0	
Div: S Grave Laid ou	ut by: A arm	m Pen	ausen		r. 9
grees with L grees with M	egal Card: 2	Yes	D No F	6	
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ind Chock	& Verified By	Mein	12/2	Data	2 10 1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

20370

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

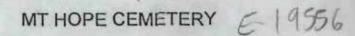
ye 85

1,4	NAME OF DECEDE	NT—FIRST (GIVEN)	IVEN) 18. MIDDLE 1C. LAST (FAMILY) LUCILLE HAWKINS					2 DATE OF BIRTH		OF DEATH	4. SEX	
	Lemon Grov	Service of the servic		ENTER STATE San Diego			OF IN	NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP COD OF INFORMANT Tress is Hampton - Granddaughter				
7,8	Conrad Les	non Grove Mo lway - Lemon	Grove, CA 91945		- IF APP	DEABLE 141	Sea). Box 78544 ictle, WA 98! lature of applicant				
	ACKNOWLEDGEMENT OF A	APPLICANT of the Health	swings in equivors the the proposes deposition is see finitely Code, and was authorized pursuant to Se	part herein is two 18 Year hape than 7100 of the Health and 1	cellume author Surery Code	niced by Section 1000036	▶ ½	mr Burn	lier	01/1	1/2006	
	ALCHODITATION OF	THE CALIFORNIA HEALTH / TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF NNO SAFETY CODE AND IS THE AUTHORI- SPECIFIED IN THIS PERMIT. RIGHT OF DEPOSAL OUTSIDE OF CALFORNIA	\$11.0		M DATE PERMIT Kim Beau 01/12/20	lieu	90 SIGNATURE OF LOCA 2600804	AL HEGISTA	AR ISSUING PE	RMIT	
		9D. ADDRESS OF RE IEDEATH OCCURR VITAL RECONSANDIESO,	GISTRAR OF DISTRICT OF DEATH FRINGAUFDENIA. OF BEALTH MS P.O. BOX 85222 CA 92186-5222					OT OF DISPOSITION — ER DISTRICT IN CALIFORNIA			•	
I	A. BURIAL (INCLUDE B. GREMATION	CREMATED REMAINS O		E TEMPORARY EN F DISINTERMENT G. SHIP IN TO CALL H.TRANSIT TO OU	FORNIA			FOR CO	ENDING —	S USE ONLY REMAINS LOCAT	TED AT	
	RURIAL	San Diego	, CA 92102			3-22-C	,	Nousen -	SON IN C	HARGE OF BU	RIAL	
BLE TTEMS	CREMATION	1625 Gisle	DRESS OF CALIFORNIA CHEMATO Crematory ar Avenue a, CA 92626	YPIC			TED 12	C. SIGNATURE OF PER	SON IN P	IARGE OF CR	- 0	
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAI	NS	38. DATE RECEIV	/ED 13	C. SIGNATURE OF PER	SON IN C	HARGE OF FA	CILITY	
COMPLETE	TRANST		DRESS IN RECEIVING STATE OR (PREMATED REMAINS ARE TO BE S			4B. DATE SHIPPE	D 14	C. ADDRESS AND SIGN OF PLACING WITH TO			CHARGE	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OR IDENTIFY FINAL PLACE AND CAD EA, QNLY ENTER LATITUDE AND LO	ISTRICT OF DISPO		ISB DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS	OF PERSONS ASSESSED.	15D LICENSE CREMATED RE POSER IF A	MAINS DIS-	

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

- WHE WIT	Writs
in grave by ?	ialker
wed	

. Luthardes INTE	RMENT ORD	ER	
in grave by theres inter	City of San Diego		
in g. Hours war		Date 1/17	2)do
AT NEC X CAI	NOPY *	PIN# 129	935
THE RESIDENCE OF THE PROPERTY	The state of the s	and regulations, to in	ter the remains
of Jen J	ien walke	er-murs	19 10 1
ina DD Crupt "B	Funeral, date, tim	auteus Jan	10 10 am
Church Chapel Graveside		Ragsdale	Mondano
All Funeral cars must arrive before 3:00	p.m. of regular work da	y or an extra charge	of \$
will be applied and billed to undersigned			
1			
Division 11 Section 1	Distriction 1	Lot 91 Gra	ve Z
	PAID		
Gsave space & Care Fund			*
Overtime/Late Arrival Fees	JAN 1 0 ZUUU	<i>*************************************</i>	E23 -
Opaning/Closing & Setup	***************************************		533
Burlat Container	NT HOPE CE	TERX	
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Flower vases Marker setting fee	•		
Recording/Filing Transfer Fees	nopy tee		150_
Sales taxes			
Mart. I Pay		Total Due	693.
1014. 0 1 1	Paid receipt number	K-59544	000
bi		Balance d	ue <u> </u>
I hereby certify I am the			e named decedent
and this is your authority to make disp that I have the right to make this autho	rization and I agree to	above indicated, I ce hald Mt. Hope Cemel	rtify and represent tery harmless from
any liability on account of said authoriz	ation and interment.		*
I hereby authorize the interment in lot I	X		
hold upder deed.	Print Warms		
1 7	Address		
Signature	City		Zip Code
Paulette	Telephone		
pur	- Accordence		
F 19556	Invoice i		
Work Order # E 19556	Acct. #_	-	-



GRAVE BLIND CHECK FORM

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

			Dy Sr.	Johnson		
	Turntine	GUESS	x	Vinpand		ongt
				Houis	Horston	
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Interm	ent space fo	or: Jen	Jen 1	walke	r	
Interm	ent Date:	1-189-	06	Γime: _ ·	10 am	, chope
Div:_\	Sect:	B	lk/Row: _	Lot:	91 G	r: 2_
Grave	Laid out by	Morm.	- Pa	-	_	
Agree	s with Lega	Card:	Yes (J NO [lagx	
Agree	s with Map:	Ø Yes	01	No 1	()	
Blind	Check & Ve	erified By	Spirit	Voniega	Date:	1-17-00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 56

		USE BLACK INK ONLY - M	AKE NO ERASURES, WH	ITEOUTS OR O	THER ALTERATIONS	
A NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		MONTH DAY YEAR MONTH WATCHER	SEX
EN JEN		LEE	WALKE		02/10/1949 01/11/2006	F
SAN DIEG			58. COUNTY OF DEATH ENTER STATE SAN	DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZII OF INFORMANT SHU JEN WALKER: DAUGHTER	CODE
ANDERSON-	RAGSDALE M	A-FUNERAL DIRECTOR OF PERSO DRTUARY SAN DIEGO, CA 92	— IF API	LICENSE NUMBER PLICABLE -1329	591 DREW VIEW LANE SAN DIEGO, CA 92113 BA SEGNATURE OF APPLICANT—PURSO SERVICE BB. DATE SE	SNED
ACKNOWLEDGEMENT OF A	PPUCANT I hereby actor of the Health	celetipe as applicant that the proposed disposition and Salety Code, and was authorized pursuant to t	stated herein is one of the dispositions aut Section 7100 of the Health and Safety Code	overed by Section 103055	Sunnika Proposition	2006
PERMIT	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOS I SPECIFIED IN THIS PERMIT, RIGHT OF DISPOSAL OUTSIDE OF CALFORNI	611 00	S. PRYOR 01/18/20	R 2601206	T.
TION REQUIRES A NEW PERMIT TO SHOW FRAM.	P.O.BOX 85	GISTRAR OF DISTRICT OF DEAT ED IN GALIFORNIA 222 CA 92186-5222			OF DISTRICT OF DISPOSITION — B IN ANOTHER DISTRICT IN CALIFORNIA	
B. CHEMATION C. DISPOSITION OF THAN IN A CEMET CHEMITIFIC USE	CREMATED REMAINS O	THER	E TEMPORARY ENVAULTME F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF		I. DISPOSITION PENDING — REMAINS LOCATED (Name and Address)	AT .
BURIAL	THE RESIDENCE OF THE PARTY OF T	CA 92102		1-19-0	(See See See See See See See See See Se	
CHEMATION	District College Street Section 1	ODFIESS OF CALIFORNIA CREMA	TORY	12B, DATE CREMA		ATION
SCIENTIFIC	13A. NAME AND AD	ORESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIV	VED 13C. SIGNATURE OF PERSON IN CHARGE OF FACIL	TY
TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		148. DATE SHIPPE	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHA OF PLACING WITH THE CARRIER	ARGE
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OF IDENTIFY FINAL PLACE AND CA EA, ONLY ENTER LATITUDE AND	DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CHARGE OF DISPOSITION CREMITED REMAI	NS NS

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



INTERMENT ORDER

City of San Diego

Date 1/13/2006

	act to your rules and regulations, to inter the remains
of Harry Yomado	uneral, date, time TUES Jan 17 10:00
Church, Chapel Graveside)	: Family Mortuary.
All Funeral cars must arrive before 3:00 p.m. of	
will be applied and billed to undersigned.	
Division 7 Section 11 Blk	HowLOI_15 Grave_1 # 10905/ E-15619 0
Overtime/Late Arrival Fees	
Opening/Closing & Salup. Burial Container Standard box	
Handling Fees	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
	Total Due
Paid	ecolpt number
that I have the right to make this authorization any liability on account of said authorization a I hereby authorize the interment in lot I hald under deed.	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment. White Manual Comments of the Comment of the Comm
* MUChido Manur	nol Disserve (Copin Co 92021
Paulette	Invoice #
Work Order # E 19557_	Acct. #





GRAVE BLIND CHECK FORM

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

4		A U	The second second	CV-	1	
		Knyama	Hounds	Tanaka		
	JOHESIN	Segunda Segunda	Tarsmur	miyash	FOR	
		Selvino	х	Warman		
Blind Che	eck Initiate	ed By: F	aulett	æ	Date:	1-13
Interment	space fo	r. Itau	ry Y	amas	lass	
Interment	Date:	17/20	Do_ T	rime: IC	0:00	AM
Div: 7	_ Sect:_	II BII	dRow: _	Lot: .	15	
Grave La	id out by:	Kei	wetter	Mus		
		Card:			41 4	ofon
Agroos W	ith Man	N Voc	П	do	1,0	- Laure

Blind Check & Verified By: DARKEY

-19557 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	ENT—FIRST (GIVEN)	1B. MIDDLE	1C LAST (FAMILY)				DATE OF DEATH 4. SET
OF DEATH	ula Vista		5B. COUNTY OF DEATH	A STATE OF THE PARTY OF THE PAR	OF INF		ILING ADDRESS AND ZIP CO
Cos	ula Vista,		ACTING AS SUCH 78 CALIF Y FA	LICENSE NUMBER PPLICABLE D1682	1425 Chul	Second Aven La Vista, CA	ue #315
ACKNOWLEDGEMENT OF	APPLICANT If hereby acker of the Health	owinton as applicant that the proposed disposition s and Sefery Code, and was authoritied pursuant to S	dated herein is one of the dispositions as action 7100 of the Health and Surety Co.	50.	>(-H	stor Herry	01/11/2
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHORI SPECIFIED IN THIS PERMIT. HIGHT OF DISPOSAL OUTBIDE OF CALIFORNIA	611 00	01/11/20 D. Humph	006	2600694	EQISTRAR ISSUING PERMIT
ANY CHARGE IN DISPOSI- TION REQUIRES A NEW PERMITTO SHOW FINAL DISPOSITION		EGISTRAR OF DISTRICT OF DEATH FOR MICH MORNIA SEE DIES MANAGEMENT OF THE P. O CA 92186-5222	County FAS Box 85222	HESS OF REGISTRAR O POSITION IS TO OCCUP :		OF DISPOSITION — DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	SITION(S) CHECK APPLICA	ABLE ITEMS		-		FOR COR	ONOR'S USE ONLY
A BURIAL INCLUDE B. CREMATION DISPOSITION OF THAN IN A CEME I. SCIENTIFIC USE	CREMATED REMAINS C	ΣΤΙ€Α [E. TEMPORARY ENVAULTS F. DISINTERMENT G. SHIP IN TO CALIFORNI H.TRANSIT TO OUTSIDE (L DISPOSITION PEND (Name and Address)	ING REMAINS LOCATED AT
BURIAL	Ht. Ho	pe Cemetery 3751 ego, GA 92102		11B. DATE BURIED	110	SIGNATURE OF PERSO	N IN CHARGE OF BURIAL
CREMATION	Cremat	DRESS OF CALIFORNIA CHEMAT ion Services, Inc ortune Way Vista,	•	128 DATE CREMA	TED 120	SIGNATURE OF PERSO	N IN CHARGE OF CHEMATIC
SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138, DATE RECEIV	ED 130	SIGNATURE OF PERSO	IN IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPE	0 140	ADDRESS AND SIGNAT OF PLACING WITH THE	URE OF PERSON IN CHARGE CARRIER
SCATTERING/BUPBAL AT SEA OR SPOSITION OTHER I IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAL EA, ONLY ENTER LATITUDE AND L	DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	150	SIGNATURE OF PERSO CHARGE OF DISPOSITI	A CONTROL OF THE PARTY OF THE P

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 INTERMENT ORDER

(NON-Res) City of S	San Diego
Recease level in Las Vagas	, Nev Date 1-13-96
	t to your rules and regulations, to later the remains
of Roxanne	
Bet ve 14	STOMA CELL ALL
	neral, date, time Family Sill CIB
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of n	egular work day or an extra charge of \$ 283.00
will be applied and billed to undersigned.	×
Division 7 Section 2 Blk/R	ow Lot
Grave space & Care Fund	18/952
Overlime/Late Arrival Fees	/
Opening/Closing & Setup	
	ault 104.00
	114.00
Flower vases - Marker setting fee	0
400	Claim Transfer 170,00
Hecoromy rung (ransier rees	
Sales taxes	8.06 Total Due #595.06
Sales taxes Paid rec	W
Caro'Y Paid rec	elpt number
Carosi act	Balance due
I hereby certify am the	X of the above named deceden remains as above indicated. I certify and represent
that I have the right to make this authorization a any liability on account of said authorization and	nd I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I	Profe Name
hold under deed.	¥
Synature	Address
you must have A	City Zip Cod
you must have A CAlif. Burial permit	Telephone
Accompany your cremain	S Invoice #
Work Order # E 19558	Acct, #
The left control	Van la sublibilità la elle contra formation de contra

Mother
Carolyn J. Callins

+6754 Neandro Ct. - 12437 Meandro Rd
S.D. Calif. 92128

760 580-1655

(NON-RESCHUE)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Di-

Date _	117	1060	
-	1000	In a	_

AT NEC			Date		
		Pin# 21		1	
You are hereby authoriz	Section 19		The state of the s	4	(2)(2)
011	Ranias	sinnau	1	(chile	21)
naSLA	3	Funeral, date, ti	me_1 1	7/05 T	ues 1:30
Church Chapel Grave	side		Gree	nwood	Mortuary.
All Funeral cars must a	rrive before 3:00 p.n	n, of regular work	day or an e	xtra charge o	
will be applied and bille					
Division Muslim s		PATD-	_ Lot <u>50</u>	GC Grav	369,-
Overtime/Late Arrival F		7 0000			
		1 7 2006	*************		237 -
Opening/Closing & Set			~= MV	***************************************	94-
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Handling Fees					-
Flower vases - Marker				05.00	
Recording/Filing/Trans	er Fees ADM	w cha	/ R+F	-8Fee	170,00
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			Total Due		877.2
	Pa	id receipt number	Visa	Card	877.2
		ad recorpt manifes		Balance du	
	x Lati	hov			TO STATE OF THE PARTY OF THE PA
I hereby certify I am th and this is your author that I have the right to any liability on account I hereby authorize the hold under geed.	ity to make disposit make this authoriza- of said authorizatio	tion and I agree to	above indi	cated, I certi ope Cemete 919 i Abe	DS now
x 11/		Addieus	010	7416	Ave
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Pawerte		XI6	15)80	4804	2
		Invoice	"		4
Work Order # E 10	1559	Acct. #			
	This fee	Man to work			

& Printed an executed poper

MT HOPE CEMETERY E- 19559

GRAVE BLIND CHECK FORM

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

	4			1
•	"	x		
		Jahober		
			AL ALL	
		: Panlette		
Interment sp	ace for:	Ranja sinna	wi (child	
Interment Da	ate: Tues	day 17th Time:	1:30	
Div Muslim	Sect:	BIK/Row;	Lot: 560	Br:
Grave Laid	out by:	man fen		
Agrees with	Legal Card	: Dyes ON		
Agrees with	Map: X	es D No		
Blind Check	& Verified	By: Dans	Date:	1-17-01

CITY OF SO HT HOPE CENETE 3751 MARKET ST SAN DIEGO CA 92102 619-527-5474 4381322156665644

DATE: 89/86/86 TIME: 09:17:50 MER#: 322156665644 STR#: 4381 TER#: 6062 S-A-L-E-S D-R-A-F-T

REF: 9991 BATCH: 165 CD TYPE: HC TR TYPE: MP

TOTAL:

\$114-00H

AP: 015732

CARDHENBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOUN HEREON AND AGREES TO PERFORM THE DBLIGATIONS SET FORTH BY THE CARDMENBER'S AGREEMENT WITH THE ISSUER

> THANK YOU PLEASE COME AGAIN

TOP COPY-HERCHANT BOTTOM COPY-CUSTOMER

pd by phone For Runia Sinnawi (child) 20 XIO MARKER Setting Fee DIU MUSK LOT 56 GR C E-19559

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

aged

	The second second		USE BLACK INK ONLY	MAKE NO EMASO	HES, WHITEOUT	o on o ner			-
A	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C LAST (FAI				MONTH, DAY, YEAR	4. SEX
	RANIA CITY OF DEATH		RIBHI	Company of the Compan	NAWI	seasur Te No	ME, RELATIONSHIP, FULL MA	01/16/2006	
30	SAN DIEGO			ENTER STA	SAN DIE	GO O	FINFORMANT RIBHI SINNAWI -		D ZIP CODE
			- I-805 & IMPERI SAN DIEGO, CA	IAL AVE.	PB CALIF LICENSEN — IF APPLICABLE FD 843	NJMBER	4070 YALE AVENU LA MESA, CA 919 GRATURE OF APPLICANT, +0	E 41	E SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I hereby actor of the Health	owinidge as applicant that the proposed disposition Solety Circle, and was authorized pursuent	tion sizind horom is one of the to Section 7100 of the Health a	dispositions authorized by Secting Balaky Code.	FOR 103055	Jehalt	my 01/	17/2006
		THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	NACCORDANCE WITH PROVISIONS O AND SAFETY CODE AND IS THE AUTH IS SPECIFIED IN THIS PERMIT DIMENT OF DISPOSAL OUTSIDE OF CALIFO	10R-	00 01	/17/2006 . King		REGISTRAR ISSUING P	EHMIT
APT		P.O. BOX		1			TRICT OF DISPOSITION THER DISTRICT IN CALIFORNIA		
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLICA	ABLE ITEMS	La Carrier III			FOR COR	ONOR'S USE ONLY	
LILLIL	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C	THER	F DISINTERMEN G. SHIP IN TO C	r i	NIA	Nuive and Addition	DING PEMAING LOGA	HEDAY
	BURIAL	MOUNT HO	DRESS OF CALIFORNIA CEME DPE CEMETERY RKET ST. SAN DIE		02	7-06	Inc. SIGNATURE OF PERSO	ON IN CHARGE OF BL	JRIAL
KE ITEMS	CREMATION	12A. NAME AND AC	DRESS OF CALIFORNIA CREM	MATORY		E CREMATED			REMATION
AL APPLICAB	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACIL	ITY RECEIVING REA	MAINS 13B, DAT	E RECEIVED	13C. SIGNATURE OF PERSO	ON IN CHARGE OF FA	VOILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		E 14B. DAT	E SHIPPED	14C. ADDRESS AND SIGNAT OF PLACING WITH THE		CHARGE
	AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, DIDENTIFY FINAL PLACE AND G EA. ONLY ENTER LATITUDE AN	CA DISTRICT OF DIS		E OF POSITION	15C. SIGNATURE OF PERSO CHARGE OF DISPOSITI	CONTRACTOR OF THE PARTY OF THE	

COPY 2 IS RETAINED BY 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-19558

POLICY RESEMANCE 12242 POWAY RO POWAY CA 92869 (858) 748 - 4181

DHTE: 87/23/87 NE: 11:1 HERB: 696999828376 TERM: 6862

国語: 15217

4-L-E-S 0-R-A-F-T

REF: 0001 BCH: 039 CO TYPE: MC TR TYPE: PR TMV#=

AMBILIMET:

\$11.00N

ALTO SEERSEENESSEE

FXP: XXXX

AP1 RREASE

THE ID: 6723MDSTXPACK AUDIT: ATSAR USE D. COL

CARDEFHEER ACTIVISHED BESS RECEIPT OF BOODS AND/THE SERVICES IN THE ANDUMI OF THE TOTAL SHOWN NEWFON AND AGREES TO PERFORM THE ORLISATIONS SET FORTH BY THE HADE THE S ARRESTENT WITH THE ISSUER THAKE YOU FOR YOUR BUSINESS

CON- WACHAM BOTTOM CORY-CUSTOMER

DIP-Grave AT-Need IN Grave

MT. HOPE CEMETERY

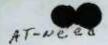
INTERMENT ORDER

City of San Diego

st.	***	100		1000000
w	1+1	1	WEYMON	J 14053

You are hereby authorized and instructed, subject to your rules and regula of 545an Moss 21575	
	1.000
in a LINET Funeral, date, time FR, d	laine Jules
Church) Chapel, Graveside: 6/cca	
All Funeral cars must arrive before 3:00 p.m. of regular work day or an ex	tra charge of \$ 215,00
will be applied and billed to undersigned. Please Int. location of grave with OK.	×
Division 11 Section 1 BlivRow Lot 16	
Grave space & Care Fund D. 6358(CoT) Trus7 0-66 40	(Trust) 0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	<u>ø</u>
Burial Container LINET	0_
Handling Fees	1-1976
Recording/Filing/Transfer Fees	
Sales taxes	0
	0
Paid receipt number	
	Balance due _ G
that I have the right to make disposition of remains as above indi- that I have the right to make this authorization and I agree to hold Mt. H any liability on account of said authorization and interment.	ope Cometery harmless from
I hereby authorize the interment in lot I hold under deed.	attack
Signature X Actions X Telephone	attack synature zoca
Work Order # E 19560 Acct. #	
Work Order # E 17500 Acct. #	

Green wood Fax 619 264-3433



ME HOPE CEMETERY

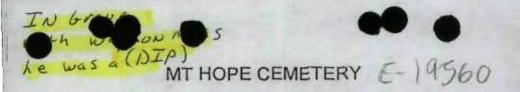


City of San Diago

	Date 1-17-06
You are horeby authorized and instructed, ofSusan A	subject to your rules and regulations, to linter the remains
In a LINEr Igned Hand Consess Church Chapol, Gravesido	Funeral, date, timo FRiday Jan 2006 Erstance Manuary
All Funeral cars must arrive before 3:00 p will be applied and billed to undersigned Places 9. Leading of Division 11 Section 1	WANDA RAMS 64 X Spanzille of WANDA RAMS 64 X BINFON LOI 100 Grave 7
Overtime/Late Arrival Fees	(Lot) Trus 7 0-6640(Trus 7) &
Opening/Closing & Setup Durial Container Hangling Foos Flower wase) Marker setting fee K.5	Liner
According/Figing/Transfer Foes	1170
I haroby certify I am thu UDAN OF and this is your authority to make display	sition of remains dis above indicated, I certify and representation and I agree to hold Mt. Hope Compley harmless from and interment
horeby authorize the informent in lot I hold under deed. WANDA RAMSEY Some 1	Y WANDA RAMSEY Y SPRING YA MEY CA 9197
Work Order # E 19560	Acct. A

Butter de merchite .-

E-19560	ORDER CITY OF SAN DIEGO, CALIFORNIA	MT. HOPE	
CHARGE LEVE	en Massi		-107
	Lolala ave.	10.9.	2//
	Pre-need charge		4.1
OWNER	0		
	Called State of State		
ADDRESS			
MORTUARY			
LOT_100_6	R _ Z ROW SEC _ DIV	11	
OPENING TIME	DAY (V opening	135	00
VAULT BOX	size 1) liner	95	40
CULTURE STAND	Marker inst.	40	00
The ve			30
arres in		#	
	The second secon	TAL 275	10
PAID RECEIPT NUMBER	23/80		5
n. 1	BALA	WANTED A	
Marken	intallation for W	ayrum !	me
2nd Burial pd in	full /		
	PAI	D	
	/ JAN 31 1	1978	
	S NO PROVISIONS FOR THE EXTERS NO		
AUTHORIZED HE PERSON PHONE BY CR 191	mal order taken by	Buttell	2
NO. D 6640	INVOICE NO.	Cask	7
FORM PR-974 REV.			



	GRAVE BL	IND CH	ECK FOR	RM	
Write in the nar plock marked w existing marker the burial space	ith "X". Place 's in the appre	the nan	ne's, lot # ar	are adjac	of all cent to
					-1327
*					
		#7 X	#8 John J. Chaissey	#9 ANTHONY MOSS	
					-
Blind Check In					
interment space	Jan 30	06	Time:	100 p	chuch
Div:/) S	ect: B	k/Row:_	Lot:	100 G	
Agrees with Le			/		
Agrees with M	ap: 1 Yes	Q	No		
Blind Check &	Verified By:	MI	Value	Date:	1-18-06

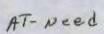
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

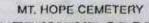
USE BLACK INK ONLY ... MAKE NO EBASUBES WHITEOUTS OR OTHER ALTERATIONS

age 86

	USE BLACK INK ONLY - MAI	NE NO ENASURES, WH	ILEODIS ON OI	TIET ALI ETATIONS	
USAN	NT—FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY) 110SS		2. DATE OF BIRTH MONTH, DAY, YEAR 04/26/1919	3. DATE OF DEATH MONTH, DAY, YEAR 01/15/2006 F
Y OF DEATH	* 4	ENTER STATE		B. NAME, RELATIONSHIP, FULL I OF INFORMANT	MAILING ADDRESS AND ZIP CODE
SAN DIEG	0	SA	IN DIEGO	WANDA RAMSEY. I	DAUGHTER
A. TYPED NAME AND A	DDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH YB. CALIF.	LICENSE NUMBER	1604 PRESIOCA	
GREENWOO	D MORTUARY - I-805 & IMPERIA	L AVE.		SPRING VALLEY,	CA 91977
	SAN DIEGO, CA 9	2102 FD	843	BA. SIGNATURE OF APPLICANT-	Person lating owner 88. DATE SIGNED
ACKNOWLEDGEMENT OF	APPLICANT I heavily independently as applicant that the proposed deposition is of the Health and Softey Code, and was extremely severall to Ser	cion 7100 of the Hualth and Salety Code		Deha UT	mg 01/19/200
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF	IIA. AMOUNT OF FEE PAID	98. DATE PERMIT IS		L MEGISTAAR ISSUING PEHMIT
	THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	\$11.00	01/19/2	The state of the s	
AUTHORIZATION OF LOCAL PEGISTRAR	NOTE: THE PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORMA	Charles of Marie	D. Kir		
ANY CHANGE IN DIDPOSI-	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH			DISTRICT OF DISPOSITION — N ANOTHER DISTRICT IN CALIFORNIA	
TION REQUIRES A NEW	P.O. BOX 85222	111111111111111111111111111111111111111	20110410101090011	Assertise married in season account	
PERMIT TO SHOW FINAL DISPOSITION	SAN DIEGO, CA 92186-5222				
n AUTHORIZED DISPO	SITION(S) CHECK APPLICABLE TreMS			FOR CO	RONOR'S USE ONLY
A BURIAL INCLUDE		E TEMPORORY ENVAULTME	CMT	THE INCOMPRISE DE	NORIS — REMAINS LOCATED AT
B CREMATION	and the state of t	F DISINTERMENT		(Name and Address	
A CONTRACTOR OF STREET	CREMATED REMAINS OTHER	G SHIP IN TO CALIFORNIA			
THAN IN A CEME		H. TRANSIT TO OUTSIDE OF	FCALIFORNIA		
	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER	(Y	118. DATE BURIED	11C. SIGNATURE OF PERS	SON IN CHARGE OF BURIAL
BURIAL	MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO	. CA 92102	1-2006	· (IN)a	nen
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATI		128 DATE CREMAT	TED: 12C SIGNATURE OF PER	SON IN CHARGE OF CREMATION
CREMATION		3002			
W CHEMINATION					
2		CONTRACTOR BELLEVIA	THE ROPE MESSEL	P	
3	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
SCIENTIFIC					
			Constant	>	
4	14A. NAME AND ADDRESS IN DECEIVING STATE OR		148. DATE SHIPPE		ATURE OF PERSON IN CHARGE
TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE	SHIPPED		OF PLACING WITH TI	HE CARRIER
TRANSIT	1	1			
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR	OTHER DESCRIPTION	15B. DATE OF	ISC SIGNATURE OF PER	SON IN 150 LICENSE NUMBER OF
SCATTERING/BURIAL	SUFFICIENT TO IDENTIFY FINAL PLACE AND CAD	ISTRICT OF DISPOSITION.	DISPOSITION	CHARGE OF DISPOS	THON CREMATED REMAINS DIS
AT SEA OR POSITION OTHER	IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LI	ONGITUDE	The second second second		POSER — IF APPLICABLE
N IN A CEMETERY					

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





INTERMENT ORDER

City of San Diego

Date 1-17-05

of	J05	ephine	2 Wild	er	22	9941	
in a	LINE C Type or Dunial Contain apel, Graveside	ndt	Funeral, d	ato, timo	Jan	3,06	11:00
Church Ch	apel, Graveside			_: fr	Ferce	d	Mortuary!
All Funeral	cars must arrive l	balore 3:00 p	.m. of regular	work day o	ים מוואפ חם זו	harge of \$	213.00
	led and billed to u						X
and.	location	verif	ies by	bamily	, —		×
	12 Section					_ Grave _	1_
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411111111111111111111111111111111111111	losing & Setup						0
Durial Con	tainor	***************	LIN	er	*************		0
Handling F	ees	*************		************	*************		0
Variation	es – Marker setti						0
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	5						0
The state of the s					tal Due		0
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			an roomprine		Rala	nce due _	0
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and this is	ertify I am the your authority to the right to make y on account of sa	e this authori	zation and I ap	pree to hold	we indicated d Mt. Hope (L I certify a Cemetery I	ned decèder and represer narmless fron
I hereby a	uthorize the inter	ment in lot t	K		v. et		
hold unde		india in ioc	Fn V	nt Name	1000	Jun 1	
100		V	40	placeD.	126		-
Signature			- i	No.	advet with		2p Cor
			¥ Tel	lagahata/NB	Pa		
			In	voice # _			
Work Ord	F 100	5/21		cct. #			

49 C5 MT 1---

SD MT. HOPE CEMENTERY + 95847700

NO.988 DOI

Flence have barrily sign 4 fax back to

AT- weed

MT. HOPE CEMETERY

City of San Diogo

Date 1-17-05

Josephine Civer 6	MONUAU		
Thursh Chunel Graveside	Sed-Touch	ATIC 584-700	
of Funeral cars must arrive before 2.00 p.m. or	regular work day or an extra charge	10 \$ 211.00	share branky
vir be applied and billed to undersigned.		×	stank of many
gat location verifical.	by bamely	×	4
ivision / Section / Blum	ion Los CUT Go	ave_/	
Grave space & Care Fund E- /	793 (1580)	6	
horime/Leta Arryst Fees			
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fonding Fees		9	
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	Total Own.		
Poid ro	calp number		
	Parance d	in E	
neroby certify I cm the	K of the abov	s named decedent	Have Lamely
and this is your authority to make disposition of hat I have the right to make the authoritation of any liquidity on account of sale authoritation and any liquidity on account of sale authoritation and	and I agree to hold MI. Hoge Como sinterment.	lory numbers from	sign on
heroby authorize the informent in lot 1	1 Annie M. R.	lavis	X'S
naja undur deed.	x 5125 01.	IEAN STA	+
Mrs danie M. Hawlax	L'SAN DIEGO C	A 92114	
2gruini e	ET 419-470.	7900	
Walk Criston . E 19561	Inverce #		

MT HOPE CEMETERY E-19561

GRAVE BLIND CHECK FORM

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

			# 7 (124)		
		#I X	Cruzada		#4
•			# 7	#8. UNIAN Daughert	

Blind Check Initiated By:	Sand	-a	Date	: 1-19-06
Interment space for:	(1)			
Interment Date: Jan 2	3,06	Time:	11:00	Church
Div: 12 Sect: 1	Blk/Row:_	L	ot: /17	
Grave Laid out by: Noz	men)	tengo	u	
Agrees with Legal Card: /	2 Yes	D 119		
Agrees with Map: Ø Yes	10	No		
Blind Check & Verified B	y: Jose		Da	te: 1-20-06

E 19561 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 149 85

HISE BLACK INK ONLY - MAKE NO FRASHRES, WHITEOUTS OR OTHER ALTERATIONS

		OUR DESIGNATION OF THE PARTY OF	THE TAX AND THE PARTY OF THE PA	THE PERSON NAMED IN CO. LOW. P.	international special	and the latest and th		
A. NAME OF DECEDE Josephin		1B. MIDDLE	1C. LAST (FAMILY)		MON	OM RABY_YAFT_HIT	DATE OF DEATH 4. SEX	
SA CITY OF DEATH			5B. COUNTY OF DEATH ENIGH STATE San Diego		6. NAME, REL	ATIONSHIP, FULL MAIL	/15/2006 F ING ADDRESS AND ZIP CODE	
San Diego,	Cremation rsity Aven Californi		ACTING AS SUCH 75 CALIF. — IF AP	LICENSE NUMBER PLICABLE FD-1746	2267 De San Die	sk Drive		
ACCORDINATION OF N	of the Health	and Safaty Code, and was surhertand pursuant to Sec	tion 7100 or the Hearth land Safety Code		A LINE	C Early	GISTRAR ISSUING PERMIT	
AUTHORITATION OF	THE CALIFORNIA HEALTH. TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHORI- SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	\$11.00	01/18/	2006	SHIP OF STREET	L Bowen MD	
ANY CHANGE IN DOPOSI- TION REQUINES A NEW PERMIT TO SHOW FINAL	P.O. BOX 8	5222	IF DISI	ESS OF REGISTRAN OF POSITION IS TO OCCUP I				
DEPOSITION DISPOS	THE RESIDENCE PROPERTY OF THE PARTY OF THE P	California 92186-	-5222			EOR COROL	OR'S USE ONLY	
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C	отнея	G SHIP'IN TO CALIFORNIA H TRANSIT TO OUTSIDE O	*		I. DISPOSITION PENDIN (Name and Address)	G — REMAINS LOCATED AT	
BURIAL	Mt. Hope	DRESS OF CALIFORNIA CEMETER Cemetery 3751 Mark California 92102	et Street	A DATE BURIED	110.80	SMATURE OF PERSON	IN CHARGE OF BURIAL	
CREMATION 4	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMATY	ORY.	12B, DATE CREMA	TED 120 Sid	SNATURE OF PERSON	IN CHARGE OF CREMATH	
SCIENTIFIC USE	13A. NAME AND AD	ORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS ,	13B. DATE RECEIV	ED 13C 5K	SNATURE OF PERSON	IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B, DATE SHIPPE	Control of the Contro	14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR D DIDENTIFY FINAL PLACE AND CAD EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	158. DATE OF DISPOSITION		BNATURE OF PERSON VARGE OF DISPOSITION	to the second se	

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 Margaret



MT. HOPE CEMETERY

INTERMENT OFFER

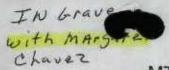
largaret chavez City	of San Diego
Le was D.I.P. City	Date
(ICE 31	bject to your rules and regulations, to inter the remains
You are nereby authorized and instructed, st	A A QUE > 1.07.19.7
of Rodolfo	Chavez 207197
in a Liver Type of Burial Container	Funeral, date, time gan 16,10,00
Church Chapel Graveside	Havollwedy A14 Monuery
All Funeral cars must arrive before 3:00 p m	of regular work day or an extra charge of \$
will be applied and billed to undersigned	42CX
· Location verified by 6	amely of
Division // Section / B	lik/Row Lot Grave
Grave space & Care Fund 0 -17	46 (1973) 6
Overtime/Late Arrival Fees	
Opening/Closing & Setup	DAID # 533.00
Burial Container	170,000
Handling Fees	JAN 2 3 2006 206.00
Flower vases (Marker setting fee) 9 44	178.00
Recording/Filing/Transfer Fees	OUNT HOPE CEMETERY 65.00
Sales taxes	10.53
	Total Due # 1, 171.93
Paid	receipt number R-59402 1,272,5
	Balance due
	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I	x Robert Chaucz
hold under deed.	4 3134 Winlow St
polul Clary	4 San Diego CA 921
Signature	X 2870207 Zie Code
	Invoice #
Work Order # E-19562	Acct.#

Roberthovey-Son 619 287-0207

3134 Walnu St

Sea Digo CA 9200





MT HOPE CEMETERY

E-19562

	GRAVE BL	IND CH	IECK FOR	MS	
Write in the nar block marked w existing marker the burial spac	rith "X". Place 's in the appre	e the nar opriate s	ne's, lot # a	nd grave f	of all cent to ,
•					
	minnle Bleichn	#3 X	#4 James Bernard eruz	Robert Oyer	
Blind Check In	itiated By:	Sans	dia	Date: /	-23-06
Interment space	ce for: Rohus	odolfo	Chave Time: 16	0:00	
Div: S	ect:_/_ B	Ik/Row	Lot: _		r3
Grave Laid ou					
Agrees with Le	egal Card: 🗵	Yes	D'No		
Agrees with M	ap: X Yes	0	No		

Blind Check & Verified By: DAKKEY/ Date: 1-24-06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MAN	CE NO ERASURES, W	HITEOUTS OR OTH	HER ALTERATIONS	- 0		
RODOLFO 18, MIDDLE		- CHAVEZ			2. DATE OF BIR MONTH, DAY V 05/06/1	923 MONTH E	8/2006	4 SEX	
57	SAN DIEGO		AMERICA DE	ENTED STATE	N DIEGO	NAME, RELATIONSHIP, OF INFORMANT ROBERT CHAV	FULL MAILING AD	DRESS AND	ZIP CODE
77			5027 EL CAJON BLV SAN DIEGO, CA 921	D. — IFAI	PPLICABLE	3134 WINLOW SAN DIEGO, BA SIGNATURE OF APPLK	CA 92105	8B. DATE	SIGNED
	ACKNOWLEDGEMENT OF A	APPLICANT I hereby special of the Health I	www.tye as applicant that the proposed disposition sta and Safety Code, will was authorized pursuant to Ges	ted herein is one of the dispositions ou tion 7100 of the Houlin and Salary Cos	dioriced by Section 103055 is	Dehal) King	01/2	4/200
	PERMIT.	THE CALIFORNIA HEALTH	NACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS PECIFIED IN THIS PERMIT BRIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	98 DATE PERMIT IS 01/24/20 D. Kin	006	FLOCAL REGISTRAF	R IBSUING PER	TIME
5		P.O. BOX				F DISTRICT OF DISPOSITION N ANOTHER DISTRICT IN CALIF			
	B. CREMATION	CREMATED REMAINS C		E TEMPORARY ENVAULTM F DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE C	0	1000 Maria - 1741	OR CORONOR'S L DON PENDING — RE I Address)		ED AT
	BURIAL	MOUNT H	ORESS OF CALIFORNIA CEMETER OPE REMETERY RKET ST. SAN DIEGO	*/.	11B. DATE BURIED	HC SIGNATURE O	PERSON IN CHA	RGE OF BUI	RIAL
SLE ITEMS	CREMATION	12A, NAME AND AC	2A, NAME AND ADDRESS OF CALIFORNIA CREMATORY			TED 12C. SIGNATURE O	F PERSON IN CHA	BE OF CH	EMATION
LL APPLICAR	SCIENTIFIC USE	13A. NAME AND AD	DA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			ED 19C. SIGNATURE O	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
COMPLETE A	TPANSET	14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B. DATE SHIPPEL	The American China	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARLOF PLACING WITH THE CARRIER		
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAID EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	158 DATE OF DISPOSITION	15C. SIGNATURE OF D	ISPOSITION	150. LICENSE I CRÉMATED RE POSER — IF AI	MAINS DES-
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT-Need Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

IN	6	rave	
wit	6	cle	ON

Date 1-17-06

or Albercei	nia Gild	er 22	.7281
in a DU CrypT B Type of Sundi Continents	Funeral, date, ti	me gan	13 rd 11:00
Church Chapel, Graveside	;	Lagsda	/e Mortuary
All Funeral cars must arrive before 3:00 p	m. of regular work	day or an extra cha	arge of \$ <u>213.00</u>
will be applied and billed to undersigned.			X
Division /) Section _) Grave space & Care Fund E	_ Blk/Row	Lot 155	Grave /)
Grave space & Care Fund	-18171 (3	1003)	_ 0
Overtime/Late Arrival Fees			
Opening/Closing & Setup			
Burial Container DU	CrypT B		
Handling Fees.	PAR	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Flower vases - Marker setting fee	. 411	J.	<u> </u>
Recording/Filing/Transfer Fees	JAN 2 1 201	06	\$ 65.00
Sales taxes			0
Mort. To pay MOUN	VT HOPE	Total Due	\$ 598.00
P	Paid receipt number	R-59547	1 4 5 58.00
		Balano	e due
I hereby certify I am the		L of the ab	ove named decedent
and this is your authority to make disposithat I have the right to make this authorizate any liability on account of said authorizate	ation and I agree to	above Indicated. I hold Mt. Hope Cer	certify and represent netery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Nome	see allo	ick
¥	Address	for sign	noture
Signature	X City		Zip Code
	Telephone		
	Invoice #		
Work Order # E-19563	Acct. #		
Work Order # [-19303	Acct. #_		

AT- Need Res

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date_ 1-17-06

ing DOCTYOT 6	a Gilder monday 3 and 110
Texts had brown 11	TIN OF LIFE COOL MODULE
	of regular work day or an extra charge of \$ 213.00
will be applied and billed to undersigned.	
Division / 1 Section 1 Bit	M/ROW LOI _15.5 _ Grave _ / 2
Grave space & Care Fund E -/ 8	7171 (2003) B
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	YAT B
Handling Feds,	All
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Solins haves	
MOST. TO PAY MOUNT H	
Paid n	menipt number R - 59547 \$ 598.00
	Belance due _ @
i heraby certify I am the Daughter	of remains as above indicated, I carrily and represent
and this is your authority to make disposition that I have the right to make this authorization	and Lagree to hold Mt. Mode Cemetary harmess from
eny liability on account of said authorization or	nd interment
And the second s	* Clairette Day Bosco
I hareby authorize the interment in lot I	The state of the s
holoxunder and a	X 275 S. Worthington Street
	X 275 S. Worthington Street X Spring Valley, CA 91977
holoxunder and a	X Spring Valley, CA 91977
holoxunder and a	X 275 S. Worthington Street X Spring Valley, CA 91977 X (619)434-7488
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holoxunder and a	Y Spring Valley, CA 91977 Y (619)434-7488

& Course or mechanism

MT HOPE CEMETERY € 19563

GRAVE BLIND CHECK FORM

block ma	the name of rked with " marker's in il space.	X". Place the appro	the name	e's, lot # ace(s) th	and grave	# of all cent to
	4					
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POU	Relayo	# Il wille	#12			
		west	Х	-	-	
Blind Ch	neck Initiate	ed Bv	Sandy		Date:	1-10-06
interme	nt space fo	N	- rol -			
Div: 12	Sect:	F BI	k/Row:	Lot	155	Gr: 12
Grave L	aid out by:	Moram	t no	en M	~~	
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rigidos	,	Odju. Ly	103	J 140		
STR	with Map:		//	No		
Dlind C	hack & Va	rified By:	(lase		Date	1-nne

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-19563

Date 12/5/03

You are hereby authorized and instructed	subject to your rules and regulations, to	inter the remains
or Clean	ailder and	\$3
ina DP	Funeral, date, time 11 120113	1011.00
Church, Chapel, Gravesider Quitcu	not life: Roosdo	Mortuary.
All Funeral cars must arrive before and p		
will be applied and billed to undersigned.		
will be applied and billion to tribe signed.	The last of the la	
Lot 155 Grave 12 Row	Section Division	/Block_12
Grave space & Care Fund		985
Additional spaces and care fund	***************************************	
Opening/Closing & Setup	PAID	413-
Burial Container	PAID	718-
Handling Fees	DEC J E 2002	352
Flower vases - Marker setting fee	JEC 0 J 2003	
Recording and filing feeMOUNT		50-
Sales taxes	HOPE CEMETER?	3240
	Total Due	DD50.4
Pa	aid receipt number	20.41
	Balance d	110
I hereby certify I am the Kalls	of the above	named decadent
and this is your authority to make disposit that I have the right to make this authoriza	tion of remains as above indicated. I cer	tify and represent
any liability on account of said authorization	on and interment.	1001
hereby authorize the interment in lot I	Silbertenna F	Julier
hold under deed.	X 5020 Peluso	a St.
Signature of recorded holder of deed	San Diego (A 92113
	\$ 619-262-18	18 Zip Code
tam	Telephone	
	Invoice #	
Work Order # E 18171	Acct. #	

E-19563

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

use 86

ALBERCEN		1B. MIDDLE	1C. LAST (FAMILY)	NWP.		DATE OF BIRTH	3. DATE OF DEATH	4. SEX
SA CITY OF DEATH	LA		5B. COUNTY OF DEA	CONTRACTOR OF THE PERSON OF TH	6 NAME, R	RELATIONSHIP, FULL N	MAILING ADDRESS AN SCO: DAUGHT	
ANDERSON-	RAGSDALE M	A-FUNERAL DIRECTOR OF PERSON DRTUARY SAN DIEGO, CA 92		FD-1329	275 S SPRIN	. WORTHINGT	ON STREET,	#25
ACKNOWLEDGEMENT OF A	PPLICANT I I hweby acknowledge of the Health	refetje oa applicant that the proposed disposition o and Salety Carle, and was authorized pursuant to Se	tated herein to one of the dispositions exion 7100 of the Health and Safety	authorized by Section 103955 Ceds	D()/	nnika	Prum01/2	0/2006
PERMIT	THE CALIFORNIA HEALTH	ACCORDANCE WITH PROVISIONS OF ANC) SAFETY CODE AND IS THE AUTHOR- IS SPECIFIED IN THIS PERMIT. HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	S.PRYOR 01/20/2		2601410	HEGISTRAH ISSUING P	EHMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	P.O.BOX 85			DISPOSITION IS TO OCCUR				
10. AUTHORIZED DISPOS					3 9	FOR CO	RONOR'S USE ONLY	7
B CREMATION C DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE BURIAL	HT. HOPE	DRESS OF CALIFORNIA CEMETER CEMETERY & 3751 MAI CA 92102				SIGNATURE OF PERS	BON IN CHARGE OF B	URIAL:
CREMATION	12A. NAME AND AC	DORESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREM	ATED 12G	SIGNATURE OF PERS	SON IN CHARGE OF C	REMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF DALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEI	VED 13C.	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		ACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			14B DATE SHIPP	Tree land	14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
ATTERING/BURIAL AT SEA OR POSITION OTHER THAN IN A GEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAL EA, ONLY ENTER LATITUDE AND L	DISTRICT OF DISPOSITE	15B DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI		E NUMBER OF REMAINS DIS- APPLICABLE

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

AT- Need MT HOPE CEMETERY (Res) MT HOPE CEMETERY INTERMENT ORDER

INTERMENT ORDER

City of San Diego

Date 1-17-06

of	Ro	Sa Co	LON	7	799	33	
in a	LINET Type of Burnet Continues	Fu	neral, date,	time _g	an 1	9.06	10:00
Church, Ch	napel, Graveside)				sdal		
All Funeral	cars must arrive before	e 3:00 p.m/ of 1	egular work	day or ar	extra cha	arge of \$	213.0
will be app	lied and billed to under	signed.	ume		Jak	Le_	
Division _	// Section_						
Grave space	ce & Care Fund		4	27		BI	132.00
	ate Arrival Fees						
Opening/C	losing & Setup						66.50
Burial Cont	losing & Setup	LINE	-1				35.00
landling F	ORDER TO THE REAL PROPERTY.	411)					03.00
lower vas	es - Marker setting fee						0_
Recording/	Filing/Transfer	1 7 2006					32.50
Seles taxes	S						10.46
	MOUNT HO	PE CEME	TERY	Total D	ue	#1,6	79.46
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any liability	on account of said aut	horization and	interment.	7)	-9.93	4 10	Ya
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			Y Co	19) 8	129 1	13/6	Zip Cod
			Invoice #				
De la compressión	# E-19564		Acct #				

€-19564

DAN CALIFORNIA DAN

IDENTIFICATION CARD



ROSA COLON 6358 POTOMAC ST APT 3 SAN DIEGO CA 92139

SEX:F HAIR:BRN HT:5-05 WT: 120 EMES: SEN DOB: 12-18-50

Rose COLONO 12/86/2004 613 44 FD/89

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY

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

19564

以表现是	(0.0) 02. 0.00			-0
	Date	θ:	11-59	, 20
From: DIANG E. CAC	ON Address: SHOE H ST.	ation 2	HULL VI	TA 91910
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in FUL Payment of M	ARVER INST'L FOR C	DLON, TO	LOSA GA	RUS
	Rik/	7,000,000	Grave 3	
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W.O. GLOS	PAID	of Lots Opening/	77184	
BALANCE DUE	NOV 2 0 2008	Closing Burial Containers	77181 100 77182 100	
☐ Money Order ☑ Charge	MOUNT HOPE CEMETERY	Handling Fee Recording & Misc. Fees Sales Tax	77185	1.37 -
Check AG-212A (11-05)	ISSUED BY	TOTAL PAID	78390	237 -

pleas place 12 Chair

MT HOPE CEMETERY E 19564

GRAVE BLIND CHECK FORM

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

the buri	al space.	1/21	ner			
1	- ",	HAI				
9						
		15	#3 X			
	Tris Longmine	# 8 mirlam				
	theck Initiate	r				1-17-06
Interme	ent Date: J	41 19,	06	Time:	10:00	0
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Grave	Laid out by:	Norm	en t	enque	m	
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Agrees with Map: 🛛 Yes 🔲 No

Blind Check & Verified By: PARKEY!

Date: /-/8-06

Your New Benefit Amount

185655

BENEFICIARY'S NAME:

ROSA COLON

E-1956A

Your Social Security benefits will increase by 4.1 percent in 2006, because of a rise in the cost of ving. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

Your new monthly amount (before deductions) is

The amount we are deducting for Medicare is
(If you did not have Medicare as of Nov. 20, 2005, or if someone else pays your premium, we show \$0.00.)

• The amount we are deducting for voluntary federal tax withholding is

(If you did not elect voluntary federal tax withholding as of

Nov. 20, 2005, we show \$0.00.)

After taking any other deductions, we will deposit into your bank account on Jan. 3, 2006.

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

What If I Have Questions?

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. You also can call us at 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m. on business days. If you have a touch-tone phone, recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month so, if your business can wait, it is best to call at other times. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your full nine-digit Social Security claim number available when you call or visit and include it on any letter you send to the Social Security Administration. If you are inside the United States, you also can visit your local office.

GROUND FLOOR 2530 E PLAZA BOULEVARD NATIONAL CITY CA

NC#: 05B1004H59614

Over >

185655*COLA*SM-DI*V05*L007

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

SOCIAL SECURITY ADMINISTRATION
OFFICE OF CENTRAL OPERATIONS

1500 WOODLAWN DRIVE BALTIMORE MD 21241-1500

OFFICIAL BUSINESS PENALTY FOR PRIVATE USE, \$300

Be sure to check out our website: www.socialsecurity.gov

 FOLD & TEAR OF , TUB 2593



THE CITY OF SAN DIEGO

E19564

MT, HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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.

Na	me of Deceas	ed: Kosa	C010	7		
Ad	dress:	6350	Poter	ac	#3	
Cit	y:	30	Sta	te_CA	Zip Code	92139
Cit	y of San Dieg	go resident? (Circle)	(YES		NO
Siz	e of Family	(check one)		_		
	1000000	nnual Income			Annual Inc	ome
X		13,440	D	(4)	\$37,310	
N U	250071	22,020	3		\$44,030	
	7.27	30,230	0	(5) (6)	\$51,490	
I he	ereby certify to ve statements	esidence of the deceased stay exceeded one year. under penalty of perjuster true.			the State of (
Sign	ned/Relation	ship			Date	
one c	of the following:	Valid California Driver's I Current Utility Bill Cu receipt property tax state	errent Monthly Che	ion card cking/Ba	ink Statement R	San Diego address and Rental/Lease Agreement
Ann	roved by	ny	-		1-10-06 Date	
Curr	ent IRS Tax Ret		ind Ur		Date	



Guidelines Mt. Hope Low-Income Fee Waiver

1. Applicant must be a City of San Diego resident, not County of San Diego

 The low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:

a. Social Security - Award/Benefit Letter

b. Internal Revenue (IRS) Tax Return

c. Health & Human Services Notice of Action (dated within 30 days)

 The Department of Labor has published the 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of F	amily	Annual Income
1		\$13,440
2		\$22,020
3		\$30,230
4		\$37,310
5		\$44,030
6		\$51,490
More than 6	Each additiona	al member add \$ 7,460

4. If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.

5. Residency can be proven by the following methods

- a. <u>Valid</u> California driver's license/ identification card displaying City of San Diego address
- b. Current utility bill
- c. Current monthly checking statement
- d. Rental/lease agreement and month rent receipt
- e. Property tax statement
- f. Active/Retired duty military ID with City of San Diego address
- Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
- The Mt. Hope low income fee waiver does not apply to grave marker installation fees, late charges, or Saturday services
- 8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the <u>first burial</u>. Eligibility for the 2nd deceased person in the low-income program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.
- The low-income fee waiver cannot be applied retroactively to already purchased lots/services
- 10. The low-income fee waiver is intended for "At Need" services only.

E-19564

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

usa 55

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IA	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		270,200	THE OF BIRTH	J. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
	ROSA		GARCIA	COLON		12/	18/1950	01/16/2006	F
5A. CITY OF DEATH			5B COUNTY OF DEATH		6. NAME, RELA		MAILING ADDRESS AND	ZIP CODE	
SAN DIEGO						LAKE: DAU	GHTER		
7A	ATTENDED FOR THE PARTY OF THE P	PRAGSDALE M	A FUNERAL DIRECTOR OR PERSON IORTUARY		LICENSE NUMBER PLICABLE	Madding Street S	NTRAL AVE	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA	1. 2
	5050 FED	ERAL BLVD.,	SAN DIEGO, CA 92	102 FI	0-1329	INCOME DESCRIPTION OF THE PERSON NAMED IN COLUMN 1 IN	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Name training power : 88. DATE	SIGNED
	ACKNOWLEDGEMENT OF A		collective as represent that the proposed deposition is and Safety Code, and was authorized pursuant to Se			wun	nuka t	CARLES IN THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PART	8/2006
			ACCORDANCE WITH PROVISIONS OF	BA, AMOUNT OF FEE PAID	S. PRESON	ISSUED 90 SI	ONATURE OF LOCAL	L HEGISTHAR ISSUING PE	HMT
		ITY FOR THE DISPOSITION	AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. SHIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	01/18/20		01170		
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m	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT ED SHOW FINAL	P.O. BOX 85		IF Dist	POSITION IS TO OCCUR	IN ANOTHER DISTI	THET IN CALIFORNIA		
ï	DEPOSITION	SAN DIEGO,	CA 92186-5222			-			
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLICA	ABLE ITEMS				FOR CO	RONOR'S USE ONLY	
6	A BUREAL INCLUDE	S ENTOMBMENT)	[E TEMPORARY ENVAULTM	ENT		I DISPOSITION PE	NDING - REMAINS LOCA	TED AT
ř	E CREMATION		4 7 7	E DISINTERMENT	-		(Name and Address)		
ř		CREMATED REMAINS O	THER	G. SHIP IN TO CALIFORNIA		-			
Ť	D. SCIENTIFIC USE	TERY		H. TRANSIT TO OUTSIDE D	FIGALIFORNIA	1			
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SCATTERING BURIAL AT SEA OR DISPOSITION OTHER		SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE			DISPOSITION	CH/	ARGE OF DISPOS	ITION CREMATED R	
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT need	Date 1 17/00
You are hereby authorized and instructed, sub of Gilberto Reg	plect to your rules and regulations, to inter the remains
	Funeral, date, time Fliday January 20 2
Ghurch, Chapel, Graveside	: CYPYES VIEW Mortuary.
All Funeral cars must arrive before 3:00 p.m. of	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Section 2 Blk	/Row Lot Grave
Grave space & Care Fund	1132
Overtime/Late Arrival Fees	
Opening/Closing & Setup	DAID 206-50
Burial Container	I PAIL
Handling Fees	IAN 1 8 2006 103
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	UNTHOPF CENTTERY 32.50
Sales taxes	10.47
Paid n	Total Due 1679.47 eceipt number R 59542 1679 47
I hereby certify I am the Y FATHE and this is your authority to make disposition	Balance due of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any hability on account of said admonization ar	4-1173
I hereby authorize the interment in lot I hold under deed.	X Berrardo Jopez
Bermardo 2-000)	Address #8 40 MARdet #5
Signature	SAN P. eBO 92108
	9648977
Paulette	Invoice #
Work Order # E-19565	Acct #

MT HOPE CEMETERY 6 19565

GRAVE BLIND CHECK FORM

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

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GILBERTO REGALADO 4148 VAN DYKE APT 7 SAN DIEGO CA 92185

SEX:M - HAIR:BLK HT:5-00 NT:062



AGE 21 IN 2010

Gilberto Ragalacto
83/29/2002 506 30 FO/07

BERNARDO VEGA LOPEZ 4840 MARKET ST, Apt. 5 SAN DIEGO, CA 92102 E-19565

2004 U.S. INDIVIDUAL INCOME TAX RETURN SUMMARY

Adjusted Gross Income	ş	23,865
Taxable Income	\$	4,315
Total Tax	\$	0
Total Payments	\$	2,495
Refund	\$	2,495
Effective Tax Rate		0.00 %

INSTRUCTIONS FOR FILING YOUR RETURN ELECTRONICALLY

If you file electronically, make sure to follow the Electronic Filing Instructions to complete your tax return.

Come back to TurboTax in 24 to 48 hours to check the status of your return. TurboTax will let you know if your return has been accepted or rejected by the IRS.

If the IRS accepts your tax return, TurboTax will walk you through the final steps of electronic filing. It may involve printing and mailing some electronic filing forms. (DO NOT mail a printed copy of your tax return to the IRS. They already received an electronic copy of your tax return.)

If your return is rejected due to an error, you have two options. You must fix the error and retransmit your return electronically, or you can mail a printed copy of your return to the IRS. To mail your printed return, follow the mailing instructions below.

INSTRUCTIONS FOR FILING YOUR RETURN BY MAIL

Your federal Form 1040A shows a refund of \$2,495.

Please mail your return to the following IRS address postmarked by Friday, April 15, 2005

Internal Revenue Service Center Fresno, CA 93888-0015

Be sure to sign and date your return and include the proper amount of postage on the envelope.

ATTACHMENTS

Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040A.

16219.42 280.91 3 Social security wages : 4 Social security tax withheld This blue Earnings Summary section is included with your W-2 to help describe portions in more detail 16219.42 1005.60 The reverse side includes general information that you may also find helpful. ns and tips 16219.42 235.18 The following information reflects your final 2004 pay stub plus any adjustments submitted by your employer. Employer use only Control Number Dept Gross Pay 16219.42 Social Security 1005.60 24.11 002373 10/S81 500 473 Box 17 of W-2 Employer's name, address, and ZIP code Box 4 of W-2 SULSDI 191.39 MAD ENGINE CO INC 9393 WAPLES STREET SAN DIEGO CA 92121 Box 14 of W-2 280, 91 - Medicare Tax Withheld Tax Withheld Box 2 of W-2 Box 6 of W-2 2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement. Batch #01118 Wages, Tips, other Social Security CA. State Wages, b Employer's FED ID number 33-0631120 605-30-3611 Compensatio Box 1 of W-2 Wages Box 5 of W-2 Tips, Etc. Wages Box 3 of W-2 Box 18 of W-2 Social security tips 8 Allocated tips 9 Advance EIC payment Gross Pay 16,219.42 16,219.42 16,219.42 16,219.42 10 Dependent care benefits Reported W-2 Wages 16,219.42 16,219.42 16,219.42 16,219.42 11 Nonqualitied plans 12a See instructions for box 12 12b 14 Other 12 191.39 SDI 13 Stat smp. Ret. plan 3rd party sick pay e/f Employee's name, address and ZIP oc ROSELIA REGALADO 4148 VANDYKE AVE #7 SAN DIEGO,CA 92105 Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept. 15 State Employer's state ID no. 16 State wages, tips, etc. 342-4518 3 16219.42 ROSELIA REGALADO Social Security Number: 605-30-3611 Ill Local wages, tips, etc. income tax 4148 VANDYKE AVE #7 Taxable Marital Status: SINGLE 24.11 19 Local income tax 20 Locality name SAN DIEGO, CA 92105 Exemptions/Allowances: FEDERAL: 4 Safe, accurate, Visit the IRS Web Site STATE: at www.lrs.gov. **Employee Reference Copy** 2004 Wage and Tax Statement C 2004 AUTOMATIC DATA PROCESSING. INC. OMB No. 1545-0008 Copy C for employee's reco - Firid and Detach Here -Wages, tips, other comp Federal income tax withheld 2 Federal income tax withheld 16219.42 280,91 16219.42 280.91 16219.42 280.91 curity wages 16219.42 tax withheld 16219.42 16219.42 1005,60 1005.60 1005.60 Medicare wages and tips 16219, 42 es and tips 16219.42 ages and tips 16219.42 235.18 235.18 235.18 Employer use only Dept. Dept 002373 10/581 500 473 002373 10/581 002373 10/\$81 473 473 Employer's name, address, and ZIP code Employer's name, address, and ZIP code Employer's name, address, and ZIP code MAD ENGINE CO INC 9393 WAPLES STREET SAN DIEGO CA 92121 MAD ENGINE CO INC 9393 WAPLES STREET MAD ENGINE CO INC 9393 WAPLES STREET SAN DIEGO CA 92121 SAN DIEGO CA 92121 Employer's FED ID no 33-0631120 d Employee's SSA num 605-30-3611 Employer's FED ID number 33-0631120 Employer's FED ID number 33-0631120 d Employee's SSA number 605-30-3611 d Employee's 55A num 605-30-3611 ocial security tips 8 Allocated tips Allocated tipe Social accurity tip # Allocated tip Social security tipo Advance EIC paymen 10 Dependent care benefits Advance EIC payment Astvance EIC payment 10 Dependent care benefits 10 Dependent care benefits 11 Hongualified plans 11 Monqualified plans 12a See instructions for box 12 120 11 Mongualitied plans 14 Other 14 Other 12b 14 Other 125 126 12¢ 12c 120 191.39 SDI 191.39 CA SDI 191.39 CA SDI 12d 126 120 13 Stat emp. Ret. plan 3rd porty sick pay 13 Stat es 13 Stat enip. Ret. plac 3rd party sick pa on. Het, plan 3rd party sick au e/f Employee's name, address and ZIP code e/f Employee's name, address and ZIP code eff Employee's name, address and ZIP cod ROSELIA REGALADO ROSELIA REGALADO ROSELIA REGALADO 4148 VANDYKE AVE #7 4148 VANDYKE AVE #7 4148 VANDYKE AVE #7 SAN DIEGO,CA 92105 SAN DIEGO,CA 92105 SAN DIEGO.CA 92105 Employer's state ID no. 16 State wages, tips, etc. 15 State Employer's state ID no. 16 State wages, tips, etc. 15 State Employer's statu ID no. 16 State wages, tips, etc. CA 342-4518 3 CA 342-4518 3 16219.42 CA 342-4518 3 16219.42 16219.42 17 State income tax 18 Local wages, tips, etc. 17 State income has 18 Local wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 24.11 24.11 24.11 19 Local income tax 20 Locality name 20 Locality name 19 Local income tax 20 Locality name Federal Filing Copy CA.State Reference Copy CA.State Filing Copy Wage and Tax 200 Wage and Tax Wage and Tax Copy 2 to be filed with employee's State incom Statement Statement Copy 2 to be filed with employee's State Incom

Wages, tips, other comp

2 Federal income tax withheld

2004 W-2 and EARNINGS SUMMARY



E 19565

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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.

Name of Dec	eased: Gilber	to kec	jaion	00.	
Address:	4840	Marke	± 5+	- Apt	#5
City:	San	Diego	State Co	_ Zip Code_	92102
City of San D	riego resident? (Ciri	cle)	YES)	NO
Size of Famil	ly (check one)				
	Annual Income			Annual Inco	ome
□ (1)	\$13,440		(4)	\$37,310	
(2)	\$22,020		3 (5)	\$44,030	
3 (3)	\$30,230		(5) × (6)	\$51,490	
hospial unless s I hereby certif above stateme	e residence of the deceid stay exceeded one years which we will be the same of	perjury under the	ne laws of	the State of C	California that the
Signed/ Relati	ionship	TVIT		Date	-
Approved by Current IRS Tax Approved By	Return verified on:	LI Current Monthly	Checking/Bo	displaying City of ank Stotement 1 Ri	chial/Lease Agreement
Date					



E19565

Guidelines Mt. Hope Low-Income Fee Waiver

1. Applicant must be a City of San Diego resident, not County of San Diego

 The low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:

a. Social Security - Award/Benefit Letter

b. Internal Revenue (IRS) Tax Return

c. Health & Human Services Notice of Action (dated within 30 days)

 The Department of Labor has published the 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of F	amily	Annual Income
1		\$13,440
2		\$22,020
3		\$30,230
4		\$37,310
5		\$44,030
6		\$51,490
More than 6	Each additional m	nember add \$ 7,460

4. If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.

5. Residency can be proven by the following methods

a. Valid California driver's license/ identification card displaying City of San Diego address

b. Current utility bill

- c. Current monthly checking statement
- d. Rental/lease agreement and month rent receipt

e. Property tax statement

f. Active/Retired duty military ID with City of San Diego address

Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility

7. The Mt. Hope low income fee waiver does not apply to grave marker installation

fees, late charges, or Saturday services

8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the <u>first burial</u>. Eligibility for the 2nd deceased person in the low-income program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.

 The low-income fee waiver cannot be applied retroactively to already purchased lots/services

10. The low-income fee waiver is intended for "At Need" services only.

Bernardo 20pez

Roselia Regaldo Gespaza

Ellberto Regaldo i 7igo

carmen Lopez 19igo

Bernardo Lopez 17ie

El Lizaben Lopez 17io

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LISE BLACK INK ONLY - MAKE NO ERASLINES, WHITEOLITS OR OTHER ALTERATIONS

TH 3 DATE OF DEATH 4

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TA.	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				2. DATE OF BIRTH		OF DEATH	4. SEX
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PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORS BY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.			9A. AMOUNT OF F		01/18/2 C GRIER		90. SIGNATURE OF LOC. 2601190	AL REGISTI	VAN ISSUMO PE	ЕНМІТ	
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	CA TOWN										

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-NEE

LOW- INCOME V



Pre- Approve by David Lugo MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-18-06

of	Jam	es_	Milton	Cullen	11 115 Per Loip
in a	Liner		Funeral, d	ate, time	19,06 41:30
Church Cha	spel, Graveside	"		Merikley,	245-2177 Mortuary
				work day or an extra	charge of \$ <u>3.13.00</u>
will be applie	ed and billed to ur	ndersigned	-		
Division/	// Section	2	Blk/Row	Lot_//	Grave 2
Grave space	e & Care Fund				4132.00
Qvertime/La	ite Arrival Fees		- 6.00	THE RESIDENCE OF THE PROPERTY	
Opening/Clo	sing & Setup		DAH		266,50
	iner				135,00
Handling Fe	es	**********	1 6 1 MAI	2006	103,00
Flower vase	s - Marker setting	fee			
Recording/F	iling/Transfer Fee	s	INT HOPE	CEMETER	31,50
Sales taxes		Mor	31.4.4		10.46
				100000000000000000000000000000000000000	1,679.46
			Paid receipt nun	nber pd by ph	one #1,679.46
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and this is y	tify I am the	ake dispo	sition of remain	s as above indicated	above named decedent . I certify and represent
that I have that any liability of	he right to make to on account of said	nis authori authoriza	zation and I agre tion and interme	ee to hold Mt. Hope C	Cemetery harmless from
			v	PAUL B	STA, A
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CITY OF SO ME HOPE CENETE

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BATCH: B44 CO TYPE: HC TR TYPE: HP

PRIBE

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EXP: 1111

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Needs Proof Residency Soc. Sec. Ctr

THE CITY OF SAN DIEGO

E 19566

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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.

Name of Deceased: James Milton Cullen							
Add	iress:		4420	Clevel	and	Ave #4	
City	y:	_5	D	Sta	ite <u>CA</u>	Zip Code_9	72116
City	y of San D	iego resident	? (Circle)		YES		NO
Size	e of Famil	y (check one	2)				
,	-	Annual Inc	10F.			Annual Incon	ne
	(1)	\$13,440		0	(4)	\$37,310	
D	(2)	\$22,020				\$44,030	
П	(3)	\$30,230			(6)	\$51,490	
Sign Proof	ve statement and Relay	onship Valid Califo	ALL Esta	La 275.	906.5	1-18- Date displaying City of Sa	
7	Som	3/2	9			1/1/06	
App	roved by		0			Date	
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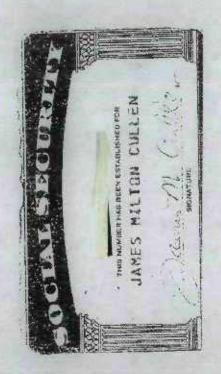
16 David hugo MT + 18 pe - 3 pages (6) 527-3403

DRIVER LICENSE CLASSIC CAGESTIC CAGESTI

ID No. 97380431D55118 Card
JAMES M CULLEN

M 08 27 1944 Issue Date 04 28 05

State of California



619-291-4597

Social Security Administration Supplemental Security Income

Notice of Change in Payment

5858-755-858

E-19566

5228-11-255

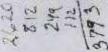
Date: March 9, 2004 Claim Number: 375-42-9936 D1

554 0302, M02,090,014078

000014078 02 AB 0.526

JAMES MILTON CULLEN 3330 REYNARD WAY APT 10 SAN DIEGO CA 92103-5453

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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 changing your payments for both past and 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 pages 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
May 1, 2002	December 31, 2002	\$750.00 This includes \$205.00 from the State of California.
January 1, 2003	May 31, 2003	\$757.00 This includes \$205.00 from the State of California.
June 1, 2003	December 31, 2003	\$778.00 This includes \$226.00 from the State of California.
January 1, 2004	Continuing	\$790.00

See Next Page

SSA-LS151

E19566

Page 2 of 10

13-42-9936

This includes \$226.00 from the State of California.

Information About Your Payments

- We are sending you a check for \$977.50. This is money due you for May 2002 through March 2004.
- You should receive the check no later than March 12, 2004. Your regular monthly check of \$790.00 will then be issued about the first day of the month.

four Payment Is Based On These Facts

You have no income for March 2002 on.

information About Your Back Payments

• We looked at the money amounts we paid you and the money amounts we should have paid you for each month listed below in determining your back payment of \$977.50. The following chart shows the incorrect amounts paid and the correct amounts for those months. We added all of the incorrect money amounts. Then we added all of the correct money amounts we should pay. We subtracted the total incorrect money amount from the total correct money amount to get the total back payment.

Month	Amount Paid	Correct Amount
May 2002	\$707.50	\$750.00
June 2002	707.50	750.00
July 2002	707.50	750.00
August 2002	707.50	750.00
September 2002	707.50	750.00
October 2002	707.50	750.00
November 2002	707.50	750.00
December 2002	707.50	750.00
January 2003	714.50	757.00
February 2003	714.50	757.00
March 2003	714.50	757.00
April 2003	714.50	757.00
May 2003	714.50	757.00
June 2003	735.50	778.00
July 2003	735.50	778.00
August 2003	735.50	778.00
September 2003	735.50	778.00
October 2003	735.50	778.00
November 2003	735.50	778.00
December 2003	735.50	778.00
January 2004	747.50	790.00

619 291 4597

5 10 31a Caro

SOCIAL SECURITY 1333 FRONT STREET SAN DIEGO CA 92101 619-291-4597 E-1 9566

Social Security Administration Supplemental Security Income Important Information

Date: November 27, 2005 Claim Number: 375-42-9936 DI

554 B031,M4E,013,002763

060002763 01 AB 0.301

JAMES MILTON CULLEN
APT 4
4420 CLEVELAND AVE
SAN DIEGO CA 92116-3913

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

SSA 1.4166

375-42-9936

Carol

15 10 32a

Page 2 of 3

11/27/2005

E19566

- 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

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.

MT HOPE CEMETERY = 19566

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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		
		#9 les Edwards	#10 TOMMY Thompson
	+	Edwards	Thompson

	3
Blind Check Initiated By: Date: Date: Date:	-06
Interment space for: James Milton Cullen	
Interment Date: gan 19,06 Time: 11:30	
Div: Lot: Lot: Lot: Lot: Lot: Lot:	
Grave Laid out by: Morman Penguan	
Agrees with Legal Card: Yes No	
Agrees with Map: X Yes	

Date: 1-18-06

3lind Check & Verified By: DAKNEY!

REC 2006018 144822 H93150E0 PEW4 CIPOYAB (F-P2J) POAB

SECURITY ADMINISTRATION

E-19566

Date: January 18, 2006 Claim Number: 375-42-9936DI

JAMES M CULLEN APT 4 4420 CLEVELAND AVE SAN DIBGO CA 92116-3913

assed us for information from your record. The information that you seed is shown below. If you want anyone else to have this information, you and them this letter.

mation About Supplemental Security Income Payments

duning January 2006, the current emental Security Income payment is.....\$ 812.00

payment amount may change from month to month if income or my situation changes.

emental Security Income Payments are paid the month they are due. (For Je Supplemental Security Income Payments for March are paid in March.)

Supplemental Security Income Payment Information

are entitled to monthly payments as a disabled individual.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

_				- MAKE NO ENASURES, V	MITEOUTS ON O		0.	La lenera
TA	JAMES	The state of the s				MONTH DAY, YEAR, MON	TE OF DEATH	4. SEX
5/	CITY OF DEATH			5B. COUNTY OF DEAT	H - OUTSIDE CALIF.	 NAME, RELATIONSHIP, FULL MAILIN OF INFORMANT 	G ADDRESS AND	ZIP CODE
	SAH DIEGO			SAN DIEGO	MANUFACTOR OF THE PARTY OF THE	PAUL ESTALA - COM		
77	3655 FIFT	AVENUE CA 92103	FIRETAL DIRECTOR OF PER	ISON ACTING AS SUCH 78. CALL	FLICENSE NUMBER APPLICABLE FD119	SAN DIEGO, CA 921	16	SIGNED +
	ACONOMILED COMENT OF A			estion stated female a time of the dispositions on to Section 7100 of the Feeth and Selety C	sufficient by Section 100056		01/19	9/2006
	AUTHODIZATION OF	THE CALIFORNIA HEALTH. TY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS AND SAFETY CODE AND IS THE AUT SPECIFIED IN THIS PERMIT RIGHT OF OSPOSAL OUTSIDE OF CAUP	HORE	98. OATE PERMIT 01/19/20 B.A. BL	2601265	STRAR ISSUING PER	BMIT
-		IF DEATH OCCUPE	GISTRAR OF DISTRICT OF D	≥0		OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA		
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLIC	ABLETTEMS			FOR CORONO	R'S USE ONLY	
The state of the s	B. CREMATION C. DISPOSITION OF THAN IN A CEME. 12 SCIENTIFIC USE	CHEMATED REMAINS (E. TEMPORARY ENVALL F. DISINTERMENT G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSIDE	L 4	I DISPOSITION PENDING (Perms sand Addinse)		70510
	BURIAL	3375 HARK SAN DIEGO	PE CEMETERY ET STREET CA 92102		1-19-06	Que lova	elles	
NEW YEAR	CREMATION	12A. NAME AND AC	DDRESS OF CALIFORNIA CRE	MATORY	128, DATE CREM	TED: 12C EIGNATURE OF PERSON IN	CHARGE OF CRE	EMATION
ILL APPLICAS	SCIENTIFIC USE	13A, NAME AND AC	ODRESS OF CALIFORNIA FAC	ILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN	CHARGE OF FAC	CILITY
COMPLETE	TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPI	D 14C ADDRESS AND SIGNATURE OF PLACING WITH THE CA		CHARGE *
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE DIDENTIFY FINAL PLACE AND EA. ONLY ENTER LATITUDE A	CA DISTRICT OF DISPOSITIO	15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D LICENSE I CREMATEG RE POSER — IF AF	MAINS DIS-

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT Need

City of San Diego

Date 1 19 00

E		
You are hereby authorized and instruct	ed, subject to your rules and regulations, to in	ter the remains
of KEVIN BRII	GG5 119941	
ina LINER	Funeral, date, time FRIDAY JA	N 20 11:00
Church Chapel Graveside	CA BURIAL	Mortuary
All Funeral cars must arrive before 3.0	5+ 0 p.m. of regular work day or an extra charge	claude
		*
will be applied and billed to undersigne .	id	
Division 12 Section 2		ve_4_
Grave space & Care Fund	100	3011
Overtime/Late Arrival Fees		-
		704-
Opening/Closing & Setup	JAN 1 8 2006	259
		221
Handling Fees. Flower vases – Marker setting Fee	UT HODE CEMETERY	2(5,-
Flower vases - Marker setting fee	NI HUPE CEWETEP	
		85-
Sales taxes 800		27.82
2410	Total Due	4.46582
mily moss 225 2750 Avid Moss 225 2750	Paid receipt number Visa Card	446587
MIN 14055 729	over phone	0
Avio 69)- X	Same and a	
and this is your authority to make disp	osition of remains as above indicated. I certi	named decedent fy and represent
that I have the right to make this authorized any liability on account of said authorized.	rization and I agree to hold Mt. Hope Cemete ation and interment.	
77 177 177 177 177 177 177 177 177 177		7
I hereby authorize the interment in lot I hold under deed.	Print Name	New
/ India drade deed.	X	Jer -
Signature	Priest Name Addyss Cay	
	an Du	Zip Code
1240	Julephone	
subtte	Invoice #	
Work Order # E-19567	The state of the s	
VVork Order# L 17307	Acct. #	

16/2666

SD MT. HOPE CEMENTERY > 92292750

NO. 984 081

MT. HOPE CEMETERY

AT NOOD City of San Diego

Der. 1 19 010

- merety a ringrived and instru	icted, subject to your rules and regulation	s, to Inter the romains
KEVIN BRI	TO T	JAN 20 11:00
no balla	Funaral date, time PCIDA	
Church Chepel, Graveside	1 301	Claudett
All Funeral care must arrive before	1.00 p.m. of regular work day or an extra	
will be applied and billed to undersig	med	
	2 HOLDER 101 214	Grave 4
Devision_12_Season_	ElikiRow Lot 501	3011
Grave space & Care Fund	- Air	-
Overtime/Lubs Arrival Fees	7112	70% ~
Opening/Closing & Salup	JAN 1 8 2006	359
Burial Container	JAN 1 4 2000	275,-
Hamping Face.	NAT HOBE CEMETED	
Flower vases - Marker seeing the	JUNI HUTE VEINETE	RE-
Recording/Filing/Transfer Foot	Name and the second sec	27.67
Eales brook 8100	Newporter and the control of the con	446537
2960-09	Total Dun	nt 4468457
13 1 10 11 279	Paid receipt number VISa Co	DOS CO
parity Parity 22 2750	over he	alanco dus
DAME LANGE		the above named decement end. I certify and represent
and this is your authority to mak	e disposition of remains as above indica outhorization and I agree to hold Mt. Mos abnorization and inserment.	se cemetery narmies from
thus I have the right to make the any liability on account of said au	thorization and interment	TIT Bairies
i hereby authorize the interment	m lot 1	Instr ()
how undurped &	2 x 292	41.
X N Jane Go V	and a sem pi	tal of sile
Squadr	2619-4	76-8618
7 146	Algarent	
Pacelotte	Invoice #	
Vent Order E- 1956	7 Acc *	
	This information is evadable in plant	native formats upon request.
(20A-104 (3-04)	S private again sup!	

MT HOPE CEMETERY 6 19567

GRAVE BLIND CHECK FORM

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

existing ma the burial s		he appro	opriate sp	ace(s) tha	at are adjac	cent to
+	**					
•						
COOK			х			
Blind Ched					_ Date:	18
Interment Interment		7.00000		CKI	00	
Div: 12	Sect:_	2 BI	k/Row:_	Lot:	214 G	r:_4_
Grave Lai	d out by:	lomo	nter	pusa-		
Agrees wi	th Legal C	ard:	Yes	□ No	110	2
Agrees wi					710	U
Blind Che	ck & Veri	fied By:	DAR	REY!	Date:_	1-19-00

€19567

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY -	MAKE NO ERASUR	ES, WHIT	TEOUTS OR OT	THER AL	TERATIONS	. 8		
1A	NAME OF DECEDER	NT-FIRST (GIVEN)	18. MIDDLE E.	1C. LAST (FAMIL BRIGGS				2 DATE OF BIRTH MONTH, DAY, YEAR 10/12/1964		OF DEATH	4. SEX
54	SAN DIEGO			SH. COUNTY OF		OUTSIDE CALIF	6. NAME, OF INF	HELATIONSHIP FULL ORMANT MARIO	MAILING /	ADDRESS AND	ZIP CODE
78	CALIFORNIA	BURIAL CH	A-FUNERAL DIRECTOR OR PERS APEL ATIONAL CITY CA		FD-16	ICABLE	SAN 1	DIEGO CA 92	105	permit IBB, DATE	SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT of the Health	celedge as applicant that the proposed deposit and Selety Code, and was authorized pursuant	on stated haven is one of the disc to Section 7100 of the Health and	ostom autoro Salety Code	pard by Section 183065	>4d	etime 12	dete	01/2	0/2006
	ranmit	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTH IN SPECIFIED IN THIS PERMIT. DIRIGHT OF DISPOSAL OUTSIDE OF CALFOR	08		01/19/20 V MITCH	06	© SIGNATURE OF LOCA 2601297	AL REGISTE	AR ISSUING PE	HMIT
- 8		VITAL RECO	GISTRAR OF DISTRICT OF DE ED IN CALIFORNIA RDS P.O. BOX 852 CA 91186-5222			S OF REGISTRAR C SMON IS TO OCCUR		T OF DISPOSITION R DISTRICT IN CALIFORNIA			
THE LAND	A BURIAL (INCLUDE) B. CREMATION	CREMATED REMAINS O		E TEMPORARY OF F. DISINTERMENT	IFORNIA.		•	I. DISPOSITION PI (Name and Address	ENDING —	S USE ONLY REMAINS LOCA	YED AT
	BURIAL	HT HOPE CE 3751 MARKE		O CA 92102	100	IB. DATE BURIED	110	SIGNATURE OF PER	SON IN CI	HARGE OF BU	RIAL
ALE ITEMS	CREMATION	12A, NAME AND AD	DORESS OF CALIFORNIA CREM	матояч	15	28. DATE CREMA	TED 120	SIGNATURE OF PER	ISON IN C	HARGE OF CR	REMATION
ALL APPLICAT	SCIENTIFIC USE	13A, NAME AND AD	DORESS OF CALIFORNIA FACIL	ITY RECEIVING REMA	INS 1	3B. DATE RECEN	/ED 130	BC. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE (CREMATED REMAINS ARE TO		1-	4B. DATE SHIPPE	D 140	OF PLACING WITH T			CHANGE
	SCATTERING/BURIAL		AREST POINT ON SHORELINE			SB DATE OF DISPOSITION		SIGNATURE OF PER OHARGE OF DISPOS		ISD LICENSE CREMATED RE	

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

MT. HOPE CEMETERY

INTERMENT ORDER

Disinterment city	of San Diego
Ly Double Dead	Date 1/19/00 148728
You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
or Thomas Henry	
in a Liner	Funeral, date, time hus. teb 9th 23
Church, Chapel, Graveside	Goodbody Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 1 Section B	lk/RowLof94Grave
Grave space & Care Fund	0-2749
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Flower vases - Marker setting fee DISIN	terment FR. se IIIIG
	AND ACCOUNTS OF THE PARTY OF TH
Recording/Filing/Transfer Fees	
Sales taxes DATE	14/9
. 62	Total Due 1919 1419 —
JAN 1. July	Balance due
I hereby certify I am the dought e	
	n and I agree to hold Mt. Hope Cemetery halmless from
I hereby authorize the interment in lot I	, el de
hold under deed.	Print Name
Signature	AND S PALDINEDE TO COM
	SD CA 92116 Zip Code
Destalla	Telephone 419 - 282-7038
Yaulette	Invoice #
Work Order # E-19568	Acct. #

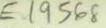
Mora Ferqueon & Jose Carrales disintones

REA-104 (3-04)

This information is available in alternative formats upon request.

Paulette,
Allan Called, he
Will schedule this
disinterment in
Zweeks. He will
be going through you
(he says he's known you
for years") because I
will be on vacation
"D.





Alan Rabe Manager



5027 El Cajon Blvd. San Diego, CA 92115 619-582-1700 Fax 619-582-7740 FD Lic. # 790



THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of 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 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 s	ite for	is iden	tified as:	
	Lot 96 .	Grave	Section /	Division //
		nat we have b and/or intac		hat the remains of
Mas	MP- (Shirty URE(S)		Daughter - POA RELATION TO DECEASED
Daii	OL WITNES	~2		



traf HEALTH 92101	-	0	(CERTIFIC	ATE OF DEA	TH	3009	0	549	2	
2 28	STATE FILE NUM			- 70-00		The state of the s	LOCAL REGISTRAT				-
	IA. NAME OF DEC	EDENT-FIRST	18. MIDDLE		IC. LAST		ZA. DATE OF	BEATH (NON	IN, DAY, YEA	AM) 28.	HOUR
To Di	Thomas		Henry		DOUGAN	-	May 24	1980		1005	50
5 60		RACE	S. ETHNICITY		6. DATE OF BIRTH		7. AGE	IF UKBER		1F UNDER 24	-
M.S. San Die	Male C	aucasian	American		November 1	8. 1904	75 YEAR			Comes of	inair.
27 H S	8. BIRTHPLACE OF D	EZEDENT ISTATE OF	9. NAME AND BIRTHPLAC	E OF PATHER			10. BIETH NAM			THE	
Z. F. S.	CN		John Willi	am Douga	n-PA		Ida Mae	Borge	er-PA		
-5 E	IL CITIERN OF WHAT	COUNTRY	12. SOCIAL SCOUNTY NO		IJ. HANITAL STA	TUE	IG. HANE OF S	UNVIVING SE	OUSE IN W	HERE. CHECK	
Comtasi To DEPARE	U.S.A.		555-48-5742	2	Married		Lillian	Broud	hton		•
一年目中	15. PEINANT OCCUPAT	TION	16. HUMBER DE YEARS	17. EMPLE	PER HY SELF-EMPLOYED,		18. KIND OF IN				
7 8 B	Lieutenar		THIS OCCUPATION	Unite	d States Ma	rine Corps	United.	States	MILI	tary	
The Mile	19A. USUAL RESIDEN	NEE-STREET ARDS		OR LOCATIONS	A 198.	170.14	19C. CITY OR T	OWN			
SAN SAN	4826 Blon	na Drive	ti di		1020	01	San Die		(2)		
3 000	19D. COUNTY			19 E.	STATE	20. HARE	AND ADDRESS OF INF	ONMANT-	PLATIONAMI	10	
3.	San Diego	0		!Cal	Ifornia	Mrs. I	.illian Do	ugan-k	life	540	
2	21A. PLACE OF BEAT	TH		218.	COUNTY		iona Driv				
	VA Medica	al Center		San	Diego	100	ego, Cali		021	16	
	ZIF. STREET ADORE	ESS ISTREET AND H	UNBER OF LOCATIONS	210.	CITY OR TOWN	Sall Di	ego, carr	TOTHIE	321	10	
1	3350 La .	Jolia Vil	lage Drive	· San	Diego	4					
	22. DEATH WAS C				ER LINE FOR A. B. A	ND C)	1			BEATH REPORT	ED
	IMMEDIATE CAUS	E	piratory fal	11		-	4	APPROXI-	TO CURONE	no no	
***	CONDITIONS, IF ANY,			Tiure				MATE	25. WAT	BIOPSY PERFE	****
. 9	WHICH GAVE HESE TO	7	S A CONSEQUENCE OF	-0.1			4	BETWEEN			CONTRACTOR OF
980	THE IMMEDIATE CAUSE STATING THE UNDER.		umonia, chro	onic, re	current			ONSET		-	
	LYING CAUSE LAST	IVE TO, OR A	S A CONSCOUENCE OF					DEATH	26. WAS	AUTOPSY PER	FGEMED
00		res								no	
\$3.00 UL 9	Alzheimer		Uf NOT RELATED TO THE IM	HEBIATE CABUL OF	DEATH	27. WAS OPERATE	UM PERFORMED FOR A	NT CONDITION	IN ITEMS 22 BATI		
" =	28A, I CERTIFY THAT	DEATH OCCURRED	AT THE HOUR, DATE 288.	PHYSLAGEN SI	GRATUR SAND DECREE OF	TITLE	1 28C., DATE SU	nate 280	. PHYSICIA	H'S LICENSE	BURBER
-	AND PLACE STA	TER FRIN, THE CAU	SEE STAYED.	1300	vous	w)	5/27/	80 6	:38	420)
3	VAEATER NO. BA.	TR.) VACATE		TYPE PHYSICIA	N'S WAME AND ADDRESS	B. WOBUS,	MD	1 1 1 1 1 1		-	-
TE DATEC:	5-22-80	100000000000000000000000000000000000000		50 12 10	lla Village			CA 92	161		
2 2	29. EPECIFY ACCIDENT		30. PLACE OF IN		110 VIIIque	t, IMJURI AT WORK 3	ZA. BATE OF INJUST	- HORTH. BA	F. TEAR	328. HOUR	_
	33. LOCATION ISSUE		LOCATION AND CITY ON TON	(10)	34 DESCRIPE ADV	V INJURY OCCURNED	COURSES WHICH SERVE	TED IN INJURY	-		_
			tocknow and city on low		34. 5254.42 404	I INJUNI OCCORNED	trents and account		-	2	
H 9	354 I CENTER Day	a Data County	AT THE HOUR, DATE AND		au 155 concuts		0.000	-	1	35C. MITE	
	THE CAUSES STATES.	As #E0-1463 BY L	AW I HAVE HELD AN (THO	UEST-LHVESTIGATIO	(N)	SIDMATURE AND DECIMAL					21UNED
75	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ONTH. B.F. YEAR	19	Company of the	FUA Y 1924		12753-W	· · ·	marga L.C.	la la colonia	
		The second second	Mount Hope 1	Cametery		70	Sharon Ta	liafer	ro At	tyrin	Fac
Burial	5/27/19	180	3751 Marke	et Stree	t. San Died	0. 64	1 44	Level -	1466	toen stais	M.
			41. (OCAL METERAL	U.S. Compac	19 3	10. 6		127		AA.
	y Boulevard	t Chapel		Trans	Car boars	2.841. W	MD	title?	F.	1000	-
STATE					-						
VS-11 (10-7	79))*		-				-				-

AFFIDAVIT TO AMEND A RECORD E 19568

STATI	E FILE NUMBER		and the state of t	DEATH FET	AL DEATH LO	CAL REGISTRATION DISTRICT A	NO CERTIFICATE NUMBER
STATE/LOCAL REGISTRAR USE ONLY	14.	Planting.	18.			10.	
PART I IN	FORMATIO	ON TO LOCATE REC	CORD-	TYPE OR PRINT	IN BLACK IN	IK ONLY	
NAME AS IT APPEARS ON RECORD	THOM	IRST (GIVEN)	18. M	HENRY		IC. LAST (FAMILY) DOUGAN	
ADDITIONAL INFORMATION	2. SEX 3.	05/24/1980	DAY, YEAR	SAN DIEG	2	4B. COUNTY OF SAN DIE	
TO LOCATE RECORD	5. FATHER'S	JOHN WILLIAM DOUGA		ME .		DA MAE BORGER	ORIGINAL
PART II S	TATEMEN	T OF CORRECTION	S-NO E	RASURES, WHI	TEOUTS, OR	ALTERATIONS	
	7. CERTIFICATE	BA. INFORMATION AS IT AP	PEARS ON	ORIGINAL RECORD	88. INFORMAT	ION AS IT SHOULD API	PEAR
	38	MOUNT HOPE	CEMET	ERY	FORT RO	SECRANS NATIONAL	L CEMETERY
		3751 MARKE	T STREE	ET		SAN DIEGO, CA 921	106
LIST ONE ITEM PER LINE		SAN DIEC	GO, CA				
REASON FOR CORRECTION	9.						
AFFIDAVITS AND NATURES		dersigned, hereby certify un ion given above is true and		ty of perjury that w	e have persona	I knowledge of the abov	e facts and that
TWO PERSONS	DA. SIGNAT	Hand Person		IOB. TITL	MORTUARY	TO PERSON IN PART I	10C. DATE SIGNED 01/23/2006
MUST SIGN THIS FORM	LEGAL	IOE. ADDRE		CAJON BOULEVA	RD, SAN DIE	GGO, CA 92115	
USE BLACK INK	Dela SIGNAT	URE OF SECOND PERSON		11B. TITL	MORTUARY	TO PERSON IN PART I	01/23/2006
ONLY	11D. AGE LEGAL			CAJON BOULEVA	RD, SAN DIE	EGO, CA 92115	
STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATU	IRE OF STATE OR LOCAL	REGISTRA	R		3. DATE ACCEPTED FO	R REGISTRATION

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



MTHOPE CEMETERY E19 568

	GR	AVE BLI	ND CHE	CKFUI	KIVI	
block m existing	the name of larked with " marker's in lal space.	X". Place the appro	the name priate spa	e's, lot # a ace(s) the	ind grave # it are adjac	of all
1.			Sul			
	LOHAD	Jones	x	Courporto	nicko lson	
		clark	Gordon		C STANDARD CO.	
Blind C	Check Initiate	ed By:	Paulet	te T	_ Date: _2	12/00
Interme	ent space fo	r. Thu	mas He	nry Do	ugan	
Interm	ent Date: T	hurs. F	eb9th	Time:	10:30	am
	I Sect:					
	Laid out by		11			
Agrees	s with Legal s with Map:	Card:	Yes [ON C	Flag	
	Check & Ve			. 1	Date:	2-8-06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS
76

	T-FIRST (GIVEN)	1B. MIDDLE	IC LAST FAMI	(LY)			2. DATE OF BIRTH	3 DATE OF DE	ATH 4. SEX
THOMAS		HENRY	DOUGAN 11718/1954 05724/1980			80 M			
	DRTUARY - S	ia Funeral director on Person 5027 EL CAJON BOUI SAN DIEGO, CA 921	ENTER STAT	SAN D	IEGO ENUMBER E	MARY 4305 SAN	RELATIONSHIP FULL FORMANT SHINSKY — ALDINE DRI DIEGO, CA 9 ATURE OF APPLICANT—	DAUGHTER VE 2116	
ADDINOWLEDGEMENT OF AP		covering as applicant that the proposed disposition is and Safety Code, and was action and pursuant to 5			Section 103055	- 1	Lia Mood	0	1/23/200
Permit I	HIS PERMIT IS ISSUED I HE CAUFORMA HEALTH I'Y FOR THE DISPOSITIO	N ACCOPIDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT O RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	9A. AMOUNT OF F	EE PAID 98 N	1A GOO	00000	90. SANATURE OF LOC. 2601484	AL REGISTRAR ISS	ING PERMIT
W CHANGE IN DISPOSSION REQUIRES A NEW FRAIL TO SHOW FINAL	P.O. BOX 8	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA 5222 CA 92186 5222	i-				OF DISPOSITION — IN DISTRICT IN CALIFORNIA		
AUTHORIZED DISPOSI	TION(S) CHECK APPLIC	ARLE ITEMS				1191	FOR C	ORONOR'S USE	ONLY
A BURIAL (INCLUDES B. CREMATION C. DISPOSITION OF C. THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS (PARTIES PARTIES	E. TEMPORARY E X F. DISINTERMEN G. SHIP IN TO CA	T ALIFORNIA			L DISPOSITION P	ENDING — REMAIN 86)	S LOCATED AT
The somewhat does			H.TRANSIT TO C	DUTISICE OF GALIFI	OFINIA		V		
BURNAL	FORT R	DDRESS OF CALIFORNIA CEMETE OSECRANS NATIONAL SAN DIEGO, CA 921	RY CEMETERY		ORNIA DATE BURIES) 11	C. SIGNATURE OF PER	RSON IN CHARGE	OF BURIAL
	FORT R	OSECRANS NATIONAL	CEMETERY 06	128. C	ATE BURIE	>	C. SIGNATURE OF PER		
BURIAL	FORT R	OSECRANS NATIONAL SAN DIEGO, CA 921 DDHESS OF CALIFORNIA CHEMAT CREMATORY	CEMETERY 06 ORY I- CGO, CA 92	-805 2102	ATE BURIE	MTED 12		RSON IN CHARGE	OF CREMATION
BURIAL CREMATION SCIENTIFIC	FORT R	OSECRANS NATIONAL SAN DIEGO, CA 9210 DDRESS OF CALIFORNIA CREMAT O CREMATORY AL AVENUE, SAN DIE	CEMETERY CEMETERY COUNTRY WHER	-805 2102 AINS 138 0	ATE DURIES	NTED 12	C SIGNATURE OF PER	RSON IN CHARGE	OF CREMATION

MT. HOPE CEMETERY

AT- Need

INTERMENT ORDER

Res.

City of San Diego

1 se semas o-rug	Date_1	
You are hereby authorized and instructed, subject to your rules		er the remains
of Willie James Mor	ris 229	949
in a DD CryAT A Funeral, date, tin		25,06 11:0
Church Chapel, Graveside	Ragistale	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work de	ay or an extra charge o	s 113.00
will be applied and billed to undersigned.	Mossis	X
		7000
Division / A Section A Bik/Row_	Lot 48 Grav	e_2_
Grave space & Care Fund	A	1 264.00
Overtime/Late Arrival Fees		7200
		533.00
Opening/Closing & Setup		March Ass.
Burial Container D.D. C. T.Y.P.T. A.	*****************************	539.00
Handling Fees	,	454.00
Flower vases) - Marker setting fee		65,71
Recording/Filing/Transfer Fees		65.00
Sales taxes		41.77
mort To pay JAN 23 2006	Total Due	3,962,48
		Charles and Consultation of the Consultation o

Paid receipt number K-S

1		Con.	W
X	10811	Morres	X

PRIS MORRIS

V4967 DATE ST

ABETES

Y SAN DIEGE CA 92102

Cay

Telephone

Balance due ____

Acct. #

Work Order # E- 19569

REA-104 (3-04)

100

This information is available in alternative formats upon request.

E-19569

DMW CALIFORNIA DMW

DRIVER LICENSE

HØ278Ø61

CLASS: C



WILLIE JAMES MORRIS 4967 DATE ST SAN DIEGO CA 92182

SEX:M HAIR:BLK HT:6-00 WT:200 EYES:BRN DOB: 01-12-37

RSTR: CORR LENS

Wellis 9 mon

MT HOPE CEMETERY E 19569

GRAVE BLIND CHECK FORM

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

3 5 5	THE LO	TO BE CO		
	# 6 LOT 47 Belle Hayer	LUT-48		
	Bartist	#Y		

Blind Check Initiated By: Sanolia Date: 1-13-06
Interment space for: Willie James Morris
Interment Date: Jan 15 06 Time: 11,00
Div:_/}_ Sect:_ }_ Blk/Row: Lot:_ 48
Grave Laid out by: Norman Ferguen
Agrees with Legal Card: Yes No
Agrees with Map: Yes No
Blind Check & Verified By: Jose Date: 1-34-06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LIGE DI ACK INK ONLY ... MAKE NO EBASLIBES, WHITEOUTS OB OTHER ALTERATIONS

			DOL DENOR HAY O'VE	THE THE ET PROOF TEO, T	MILLOUID ON O	THEFT	TENANO	_	-	Vanish of the same
MILLIE		1B. MIDDLE JAMES	1C. LAST (FAMILY) MORRIS			2. DATE OF BIRTH MONTH, DAY, YEAR 01/12/1937	MONTH 01/	DAY YEAR 18/2006	4. SEX	
5A	CITY OF DEATH			58. COUNTY OF DEAT	H - OUTSIDE CALIF.			MAILING A	ADDRESS AND	ZIP CODE
	CHULA VI		TO STORY THE STAP OF SPRAN		AN DIEGO	DORIS	MORRIS: WI	A COLUMN TO A COLU		
ZA	ANDERSON-	-RAGSDALE M	ORTUARY SAN DIEGO, GA 92	-IF.	PD-1329	SAN D	DATE STREET DIEGO, CA 92 ATURE OF APPLICANT	102	permi (BB. DATE	SIGNED
	ACKNOWLEDGEMENT OF	APPLICANT I hundry solve of the Health a	mindge as applicant that the proposed disposition stand Salaty Code, and was entherized currount to Se	sted herein is one of the dispositions ation 7100 of the Health and Salvey Co	unhorized by Section 103065 sile	1 U	nnila	Pnx	K 01/2	0/2006
	A CONTRACTOR OF THE PARTY OF TH	THE CALIFORNIA HEALTH. ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- I SPECIFIED IN THIS PERMIT. WIGHT OF DISPOSAL OUTSIDE OF CALFORMA	\$11.00	90 DATE PERMIT S.PRYO1 01/20/2	1	9C SIGNATURE OF LOC 2601411	AL REGISTR	AR ISSUING PE	RMIT
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW EPWIT TO SHOW FINAL DISPOSITION	P.O.BOX 85	The state of the s		HESS OF REGISTRAR SPOSITION IS TO OCCUP		T OF DISPOSITION — B DISTRICT IN CALIFORNIA			
10	AUTHORIZED DISPO	SITION(S) CHECK APPLICA				- 100	FOR C	ORONORS	S USE ONLY	-
The party party party	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS O	OTHER [E TEMPORARY ENVAUL F DISINTERMENT G. SHIP IN TO CALIFORN H. TRANSIT TO OUTSIDE	,		L DISPOSITION P		REMAINS LOCAT	TEDAT
LL APPLICABLE ITEMS	BURIAL	MT. HOPE CEMETERY: 3/51 MARKET STREET SAN DIEGO, CA 92102			118. DATE BURIE	6	SIGNATURE OF PER	ESON IN CI	HARGE OF BU	RIAL
	CREMATION	12A. NAME AND AD	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			ATED 120	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A, NAME AND AD	NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			VED 130	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
COMPLETE	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED.			ED 140	14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT SI	MEST POINT ON SHORELINE, OR I DENTIFY FINAL PLACE AND CAD EA, QNLY ENTER LATITUDE AND LI	HSTRICT OF DISPOSITIO	15B DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPO	The state of the s	ISO LICENSE GREMATED RE POSER — IF A	EMAINS DIS-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 1/19/06

You are hereby authorized and instr	ucted, subject to your rul	es and regulations	to inter the remains
in a ASH Uncert	Funeral, date,	time AUD	1/20/05
Type of Bural Container. Church, Chapel, Graveside		Gamilia	Mortuary
All Funeral cars must arrive before :	2:00 p. m. of regular work	day as an extended	
will be applied and billed to undersig		day or all extra cr	large of \$
Division 12 Section	Blk/Row	Lot 7	Grave 9
Grave space & Care FundE.	77961		0
Overtime/Late Arrival Fees			
Opening/Closing & Setup	/		
Burial Container			
Handling Fees	11		
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees	1/		
Sales taxes			
		Total Due	
	Paid receipt number		
1	,	Balan	ce due
I hereby certify I am the da	el	of the a	bove named decedent
and this is your authority to make of that I have the right to make this au- any liability on account of said authority.	thorization and I agree to	above indicated. hold Mt. Hope Ce	certify and represent metery harmless from 3 4 / 1 6
I hereby authorize the interment in a hold under deed.	pt i Pent Name	RANK 1 4319 J	SERNICK 534 6T
Bigniture	2 5	D.	92115
intla	Telephone	19583	8028
rulle	Invoice	*	
Work Order # E-19570	Acct.#		
State of the state			The state of the s

MT HOPE CEMETERY E 19570

GRAVE BLIND CHECK FORM

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

	*					
		mulne	×	notic	110	Fracono
Interment	space fo	. Robe	ert Ber	nick.Q		1.20.04
Interment Div: 12						Gr. 9_
Grave Lai						
Agrees wi				O No	70	ar
Blind Che	ck & Ve	rified By:_	Yore		Date	1-20-06

E-19570

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS.

USE BLACK INK ONLY -- MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 4 SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) THE MICHOLE IC LAST IFAMILY) 2 DATE OF BIRTH М Robert T. Bernick 5A CITY OF DEATH SB COUNTY OF DEATH - OUTSIDE CALIF. 6 NAME RELATIONSHIP FULL MALING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT San Diego San Diego Frank Bernick, father 74. TYPED NAME AND ADDRESS OF CALIFORNIA: FUNCRAL DIRECTOR OR PERSON ACTING AS SUICH 78. CALIF LICENSE NUMBER 4319 53rd St. Featheringill Mortuary: 6322 El Cajon Bl. San Diego, CA 92115 San Diego, CA 92115 FD-1083 BA SIGNATURE OF APPLICANT - Person trong permit :88 DATE SIGNED I hereby edinateletige as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 03/24/2005 ACHINOWLEDGEMENT OF APPLICANT of the Health and Safety Code, and was authorized pursuant to Section 7100 or the Health and Safety Code SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9A AMOUNT OF FEE PAID 9B DATE PERMIT ISSUED THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 2505300 03/28/2005 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR 11,00 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORMA C. MAGGARD LOCAL REGISTRAR SE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH. ANY CHANCE IN DISPOSS. IF DISPOSITION IS TO DOCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 TION RECUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION San Diego, CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A BURIAL INCLUDES ENTOMBMENT E. TEMPORARY ENVALIDMENT I. DISPOSITION PENDING - REMAINS LOCATED AT (Figure and Address) X 8 CHEMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER C. SHIP IN TO CAUT CHINIA THAM IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY TIB. DATE BURIED HC SIGNATURE OF PERSON IN CHARGE OF BUHIAL Mt. Hope Cemetery, 3651 Market St. BURIAL San Diego, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED: 12C AIGNAUPLOF PERSON IN CHARGE OF CIREMATION So. CA Crematory 601 D Crane St. CREMATION Lake Elsinore, CA 92530 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 148 DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT

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

15B DATE OF

DISPOSITION

ISC. SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

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

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

SCATTERING/BURIAL

AT SEA OR

DISPOSITION OTHER THAN IN A CEMETERY 150 LICENSE NUMBER OF

CHEMATED REMAINS DIS POSER - IF APPLICABLE

Res Pre-Need Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

nun 1-19-06

You are hereby authorized and ofCarrie		0 4 7		
ina DD Cryp		Funeral, date, tim	е	
Church, Chapel, Graveside		1		Mortuary
All Funeral cars must arrive be	fore 3:00 p.m.	of regular work da	y or an extra cl	harge of \$
will be applied and billed to und	dersigned			
Division /) Section	2. BI	k/Row	Lot 247	
Grave space & Care Fund				
Overtime/Late Arrival Fees Opening/Closing & Stup Burial Container				
Opening/Closing & Saturn	726	2 5 33.0	0	# 1,066.00
Burial Container	y			# 539,00
Handling Fees	2008			\$ 454,00
Flower vases - Marker setting t	ee			0
Flower vases – Marker setting Recording Market Transfer Fees	CEMETE	BY 465.0	00	# 130.00
Sales taxes pol May	1 20	1002		# 41.77
1 . 2 3	and ho	101-	Total Due	\$4,494,77
1-00	UVO Paid	receipt number 1	-00069	#1,124.00
	10	0	Dalas	m + H 3 . 570+1
I hereby certify I am the Soland this is your authority to me	Ake disposition	of remains as at	ove indicated	bove named decedent
that I have the right to make this any liability on account of said a	authorization a	and lagree to hi	old Mt. Hope Ci	emetery narmiess from
I hereby authorize the intermen	t in lot I	V/	maje	1. Valand
hold under deed.	Tim lot	Prent Name	21 960	prostro To
Janie Iloron	dx	Address	11/9/1	1. Ma Gallill
Signature		Cay 110	262-	15-18 21 Code
		Invoice #		
Work Order # E-1957	1	Acct. #		
REA-104 (3-04)	This inform	ation is available	in allemative t	formats upon request

1/4/000 ruled Deed

E-19571

DMU CALIFORNIA DMU

DRIVER LICENSE

EXPIRES 11-27-10

S0258403 -

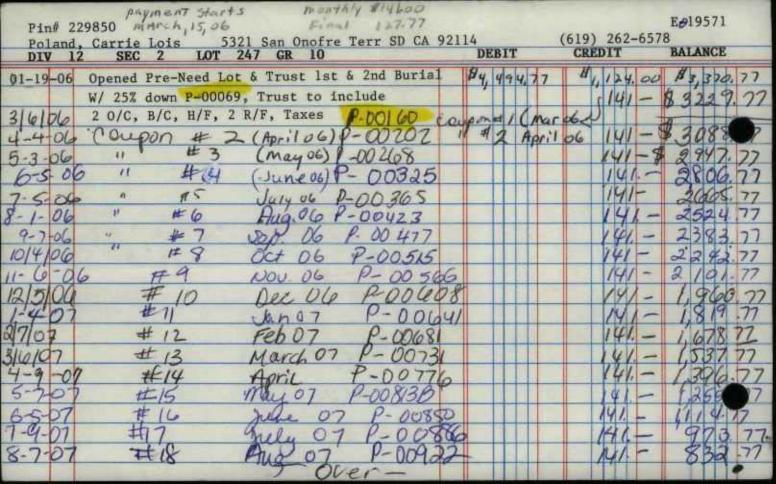
CARRIE LOIS POLAND 5321 SAN ONOFRE TER SAN DIEGO CA 92114

HAIR:BRN WT: 249

CLASS: C

RSTR: CORR LENS

Carrie I / deg. 81/85/2006 506 09 FD/18



四-19571 Poland, Came L DIV 121, Sec 2, Lot 297 gr 10 CREDIT BALANCE 9-507-100959 Couport 19 1503-07 P-00997 Coupon # 20 05-07 P-01036 " 21 P-01067 # 22 # 23-24 PAID MOUNT HOPE CEMETERY JAN - 3 2008 RY N .

P 01092 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: Address: Dollars (\$ 268.77 Payment of Blk/ Row Grave 10 Sec Invoice No.5 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. 77186 Trust JAN - 3 2008 BALANCE DUE Pre-Need Lot Pre-Need Trust Charge ISSUED BY Paulale C AC-212 (11-05) TOTAL PAID This information is available in alternative formats upon request

OFFICIAL RECEIPT WHITE		CUSTOMER CEMETERY	PRE-NEED PURCHASE MOUNT HOPE CENETERY		P	P 00566		
From: Carrie Ro On e hands	ed forty	Addres		Date:	Dollars (\$	141.—		
in Part Div 12	Payment of Sec	Pre-n	eed COI	Lot 24		gon#9		
Acct. No		The state of the s	R PURPOSES STATED U	CREDIT	67007 les Care 77184 — 63033 77186 —	141		
Pre-Need Lot	Money Order	Mour	NOV - 6 2006					
AC-212 (11-05)	Dicheck1257	ISSUED BY	paulette	TOTAL P	AID \$ _	141-		

This information is available in atternative formats upon request.

OFFICIAL RECEIPT		HASE PUUJJI
	(619) 527-3400 Dat	Ortober 4 07
From: C L Poland	Address: OUFILE	
	thy-one	Dollars (\$ 141.00)
in Part Payment of _	re-need lot/Thu	st Coupon # 20
Div 12 Sec	2 Blk/ Row L	ot 247 Grave 10
Invoice No. E - 1957/ Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE.	CREDIT 67007
W.O	DAID	20% Sales Care 77184 Pre-Need 63033 Trust 77188
BALANCE DUE \$ 550.77	INID	
Pre-Need Lot	OCT - 3 2007	
☐ Pre-Need Trust ☐ Charge	MOUNT DOWN THE RY	
AC-212 (11-05) This information is available in alternative formats upon requ	23	TOTAL PAID \$ 141.

OFFICIAL RECEIPT	TO CUSTOMER PRE-NEED PURCH	IFORNIA P	30641
CANARY	MOUNT HOPE CEM	ETERY E-195	
From: Hand, Currie L.	Address: _On record	: January	5, 20 01
0	0.0. / / 2.1	Dollars (\$	141
in Part Payment of _	rre-need wt, mist	coupon #1	/
Div 12 Sec_	Pre-need lot, must	1247 Grave	10
Invoice No. EOPS 71	Inc. on the same of the same o	1	
Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007	
100000000000000000000000000000000000000		20% Sales Care 77184 —— Pre-Need 63033	141-
W.O. BALANCE DUE \$ 1819.77	PAID	Trust 77186	
BALANCE DUE 1011.11	1 2310		
	JAN 0 5 2007	-	
Pre-Need Lot Money Order)
Pre-Need Trust Charge	MOLDE II . a	7	
To Check 120	I ISSUED BY Paulette C.		1,71
AC-218 (11-05) This information is available in alternative formets upon requ		TOTAL PAID \$	141+

OFFICIAL RECEIPT WHITE CANARY	PRE-NEED PURCH MOUNT HOPE CEM (619) 527-3400	HASE PU	1035
From: Carrie 1. Pola		11/05	, 20 0
in part Payment of Div 12 Se	BIL/	Dollars (\$	141-
DIN 12 Se Invoice No. E-1957/ Acct. No. W.O. BALANCE DUE \$ 409.7	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID." IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186	141
Pre-Need Lot Money Company Charge AC-212 (11-05) Thus information is available in attemptive formats upon	31 ISSUED BY PAULITY C.	TOTAL PAID \$	141_

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA 00423 PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: From: Carrie Poland on record Address: Dollars (\$ Payment of 247 Grave 10 Sec Row Invoice No. E -1957/ NOT VALID FOR PURPOSES STATED LINLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 41 Pre-Need 53033 W.O. Trust 77186 BALANCE DUE \$ 2524.77 Pre-Need Lot Money Order Pre-Need Trust Charge ISSUED BY Darbette C. AC-212 (11-05)

This information is available in atternative formats upon request

TOTAL PAID

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAL TO CUSTOMER PRE-NEED PURCH	CONTRACTOR	00325
	MOUNT HOPE CEM (619) 527-3400		
	Date	65	, 20 00
France Carrie L. Hola	Audiess,	1	
The hundred forth	1-One and 00	Dollars (\$	141-
in Payment of	Pre-need Lot, Frus	*	
Div 12 Sec	Row Lo	1 24 7 Grave	10
Invoice No. E- 19571	NOT VALID FOR PURPOSES STATED UNLESS		
Acct. No.	STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 —	
W.O.		Pre-Need 63033 Trust 77186	141. —
BALANCE DUE \$ 2806.7	7		
	, < .04		
Pre-Need Lot	lo-5-04		
☐ Vore-Need Trust ☐ Charge			
Theck 13	37 ISSUED BY Wellte	-	1.11
AC-212 (11-05) This information is available in alternative formats upon re		TOTAL PAID S	141.

OFFICIAL RECEIPT WHITE		MOUNT HOPE CEMETER			ASE	P 0	0160	
From: C. Pola	and	Address	DO	527-3400 Date:		3-6	,20_&	
one hu	indred	Fourty Brence	one:	7		Dollars (\$ 1	41. —	
in part	Payment of Sec		Blk/ Row_	Lot	247	Grave _	10	
Invoice NoE_ Acct. No	-19571	NOT VALID FOR STAMPED "PAID"	PURPOSES STATED IN THIS SPACE.	UNLESS	CREDIT 20% Sales Care Pre-Need	67007 77184 ———	141	
BALANCE DUE	3,229.77		PAID		Trust	77186		
Pre-Need Lot	Money Order Charge	MOUNT	AR - 6 2006 aultle	C,				
AG-212 (11-06)	Wheck 12de	ISSUED BY	THE CLINE	TENY	TOTAL PAID		1411-	

This information is available in alternative formats upon request.

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY		PRE-NEED MOUNT HOP	PURCHASI E CEMETE	E	PO	10268	
From: Carrie 1	Polano red Forth	Addres		Date:	(bio	oollars (S_	, 20 Ob
in Part Div 12	Payment of Pr	re-need	d Cot/th	ustLot	247	_ Grave	10
Acct. No. W.O. BALANCE DUE	(94777	STAMPED *PAI	PAID AY 0 3 2006	CI 2 F	REDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	141 -
Pre-Need Lot Pre-Need Trust AC-212 (11-05) This information is evellable in alter	Money Order Charge Check (219	MOUNT ISSUED BY	Paulette		OTAL PAID	- - - -	141 -

OFFICIAL RECEIPT WHITE GANARY		METERY	0202
From: C +6 land	Address:		
One nunaved to	my -one	Dollars (\$	91-
in Davt Payment of _	We-nerd	0.15	
Div 12 Sec_	A Bik/ Row L	ot 747 Grave	10
Invoice NoE - 14571	NOT VALID FOR PURPOSES STATED UNLESS		
Acct. No.	STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184	
W.O.	DAID	20% Sales Care 77184 Pre-Need 63033 Trust 77186	141
BALANCE DUE \$ 3088 7	PAID	11ust 17100	
BALANCE DUE 3 3000. I	MAR 2 8 2006 4-4-	16 -	
		<u> </u>	
Pre-Need Lot	MOUNT HOPE CEMETERY	The state of the s	
Pre-Need Trust Charge	2011/044		
AC 212 (11-05) This information is available in alternative formats from	1000ED BT	TOTAL PAID \$	141-

OFFICIAL RECEIPT	WHITE TO	CEMETERY	PRE-NE MOUNT H	ED PURCHA OPE CEME 9) 527-3400	SE	P 0	10365
From: Carrie L	, Poland	Addres	010	Date:	•	7-5	, 20 106
Onehuntred	Forty -1	One				Dollars (\$ _	141-
in Part	_ Payment of Sec	2	Blk/ Row_	Lot	247	Grave	10
Invoice No. E- Acct. No.	9571		PURPOSES STA " IN THIS SPACE.	TED UNLESS	CREDIT 20% Sales Care	67007 77184	1111
W.O	2665.77		PAID		Pre-Need Trust	77186	141 —
☑Pre-Need Lot	☐ Money Order		JL - 5 2006				
AG-212 (11-05)	Check (233		aulitt	e C,	TOTAL PAID	s	141 -

OFFICIAL RECEIPT WHITE TO CANARYTO	MOUNT HOPE CEME	ASE	008136
From: Currie Poland	(619) 527-3400 Date:Address:On record		.20 07
in part Payment of P	N Lot, Trust Row Lot	Dollars (\$	10
Invoice No. E-19571 Acct. No. W.O. BALANCE DUE B 1,355.77	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE MAY - 7 2007	CREDIT 67007 20% Sales Care 77184 – Pre-Need 63033 Trust 77186 –	141.—
Pre-Need Lot	1	TOTAL PAID S	141-

OFFICIAL RECEIPT	WHITE TO	Charles and the property of the contract of th	PRE-NEED MOUNT HOP (619) 5:	PURCHA	SE YERY		00477
	camie lo			Date:_ VCC			, 20 06
in part	7	re-need	trust		, ,	Oollars (\$	141-
Div	Sec	2	Blk/ Row	Lot_	247	_ Grave	10
Acct, No	9571	STAMPED 'PAID'	I Mile		CREDIT 20% Sales Care Pre-Need Trust	67007 77184 — 63033 77186	141
BALANCE DUE 23	83.77		SEP 0 6 2006				
Pre-Need Lot	Money Order	MOUN	IT HOPE CE	SETER		-	
AC-212 (11-05) This information is evaluable in after	The second second second	ISSUED BY	Deuletto		TOTAL PAID	5 _	141-

OFFICIAL RECEIPT	And the state of t	CUSTOMER	PRE-NEED	THE RESERVE OF THE PARTY OF THE		P 0	10608	
609	CANARY		MOUNT HOP	All the second second second	TERY			
3000	- 00	0	(019) 2	Date:	Decer	nber:	5 ,20 (He
From: Carrel	1	Address	With recommendation of the last of the las	lecon	4			
- One nu	unded 70	rty.	ne c			Dollars (\$ _	41-)
in part	Payment of	le 1 re	ed lot, -	trus	t. co	upon	10	
Div / 12	Sec_4	2	Row	Lot _	247	Grave _	10	
Invoice No. E 19	571		PURPOSES STATED	UNLESS				
Acct. No.		STAMPED "PAID"			CREDIT 20% Sales Care	67007 77184	11/1	
W.O			DEC 0 5 2006		Pre-Need Trust	63033 77186	141	
BALANCE DUE	\$ 1960.77		- NODE CEM	ETERY)	
		MOUN	T HOPE CEM	1-1-1-1		_		
LiPre-Need Lot	Money Order	4 3				-		
Dre-Need Trust	Charge		Daulette	-		-		
AC-212 (11-05) This information is available in a	Check 1)(0)	ISSUED BY	raucae		TOTAL PAID	s	141.	_

OFFICIAL RECEIPT	And school and the sc	HASE PU	0776
From: C. Poland	MOUNT HOPE CEN (619) 527-3400 Dat Address:	. 49	
one hundred for payment of	PN Lot -TRUST CO	Dollars (S	41
Div 12 Sec	a Blk/ Row Li	1 242	10
Invoice No. = 19571 Acct. No. W.O. BALANCE DUE \$ 1396.7	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 — Pre-Need 63033 Trust 77186	141. —
Pre-Need Lot	BY ISSUED BY POCKELLETTE	TOTAL PAID \$	141. —

OFFI OF OLD DIFOO OLD FORMS

-00000

OFFICIAL RECEIPT

WHITE TO GUSTOMER CANARY CEMETERY

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

P 00959

E S		MOOI	(619) 527-3400	LENT			
From: Carrie	L. Polar	Address:	on A	9.	-5	, 20 _0	27
one he	undred,	forty -one	2 -		Dollars (\$	41	_)
in part	Payment of	re-need w		ts coo	pon #		_
. DIV 12	Sec	2 R	low Lor	14.7	/ Grave _	(0	
Acct. No		NOT VALID FOR PURPOSE STAMPED PAID IN THIS	PACE	CREDIT 20% Sales Care Prg-Neod Trust	67007 77184 63033 77186	141-	_
Pre-Need Lot	Money Order	DUNT HOPE CEN	METERY				
AC-212 (11-05)	Charge	ISSUED BY POUL	ettic	TOTAL PAID	5	141-	

OFFICIAL RECEIPT	WHITE TO	CEMETERY	MOUNT HO	DPE CEME	ASE	PU	0850
- Po.) 527-3400 Date:		5	, 20 07
One Hun	and died to	ily E	ss:	mile		Dollars (\$_	141
in part	Payment of	wo ne	ed BIKOT	t, tru	et co	upont	+16
Div_12	Sec	2	Row	Lot	247	Grave	10
Invoice No. E-	19571		R PURPOSES STATE	ED UNLESS	CREDIT	67007	
Acct. No.		STAMPED PAI	D' IN THIS SPACE	+0	20% Sales Carv	77184	DELT.
W.O			5 5-691	1	Pre-Need Trust	63033 77186	-141
BALANCE DUE	1,114.77	3	JUN - 5 20				
Pre-Need Lot	Money Order	Mou	NT HOPE CE				
Pre-Need Trust	Charge		HOPE CE	METERY			
AC-212 (11-05)	Dehepi300	ISSUED BY _	paulet	te	TOTAL PAID	5	141-

OFFICIAL DESCRIPT

This Information is available in alternative formats upon request

CITY OF GAN DIEGO CALIEODNIA

BOORES

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHA MOUNT HOPE CEME	ASE FUL	0922
2005	(619) 527-3400 Date:	0-7	
One hundred f	Porty-one and oo	Dollars (\$_	141
in Part Payment of	2 Blk/ Row Lot	n # 18 $247 Grave$	10
Invoice No. = 19571 W.O. BALANCE DUE \$ 832.77	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 — Pre-Need 63033 Trust 77186 —	141.
Pre-Need Lot ☐ Money Order □ Pre-Need Trust ☐ Charge	MOUNT HOPE CEMETERS		
AC-212 (11-05) This information is available in alternative formets upon (equa	8 ISSUED BY Paulettle C.	TOTAL PAID \$	141. —

OFFICIAL RECEIPT	
600	
000	1

WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHASE MOUNT HODE CEMETERY

P00731

PAS -		MOON	(619) 527-3400)		-
			Dat	te:3	16	, 2007
From: Cauce	- P.	Address:	n reco	ud		
0. 6		0	W (55.02 IV 54		Dollars (\$ L	11.—
in part	Payment of	Ive-need		wist		100
Div	Sec	2 BIII	wL	ot 247	Grave _	10
Invoice No. E-	19571	NOT VALID FOR PURPOSES				
Acct. No.		STAMPED "PAID" IN THIS SP	PACE	CREDIT 20% Sales Care Pre-Need		141 -
W.O		FAI	111	Trust	63033 77186	177
BALANCE DUES 1	,537.71	MAR - 5	2007			
☑ Pre-Need Lot	Money Order	MO				
Pre-Need Trust	Charge		4			
AC-212 (11-05)	Dicheck82	ISSUED BY Paul	ute	TOTAL PAID	s	141

	CITY OF SAN DIEGO, CA PRE-NEED PURC MOUNT HOPE CEI (619) 527-640	HASE METERY	00681
From: Carrie L. Pola. One hundred, for in Part Payment of	nd Address: On record	Dollars (s (41.—
DivSec	2 Blk/	The second second	10
Invoice No. E 19511 Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 - Pre-Need 63033 Trust 77186	141.
BALANCE DUE 15 1,678.77	FEB - 5 2007		
☐ Pre-Need Lot ☐ Money Or ☐ Pre-Need Trust ☐ Charge	THOPE CEMETERY		
AC-212 (11-05) This information is evaluable in alternative formats upon	ISSUED BY Paulette C.	TOTAL PAID S	141. —

OFFICIAL RECEIPT WHITE TO CANARY		IASE	0886
Dre hundred	and Date one and		,20 OT
in Part Payment of P Div 12 Sec Invoice No. = 019571	N LOT / Trest CO Blike Row LE NOT VALID FOR PURPOSES STATED UNLESS	up on 417 ot 247 Grave	10
Acct. No	PAID PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186	141
Pre-Need Lot	JUL - 9 2007 OUN ECEMETER		
	Issued By Jacob alle C	TOTAL PAID \$	141

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA 00515 PRE-NEED PURCHASE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 20 00 Date: Holand record Address: Dollars (\$ Dre-need Payment of Blk/ Sec 2 Lot 247 Row € 019671 Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. 67007 CREDIT Acct. No. 20% Sales Care 77184 63033 Pre-Need W.O. Trust 77188 BALANCE DUE \$ 2,242.77 OCT 0 3 2006 Money Order/ Pre-Need Lot Pre-Need Trust Charge ISSUED BY QUI AC-212 (11-05) TOTAL PAID This information is available in alternative formets with request

	TO CUSTOMER CEMETERY	PRE-NEED	GO, CALIFORNIA PURCHASE E CEMETERY		1067
From: C. Palend	Address	(619) 53	27-3400 Date:	12/10	,2007
04./	0.	/		Dollars (\$	
in Payment of	Pre-nee	9 COST +	hust	Couper 4	127
Div Se	c	Row	Lot _ 2	97 Grave _	10
Invoice No. E 1957	NOT VALID FOR	PURPOSES STATED U	UNLESS		
Acct. No.	STAMPED "PAID"	IN THIS SPACE.		67007 lies Care 77184	100
W.O			Pre-Nee Trust	63033 77186	141-
BALANCE DUE \$ 268,77					
		PAID			
APre-Need Lot Money O	rder	DEC 1 1 2007			
Pre-Need Trust		2011 2007		-	
	33 SSUED BY	peules	TOTALP	AID 8	141-

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

of	for	Lan:	sina	Wilkins	20	4	
in a	Line)	_ Funeral, date	, time		
Church,	Chapel, G	Burel Contener (Byeside		- 153 N # HU HOLO 57690			Mortuary
All Funer	al cars mu	ust arrive befo	ore 3:00 p	m. of regular wo	rk day or an extra	charge of \$	STANS THE
will be see	plied and	billed to und	ersigned.				
will be st	***************************************				7	2	

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

20.93

JAN 2 0 2006

Paid receipt number 15-000 10 3,356 4

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

I hereby authorize the interment in lot I holdrunder deed.

Panyay Cullyalen

Opening/Closing & Setup.

Burial Container... Handling Fees.....

> AMOING WILLIAMSOF FINE HAMPE & STREAM VEW DE F ACCOUNTS AN DIEGO CA 9210 Say 619-582-8228

Cell 997-7352

Zip Code

Acct #

Paulette F-

E-19572

BUT BOTH IS AND ADMINISTRATION OF SHIP OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA P 00070 PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 .20 06 Date: 5343 Streamview Dr Apt. # 15 50 CAY2105 From: Lansing Wilkinson Address: Three Thousand three hundred fifty-Eight and 93/00 - pollars (\$ 3.358.93 in tull payment payment of Krence and trust for Lansing Wilkinson Lot 92 Div Sec Grave Invoice No. E- 19972 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 'W.O. 77186 Trust BALANCE DUE JAN 2 0 2006 Pre-Need Lot Money Order MOUNT HOPE CEN Pre-Need Trust Charge ISSUED BY JUULT 1 efieck AC-212 (11-05) TOTAL PAID This information is available in # 1840

THE REAL PROPERTY.

AT-Need Res Res Estate Burial Pin #296

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 1- 20-06

You are hereby authorized and instructe	Pin#1			e to inter	the remains
of Leonardo	The state of the s				3211
The same of the sa			-COUNTY		
Type gLB Mind Coulterer	Funeral, date,	time	3/1-	3390	1100
Church, Chaper Graveside		50	MEM	orial	Mortuary
All Funeral cars must arrive before 3:00	p.m. of regular work	day or an	extra c	harge of \$	
will be applied and billed to undersigned					X
Division 11 Section 1	_ Blk/Row	Lot	9	_Grave	12
Grave space & Care Fund				47,5	64.00
Overtime/Late Arrival Fees					
Opening/Closing & Setup			**********	# 5	33.00
Burial Container	Liner	************			70.00
Handling Fees				3	06.00
Flower vases - Marker setting lee	n .				
MINISTER CONTROL OF THE PROPERTY OF THE PROPER					65.00
Sales taxes	2006			magen -	10.93
JAN 5 1 2	.000	Total Du	ie	53,	358.93
MOUNT HOPE	Paid receipt number	R-59	413	83,	358.93
MOUNT HOPE	2 La Pener De la Constantina		Balan	ce due _	0
I hereby certify I am the_ and this is your authority to make dispo that I have the right to make this authoric	zation and I agree to	above inc	of the a	bove nam	ned decedent
any liability on account of said authorizat	tion and interment.				
I hereby authorize the interment in lot I	¥	see	ate	tock	
hold under deed.	Print Name	In	su	notu	.0
Signature	Address	0	8	100	
a marca Dela Joha	City				Zip Code
2 mg 1011 1501	Telephone	-			
7 w 858 694-3987	Invoice t	+ 4	2 ~ 7	171	
Work Order # E- 19573	Acct #	HIPOCO	149		

AT-NEED RES

MT. HOPE CEMETERY INTERMENT ORDER Petrolina to

	of San Diego
n #1-76	pare 1-20-06
	ject to your rules and recutations, to inter the remains
	mayField 9## 2006/016
18 LINET	Funeral, data, time 191-3245 Martinory
hurch, Chopel, Graveside	: So menerial mornory
Il Funeral cors must arrive before 3:00 p.m. o	of regular work day or an extra charge of \$
it be applied and bitted to undersigned.	
ivision // Section - Bac	IRONLOL_9_Grave_12_
	\$1,264.00
rave space & Care Fund	
vertime/Late Arrival Fees	1533.00
pening/Closing & Setup	the Carlot Service Control of Con
urial Container	370.00
andling Fees	306.00
ower vases - Marker setting fee	N-3-1-2006
ecording/Filing/Transfer Fees	65.00
ales taxes	10.93
WOONT	HOPE CEMETERY 8 3,358.93
Said a	oceipt number R-59413 #3, 358.93
1,000	Balance due
north man DEPUT	1 0 0
nd this is some a deports to make disposition	of rampine as should indicated I certify and represent
et I nove the dight to make this authorization by liability on account of said authorization as	and I agree to hold Mr. Hope Cametery narmiess from
	V DATENELL PRICE
nersby outnorize the Intermed in lot I	PUELIC ADMINISTRATOR
Darnell Trucky	PDELIC GUARDIAN
Plantes	520 A RUTTIN ROAD SE TOUT
Moreo De la John	Y SAN DIEGO, CALIFORNIA 92123-169
858 654-3501	Teegrane
4 1 1 1 2 2 2 2 1	17 m m m m m
7 to 1 85 8 6 94-3987 with Orders E-19573	Immoice a 435 731

THEA-104 (3-04)

This information is available in alternative formats upon request

G finate programming paper



This information is available in alternative formets upon request

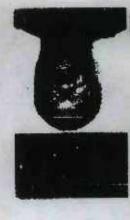
WHITE TO CUSTOMER CANARY CEMETERY

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

59413

1-31-06 Date: memorial Address: 1441 Univers, + hundred Fifty - Eight Dollars (\$ AT-Need Services Full FOR Leonardo Payment of _ Blk/ Row Div Sec Lot Grave E-19573 Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 452 80 Acct. No. PA# 2006/016 20% Sales Care 77184 80% Sales 1,811 10 100 W.O. of Lots 77184 Invoice# 435 731 Opening/ 100 BALANCE DUE Closing 77181 Acct # 000 95 1 00 533 O/C Bunal (Containers 100 77182 270 00 BIC 100 T 9867 Handling Fee Money Order 77185 206 00 H/F JAN 3 1 2006 sc Fees 100 Charge 65 OD RIF 77183 Sales Tax 60101 93 Tax Check 10 78390 ISSUED BY MOUNT HOPE CHOTAL RAIDS Y 358 93 AC-212A (11-05)

WMS. SAN DIEGO MEMORIAL CHAPEL PROVIDING FUNERALS OF DISTINCTION	9867
PAY TO THE DATE	~ 30,20y 18-24-1220
Thirty-three hundred fifty-eight & 93/100-	\$ 3,358,93
FOR gravesite for mayfield Leonardo Sheila a.	Williams
/ "OO9867" ":122000247::2018657809"	



325 S. 33TH ST.

L., LEONARDO MAYFIELD

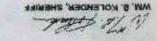
MTS NCTD

SAN DIEGO, CA 92113

COUNTY OF SAN DIEGO RETIRED



SENIOR CUSTODIAN LEONARDO L. MAYFIELD





SEX:M HAIR:BLK PMES:BRW HT:5-05 WT:186 DDB:12-22-58

LEOMARDO LEN MAYFIELD 325 5 33TH ST APT 287 SAN DIEGO CA 92113

CLASS:C

EXPIRES 12-22-85 DRIVER LICENSE

CALIFORNIA DALL

E19573

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.

John Struchun		#12 COT 9 LOT 32 #6	
	LOT 32 #5 william Arthury	46 # 6	

Blind Check Initiated By:	Sarsha	Dat	e: 1-16-06
Interment space for: Le Mon Interment Date: Jan 30,			
Div: // Sect: L E	()		Gr:_/\(\)_
Agrees with Legal Card:			
Agrees with Map: X Yes	□ No		
Blind Check & Verified By	DARREY	D	ate: 1-26-00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

6.0	NAME OF DECEDE	NT EIDOT JONESI	1B. MIDDLE	1C. LAST (FAMILY)		I.	2. DATE OF BIRTH	1 DATE	OF DEATH	14-DEX
LEONARDO KEN			NAYFIELD				0/2005	100.00		
-	LA MESA TYPED NAME AND AL WMS. SAN	DIEGO MEMOI	A - FUNERAL DIRECTOR OR PI	5B. COUNTY OF DENTER STATE SAN DESCRIPTION ACTING AS SUCH 7B	EATH — OUTSIDE CALIF, LEGO CALIF LICENSE NUMBER FAPPLICABLE	6. NAME, I OF INFO GREA 325	GORY D. MAY S. 33RD ST.	MAILING A	-BROTHE	
	ACHIOMEDISEMENT OF	ERSITY AVE.	SAN DIEGO, (medge as applicant that the proposed do and Salety Code, and was authorized party	position stated herein to one of the disposit	FD-1575 lone authorized by Section 1(898)	BA SIGNA	TURE OF APPLICATION	Parson taking p	- 01/2	SIGNED 25/2006
	- Crimit	THIS PERMIT IS ISSUED IN THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE AI I SPECIFIED IN THIS PERSAT HIGHT OF DISPOSAL OUTSIDE OF CAL	SOF SA AMOUNT OF FEE	NAME OF TAXABLE PARTY.	006	C SIGNATURE OF LOCA 2601861	LACGISTA	AR ISSUING PE	
		9D. ADDRESS OF RE IF DEATH OCCURR PO BOX (92186-52	85222 SAN DIE		ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCUR					
ï	A. BURIAL (INCLUDE B. CREMATION	CREMATED REMAINS C	лиен	E TEMPORARY ENV.	ORNIA BIDE OF CALIFORNIA		L DISPOSITION PE	NDING I		
	SURIAL	NT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102			1-30-0	1	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL			RIAL
12A. NAME AND ADDRESS OF CALIFORNIA CREMATO			IEMATORY	12B, DATE CREM	ATED 12C	SIGNATURE OF PER	SON IN C	HARGE OF CR	REMATION	
NL APPLICA	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING USE			CILITY RECEIVING REMAIN:	S 138. DATE RECEI	VED 19C	ED 19C SIGNATURE OF PERSON IN CH		HARGE OF FAI	CILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR CO. REMAINS OR CREMATED REMAINS ARE TO BE ST				148. DATE SHIPPED 14C. ADDRESS AND SIGNATUR OF PLACING WITH THE C		The second second	DESCRIPTION OF THE PARTY OF THE	CHARGE		
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA SUFFICIENT TO IF BUFIAL AT SI	The state of the same of the s		SIGNATURE OF PERS CHARGE OF DISPOS		150, LICENSE CREMATED RE POSER — IF A	EMAINS DIS-		

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

MT. HOPE CEMETERY

INTERMENT ORDER

s Nec-11	City of San Diego
Les Fee	Date 1 20 00
	Pin # 119960
You are hereby authorized and instruct	PIN # 119960 ted, subject to your rules and regulations, to inter the remains
or Kevanel	Kirksey 1746.
ina Liver	Funeral, date, time Fr. Jun 27 1:00 p
Type of Burial Container Church Chapel, Graveside	Anderson Mortuga
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra charge of \$ 213
will be applied and billed to undersigne	
1 12 3	BIK/Row Lot 119 Grave 5
Division 18 Section 2	
Grave space & Care Fund	2364
Overtime/Late Arrival Fees	DAIR
Opening/Closing & Setup	AIU 553.—
Burial ContainerJAJ	V 2.5 2000 270
Handling Fees	206 -
Flower vases - Marker setting the	Non-American Control of the Control
Recording/Filing/Transfer Fees	JPE CEMETERY 65.—
Sales taxes	20.93
0/	Total Due3,358.93
- 2 lang	Paid receipt number R-5 9407 # 3,358,93
MOET. 2 Park	Balance due
Tribino Joseph John Bro	of the above named decedent position of remains as above indicated. I certify and represent
	rization and I agree to hold Mt. Hope Cemetery harmless from
any hability on account or said authoriz	711/1 22/101
I hereby authorize the interment in lot I	Protection ALGUANDER
The aleston	wall 188 47 that Apt. C
Stopper Stopper	San Diego CA 92102
no mid lugs	%19) 266-3311 Ep Cook
Daviette by David Lugo David Lugo F-19574	Telaphore
allerizing ?	Invoice #
Work Order # E-19574	Acct. #





MT HOPE CEMETERY E-195

GRAVE BLIND CHECK FORM

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

*	*				5	
		COOK		60.724/4		
			x	Home		
					Johnson	
		ed By: Pa	ALCOHOLD STATE		Date: 1	24/06
Interment	space fo	or: Keval	ne kir	Ksey		
Interment	Date:	27/06	Friday	Time: 1:	a Chey	æl
Div:_ 18	Sect:	2 BI	k/Row:_	Lot:	119 Gr.	5
		Mormo				
		Card: 🔯				
Agrees w	ith Map:	X Yes	O	No -	7160/	
Blind Che	eck & Ve	rified By:_	de	men	Date:_	-25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

AFFEIGATION AND FEMILITY ON DIGITORITOR OF TIGHTAN TELEVISION

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) tB. MIDDLE 1C. LAST (FAMILY). 2 DATE OF BIRTH 3. DATE OF DEATH 4. SEX WENDELL WADE KIRKSEY KEUANE 58. COUNTY OF DEATH - OUTSIDE CALIF. 16. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A # OF DEATH OF INFORMANT ENTER STATE SAN DIEGO CYNTHIA ALEXANDER: MOTHER N DIEGO 7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78 CALIF LICENSE NUMBER P.O. BOX 741476 - IF APPLICABLE ANDERSON-RAGSDALE MORTUARY SAN DIEGO, CA 92174 5050 FEDERAL BLVD., SAN DIEGO, CA 92102 FD-1329 BA SIGNATURE OF APPLICANT -- Person Name some IRB. DATE SIGNED hereby administrate as applicant that the proposed deposition stated herein is one of the dispositions authorized by Section 103055. ADKNOWLEDGEMENT OF APPLICANT of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code HA. AMOUNT OF FEE PAID S. PRYOR 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMI THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 2601713 THE CALIFORNIA HEALTH AND BAFETY CODE AND IS THE AUTHOR-\$11,00 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 01/25/2006 **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -SE ADDRESS OF REGISTRAH OF DISTRICT OF DISPOSITION -IF DISPOSITION IS TO OCCUP IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO, CA 92185-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 3751 MARKET STREET MT. HOPE CEMETERY: BURIAL SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CHEMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 13B, DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B: DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TIRMART 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CHEMATED REMAINS DIS-SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION **SCATTERING/BURIAL** DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE RITION OTHER N A CEMETERY

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

MT HOPE CEMETERY

INTERMENT ORDER

Zesfee Prenerd trust

City of San Diego

You are hereby authorized and instructed sub-	oject to your rules and regulations, to inter the re	mains
	L. McCue Pin# 227/0	91
ina TS. Valut	Funeral, date, time	
Type of Burial Container Church, Chapel, Graveside	The second secon	ortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$	
will be applied and billed to undersigned		
	k/Row Lot Grave 9	
Grave space & Care Fund = 19	578 -	-
Overtime/Late Arrival Fees		2
Opening/Closing & Setup.	AID 555	3.—
Burial Container		2-
Handling Fees.	282007 26	3-
Flower vases - Marker setting /ee	7	
Recording/Filing/Transfer FeeMOUNT HO	OPE CEMETERY 6	· _
Sales taxes	13/1	1.51
	Total Due 200	2.21
Paid n	eceipt number 4-00075 300	3.51
SIR	Balance duel 945	27000
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	of the above named de of remains as above indicated. I certify and rep and I agree to hold Mt. Hope Cemetery harmles	present
ony natural of said autionization as		,
I hereby authorize the interment in lot I hold under deed.	Amniel-Mc	me
cm mec	5282 Duluth Ave	
Signature	S D. CA 9214	Zip Code
Paulette	(6/7) 262 1113 Telegrapine	-
- feel	the state of the s	
Work Order # E-19575	Invoice #	A
Troit Cloud II	COUNT IT	-

January 25, 2006

Ms. Minnie L McCue 5852 Duluth Avenue San Diego CA 92114

Ref: E-19575

Division 12 Section 2 Lot 117 Grave 9

Dear Ms. McCue

Enclosed are the coupons for your pre-need trust account for opening/closing, burial container, handling fee for the container, recording fee and the sales tax on the top seal vault. Your payments will begin in February. Payments can be done over the phone by visa or mastercard. Also, you may mail or walk your payments. Please keep this letter for future reference. If you should have any questions or concerns please call. Thank you for your business with us.

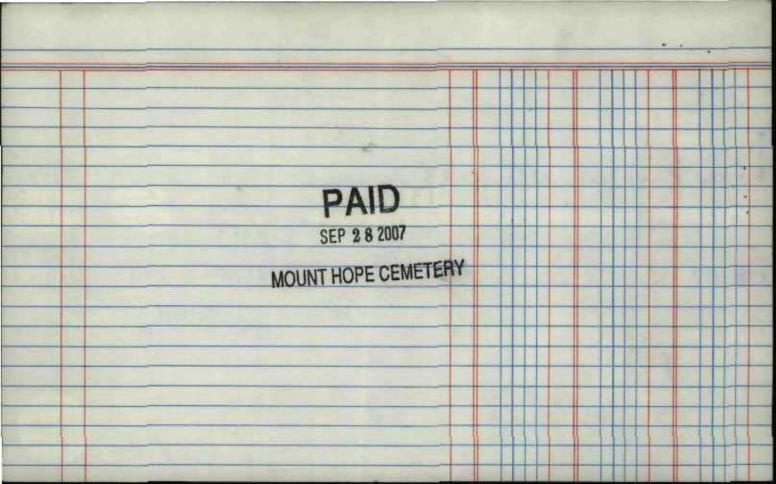
Sincerely,

Paulette Crawford Clerical Assistant II (619) 527-3401

PC:pc

From: MLMM	WHITE TO	CEMETERY	MOUNT HO	D PURCH	ASE ETERY	7 =	0900 1951 	57
in	Payment of	Pre-	nood -	TYUST Lot	117	Dollars (\$ _	9	
Acet. No W.O BALANCE DUE		STAMPED "PAID	JUL 17 200	7	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	50	=
Pre-Need Lot Pre-Need Trust AG-212 (11-05) This information is evaluable in a	Money Order Charge Check	ISSUED BY	Mariu		TOTAL PAID	s	50 -	

Pin #227691 Payment Due 13rd each month Monthly-#39 MCCUE, MINNIE L. 5852 DULUTH AVENUE, SAN DIEGO CA 92114		19575 13
DIVISION 11 SEC 1 LOT 117 GRAVE 9 DEBIT	CREDIT	BALANCE
1/20/2006 Opened pre-need trust. Trust includes: o/c \$533,		1243.51
b/c \$B55, h/f \$263, r/f fee \$65, tax on TS Vault \$27.51.	300.00	943.51
Down payment of \$300 pd by m.o. P-00075. First payment due		
8-16-06 P-00131 Coupont 1 7el- 2006	4a -	908.51
3-16 06 P-00 187 11 2 mar 2006	49 -	86351
5-1-06 P. 00260 No Coupon#3 April 06	45,-	81851
6-2-00 P- 00321 " "4,5 MAY, June 04	100-	718.51
7-26-06 P-00408 " 6 July 06	49 -	669.51
9-1-06 P-00468 " 7 aug 06 PA	10 50-	61951
10-11-06 P- 00524" "8,9 Sept de"	100 -	519.51
1-8-07 P- 00 644 " "10 11 OCT, NOV OBSEP 2	8 2007 /00 -	4/9.51
2/21/07 P- 007/3 12 Dec 06	50-	349.51
3/23/07 P-00 761 /3 Jan AMOUNT HOP		31951
4/11/07 P-00791 14 Feb 07	50-	26951
6/26/07 P-00-877 # 15 March 07	50-	2/9.51
606/07 6-00877 # 16 April 07	50	169.51
7/7/07 4-60/5/ # 17 May 07	50	5
9-7-07 P-00964 N/A 968 07	50-	0
4-20 01 P 00990 NIA 1010 IN AUN	GA 50	
HAID IN CILL		
1110 11 1 GELTHI		



marker Deed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20 -06

ina	Funeral, date, ti		idge lints299
Type of Burial Conterver	- runeral, date, ti		
Church, Chapel, Graveside			Mortuary
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extra ch	arge of \$
will be applied and billed to undersigne	od.		
Division TODE Section	BIK/Row	_ Lot _ 8	Grave 12,6
Grave space & Care Fund	DAID		
nave space & Care Fund			
Syemmer Fate William Lees	**************************		
Opening/Closing & Setup	JAN Z U ZOOO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Surial Container		manual y man	
landling Fees	NT HOPE C.	E1000	
lower vases - Marker setting fee			
Recording/Filing/Transfer Fees	zed Processing	600	= 130 -
Sales taxes			
The season of th		Total Due	100
	Paid receipt number	R- 5954	9 130 -
	Paid receipt number	R- 5954	
hereby certify I am the		R- 5954 Balanc of the al	9 130 — be due 2
and this is your authority to make disp that I have the right to make this autho	position of remains as	R- 5954 Balanc of the al	e due 2
and this is your authority to make disp that I have the right to make this autho	position of remains as	R- 5954 Balanc of the al	e due 2
and this is your authority to make disp nat I have the right to make this authorized the right to make this authorized the right to make the interment in lot I	position of remains as rization and I agree to ation and interment.	R- 5954 Balanc of the al above indicated. I hold Mt. Hope Ce	g 130 — pe due pove named decedent certify and represent metery harmless from
and this is your authority to make disp hat I have the right to make this authorized the liability on account of said authorized hereby authorize the interment in lot I	position of remains as rization and I agree to ation and interment.	R- 5954 Balanc of the al above indicated. I hold Mt. Hope Ce	g 130 — pe due pove named decedent certify and represent metery harmless from
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nd this is your authority to make disp nat I have the right to make this authory I liability on account of said authoriz hereby authorize the interment in lot I old under deed	position of remains as rization and I agree to ation and interment.	R- 5954 Balanc of the al above indicated. I hold Mt. Hope Ce	g 130 — pe due pove named decedent certify and represent metery harmless from
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nd this is your authority to make dispart I have the right to make this authority liability on account of said authorize thereby authorize the interment in lot I old under deed. Thereby authorize the interment in lot I old under deed. Thereby authorize the interment in lot I old under deed.	position of remains as rization and I agree to ation and interment.	R- 5954 Balanc of the al above indicated. I hold Mt. Hope Ce	g 130 — pe due pove named decedent certify and represent metery harmless from
hereby certify I am the	position of remains as rization and I agree to ation and interment.	R- 5954 Balanc of the al	g 130 — pe due pove named decedent certify and represent metery harmless from

REA-104 (3-04)

This information is available in alternative formats upon request.

A note front 'Thomas Dandridge E 19576

David,

I tope the attacked made a complete
application for leads to these three
question. Lappreciate all year
lelp. Please e-mail me or call
if you have any questions

(616) BG3 9241 TDANDRIDGE 1 @ COMCAST. NET



E-19576.

statements before mentioned are true and correct.
Signed on 16 JANUARY , 2006 in 6RAND RAPIDS, HI (City)
Signature Thomas C Dandridge Print Full Name THOMAS C DANDRIDGE
To have deed sent to you, fill in your mailing address here:
Full Name THOMAS C DAWDELDGE
Address 3236 RIVERWOODS DR NE
City, State & Zip Code <u>Rockford</u> , HI <u>49341</u>
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 Michigan.
County of Kent ss.
on this 16th day or January in the year 2006, before me Jennifer M. Grynne
personally appeared Thomas Q - Dandrida 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. Notary Public
THE PARTY OF THE P
MOTARY PUBLIC KENT CO., MI MY COMMISSION EXPIRES Apr 3, 2

I declare under penalty of perjury under the laws of the State of California that the

Witnessed:	
Signed on(Date)	in(City)
Signature	
Signature	Print Full Name
Documents Presented:	
Processed by:	
Approved by Cemetery Manage	er:
Transfer allowed: Yes	No
If no, reason:	
D/SEARS SILE	
Transfer fee paid (\$65.00)	New Deed Issuance Paid (\$65.00)



MT. HOPE CEMETERY- CITY OF SAN DIEGO DECLARATION OF RIGHT TO INTER

0 01100	r penalty of perjury:
	e legal heir to the gravesite located at Mt. Hope Cemetery in 100F Section 41 Lot 8 Grave 1, 2, 6
My lega	authority to the above property is based on the following
acts:	PLEASE SEE ATTACHED NOTE
	resented the following evidence to support the above facts.
PLE	ASE SEE ATTHATED
_	COURT ORDER FOR NAME CHANGE
-	NOTHKIZED STATEMENTS OF MY ONLY SIBLINGS:

The original purchaser of these graves was my grandfather, Thomas Charles Hoar, for whom I was named. I attach documentation to show that I legally changed my name to Thomas Charles Dandridge in California in 1973. My grandfather had two children. The eldest was my father, Henry Charles Hoar. His younger sister, Agnes, who had no children, predeceased him. My father died in 1978, leaving his estate to my mother, who died in 2001. I am the eldest of three siblings, who are her only heirs. I attach notarized documents from each of my sisters indicating that they relinquish any interest in these graves to me.

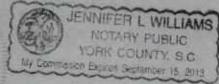
F19576 THE DOCUMENT TO WHICH THIS CERTIFICATE IS AS. TACHED IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECEID IN MY O 1 Thomas Charles Hoar SAME HAVING BEEN FILE 5166 Sentelle Blvd . Apt. AND ENTERED AL TI Los Angeles, California JUDGMENT BOOK WE 390-3201 ATTESTAPR 1 0 1973 CLARENCE E CADELL County Diers . In propria personna 5 SUPERIOR COURT OF THE STATE OF CALIFORNIA ORIGINAL FILES 5 7 FOR THE COUNTY OF LOS ANGELES APR 9 - 1973 8 COUNTY CLERI Case Number 9 In the matter of Application WE C 28620 Thomas Charles Hoar and Mildred Warner Hoar for themselves and on behalf of Robin Warner Hoar and 12 Cyene Bemess Horr, infants, esking ORDER FOR CHANGE OF NAME for leave to change their names to 13 Thomas Charles Dandridge, Mildred Church Dandridge, Robin Warner Dandridge and Cyone Bemiss Dandridge. 15 The petition of Thomas Charles Hoar and Mildred Warner Hoar praying for an 16 17 order of Court changing their names to Thomas Charles Dandridge and Mildred 18 Church Dendridge in place of their present names, and praying for an order of Court 19 changing the names of their children from Robin Warner Hoar and Cyane Bemiss Hoar 20 Hto Robin Warner Dandridge and Cyane Bemiss Dandridge, in place of their present 21 names, come on recolarly to be heard this afrage on handle of and grown within a pard prior bring being made to the settisfaction of 23 the Cart that notice of hearing hereon was given in the manner and form required by 24 law and order of this Court and no objections having been filed or made by any person, and the Court being satisfied that there is no reasonable objection to petitioner assuming. the names proposed, it is, 27 ORDERED that patitioners' names of Thomas Charles Hoar and Mildred Warner 23 Hour by, and the same is hereby changed to Thomas Charles Dindridge and Mildred Church P adridge, and the names of petitioters' children, Robin Warner Hoar and Cyane Berniss Hear be, and the same is hereby energed to Robin Warner Dandridge

I am one of the legal hours to
Three graves in the Mt. Thops Cometery, in
San Dega California, identified as 100F
Section, Block 41, lot 8, graves 1, 2 and 6.
Section, Block 41, lot 8, graves 1, 2 and 6.
I would like to relinquish my interest to
my brother, Thomas Charles Dandridge
my brother, Thomas Charles Dandridge

Stherine D. Penson Jan 05, 2006

Cathon D Ferson

Junifie f Millions



		CYANE LOWDEN 4604 WYTHE AVENUE RICHMOND VIRGINIA 23226 804-359-3812		
		JANUARY 5, 2006		
identified as	in the IOOF ny interest to	eirs to three graves in Mt Hope Cemer F section, Block 41, lot 8, graves 1, 2 o my brother, Thomas Charles Dance	, and 6. I would like to	
	Holl	Clary =	1/9/06 Date	

Commission Expires 12/31/07

AT-Need (Res) Ista 2 rol Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date /- 13-06

Durial		
You are hereby authorized and instructed, sub of Do Na.1 d Ceur'S	ect to your rules and regulations, to inter the	ne remains
	uneral, date, time Thurs	11:00
Church Chapel, Graveside	S.D. memoria	AIR
All Funeral cars must arrive before 3:00 p.m. of will be applied and billed to undersigned.		213.00 X
Division / 2 Section 2 Blk	Row Lot 248 Grave	2
Giave space & Care Fund	# 2 ₄	264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup. 2	0 4533.00	066.00
Burial Container DD C	rypt A s	39.00
Handling Fees		154.00
Flower vases / Marker setting fee		0
Recording/Filing/Transfer Fees.	e#65.00	
Sales taxes 124-06 to pay JAN 24	2006 Total Due # 4,	41.77
an setting fee was MOUNT HOPAID	Balance due	d represent
I hereby authorize the interment in lot I hold under deed. Haster Waster of Purchaser r Evelym Williams	Y PAULINE WAD Prit Name X7958 TINAJA L Address X SAN DIEGO CA. CRV X 619 292 - 2663	92139 Zip Code
Work Order # E-19577	Invoice #	

Please return this portion with payment. Favor de devolver esta parte con su pago.

Service Address: 7858 TINAJA LN SO

6

Account Number	Cycle	Date Mailed	Due Date	Please Pay This Amount
4748 285 925 D	09	Jan 16 2006	Feb 04 2006	\$153.03

Bill Becomes Past Due After Above Date

Make Payment To

San Diego Gas & Electric PO Box 25111 Santa Ana, CA 92799-5111



0 2 60000474828592500000153030000015303

WMS. SAN DIEGO M	EMORIAL	CHAPEL
------------------	---------	--------

PROVIDING FUNERALS OF DISTINCTION

2441 UNIVERSITY AVE SAN DIEGO, CA 92104 (619) 692-3090

PAY TO THE ORDER OF

Forting Hope Cemetery

1\$ 4494.77

9847

DOLLARS 1

WELLS FARGO BANK, N.A. CALIFORNIA

FOR Grave site Donald Wade

Sheila a Dellains

"009847" 1:1220002471:2018657809"

MT HOPE CEMETERY E- 19577

GF	LAVE BL	IND CHEC	CK FOF	RM	
Write in the name of block marked with ' existing marker's in the burial space.	'X". Place the appro	the name's	i, lot # aree(s) that	nd grave are adja	# of all acent to
		T,			
LUT-147 #6 Edwing Billups		# Z			
	# 7 Bernard Smith	#8			
Blind Check Initiate	r. Do				-24-06
Interment Date:					church
Div: 12 Sect:				748	3r: <u>2</u>
Grave Laid out by	Norma	n Ferg	man		
Agrees with Legal	Card:	Yes D	No		
Agrees with Map:	O Yes	□ No	,		
Blind Check & Ve	rified By:_	Kemotta	ellars	Date	1/25/0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 50

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

	USE BLACK INK ONLY - MY	THE NO ENASONES, WIT	ITEOUTS ON OT		1
1A NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		1C. LAST (FAMILY)		MONTH, DAY, YEAR MONT	H. DAY, YEAR
DONALD SA CITY OF DEATH	LEWIS	WADE	CHARGE CALLE TO	NAME, RELAYIONSHIP, FULL MAILING	18/2006 M
SAN DIEG		ENTER STATE	The state of the s	PAULINE WADE-SPOUSE	7958 TINAJA
THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED	CORESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON	SAN DIEC	Charles and the second	LANE SAN DIEGO, CA	
	DIEGO MEMORIAL CHAPEL	— IF API	PLICABLE	LARE SAN DIEGO, GA	32139
2441 UNI	VERSITY AVENUE SAN DIEGO,	A 92104 FD-	1575	SA BIONATURE OF APPLICAN	SIMM SB. DATE SIGNED
ACKNOWLEDGEMENT OF A	I Periody adviced only a applicant first the proposed deposition of the Heelth and Safety Code, and was authorized pursuant to 5	stated herent is one of the dispositions authorities 7100 of the Health and Salary Code	onced by Section 100005	Donnie Try	01/25/2005
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF	BA. AMOUNT OF FEE PAID	THE DATE PERMIT IS	A STATE OF THE PARTY OF THE PAR	FRAR ISSUING PERMIT
Name and the second second	THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	The second court is a	01/24/200		
LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES NO IIIGHT OF SISPOSAL OUTSIDE OF CALIFORNI		R. PRYO	DISTRICT OF DISPOSITION	
ANY CHANGE IN DISPOSE-	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CAUFORNIA	And the last of th		ANOTHER DISTRICT IN CALIFORNIA	
PERMIT TO BHOW FINAL DISPOSITION	PO BOX 85222 SAN DIEGO	, GA	-		
	92186-5222			FOR CORONOR	PE LISE ONLY
	SITION(S) CHECK APPLICABLE ITEMS	1	_		CONTRACTOR NAME
B. CREMATION	S ENTONEMENT)	F. DISINTERMENT	EN.	(Name and Address)	- HEMAINS LOCATED AT
	CREMATED REMAINS OTHER	G. SHIP IN TO CALIFORNIA			
D. SCIENTIFIC USE		H. TRANSIT TO OUTSIDE OF	GALIFORNIA		
7	THA NAME AND ADDRESS OF CALIFORNIA CEMETE	By	11B, DATE BURIED	: 11C SIGNATURE OF PERSONUN	CHARGE OF BURIAL
BURIAL		MARKET ST.			11
Contract	SAN DIEGO, CA 92102		1-26-00	2 - Manuelle	Transer
10	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	12B DATE CHEMAT	ED 12C SIGNATURE OF PERSON IN	CHARGE OF CREMATION
CREMATION					
3				>	
POO	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	PECEIVING REMAINS	138 DATE RECEIVE	ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
SCIENTIFIC USE					-
1				>	
#	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	The state of the s	
TRANSIT	HEIMING ON CHEMINED HEIMING ARE TO BE	anim ED		OF PLACING WITH THE CAR	HIEH
8	The state of the s				
SCATTERING/BURIAL	15A ADDRESS, NEAREST POINT ON SHORELINE, OF SUFFICIENT TO IDENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D LICENSE NUMBER OF CREMATED REMAINS DIS
AT SEA OR SPOSITION OTHER	IF BURIAL AT SEA, ONLY ENTER LATITUDE AND		DIG. OUTTON	OTHER ST. MICCOSTINA	POSER — IF APPLICABLE
HAN IN A CEMETERY					
The state of the s					

COPY 2 IS RETAINED BY 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___ 1-23-06

of	Edw	ard	"FTO	nton	J	R	77	.995	7	1
in a	LINEP pe of Bursal Container	-	Funeral	data time	t	hur	536	115	000	06
			rundial,	date, time	7 0	0	JA	hnet	+e	
Church Chapel		50,000			-		STANDARDS	-		uary.
All Funeral cars	must arrive before	ore 3:00 p	.m. of regula	r work day	y or a	n extra	a chan	ge of \$	7/3	.00
will be applied a	nd billed to und	ersigned				-		-		X
Division /)	Section _	2	Blk/Row_		Lot_	22	8 0	arave_	3	
Grave space & 0								H-	164	1.00
Overtime/Late A	rrival Fees									
Opening/Closing	& Setup							3	537.0	00
Burial Container		4	INEr						270.	,00
Handling Fees			PA	MD.					206	00
Flower vases - I	Marker setting fo	ee				*******			0	_
Recording/Filing	/Transfer Fees.		JAN 2	4 2006					65.0	0
Sales taxes								Here -	20.	93
		MOU	NT HOP	E CEM	otel C	ue.V.		13	358	1.9
		P	ald receipt n	umber _	nd	64	Phon	روعاء	358	,93
					ON	Ba	ance	due _	0	
I hereby certify I	am the				X	of th	e abos	ve nam	ed dece	rtent
and this is your that I have the ri any liability on a	authority to ma	s authoriza	ation and I ar	aree to bo	ove in	ndicate	ed I ce	ertify a	nd reore	sent
Brig industry Cir B	COUGH OF SAID O						-			
I hereby authoriz	te the interment	in lot I	Del	K Ame to press for	Sei	La	llai	ch		
hold under deed	*			x 40	-	ry	mal	tune	2	
Signature		X	79	preos 0		0				
			Ce	· ,					7)	p Code
			Tet	aphone	-					
			200	THE REAL PROPERTY.						
	10570)	in	voice#_						-
Work Order #	195/8		A	cct. #	-			7000	-	_
REA-104 (3-04)		This inf	formation is	available	in alti	emath	e form	nats u	oon rea	inst

O Proceed by Securied paper

2006	Church) Chapet, Gravenide Cementery > 92882674	0.815	70
	All Functed cars must arrive before 3:00 p.m. of regular work day or an extra charge of s. 2-13.00		
	will be applied grid billed to undersignedX		
11	Division 12 Section 2 BIMROW Lot 228 Grave 3		
	Grave space & Care Fund		
	Overtime/Late Arrival Fees		
2	Couring/Crosing & Setup. 537.00		
	Burlar Container LINET 270.00		
	Handling Fees 206,00		
	Pacarding/Filing/Transfer Fees		
	Spies texas		
We be a	Total Que		
Sales In the sales of the sales	Paix receipt number		
811	Batança due		
	hereby certify I am the		
	that I have the right to make this authorization and I agree to hold Mr. Hope Cometery narmless from any liability on account of sold authorization and interment. 11953		4
	I regretor surfragize the Interment in tot I K Daynov Thornton		
	riog under deed. 4 / TIZO Jac Nax AVE		
4	Wand Moentonix YEar Diego 991 92114		
	~(619) 934-2599 ···		
	Sensorum's		
	Work Orger # E-19578 Acct. #		
	This information is evaluate in alternative formats upon request		
			-
	Deceased Edward William		
	The wed Edition William		
	Trouber, Konner		
	Thousan		
	(sur one)		+
			F
	0 1 2 2	nn G	10
	Leaves Thursday, JAn. Ab, d	CU	
	Odnice (masses)		
4	Sewice Thursday, Jan. 26, 20 will call with credit card hun tracity.	. 6	
KINH U	Will call with Credit CARA Nun	bej	
March 1			
mend	HARLY,		



· NEIGHBUHHOUD HUUDE - SOULIA HUN 5560 COPLEY E SAN DIEGO, CA 111 (619) 715-2642

CHECK NO. CHECK DATE PERIOD ENDING: 1/18/200 PAY FREQUENCY: Si-workly



Thomian, Dana clo Edward Teamton 6005 Fennell San Diego, CA 92114

ID NUMBER 230014 BASE RATE: 11.20 55N: 571-04-0937 ST2:

FED Single 1

STATUS EXEMPT TAX ADJUSTMENTS LOCAL

FED: 1600.0000 57, 1600.0000 DUUC:

STATE AND LOCAL CODES PRE CA LOCE: SEC: LOCE:

LOCA: LOCS:

IMPORTANT MESSAGE

The same	CUNA		III CO PORTED TO	IAXES AN	CURRENT	SPECIAL INFORMATION
SEAPTION	- HOURS/UKITS	-EARMINGS		DESCRIPTION	- AMOUNT	
ic g ckg	51.52 48.0 8.0	577,25 537,81 99,64		SOC SEC MEDICARE	74.69 17.47	
				SDIAC	12.01	
				TOTAL	105 17	
				AFTER	TAX DEDUCTIONS	
TAL HE	107.52 PI	1,204 70 - RE-TAX ITEMS				
TAL HE	107.52 PI	South the second	-XXX-A;; e.s.			
AL HIE	107-52 PI	South the second				
AHE	107-52 PI	South the second				
TAL HE	107.52 pi	South the second				
	107-52 PI	RE-TAX ITEMS				
TAL HE	107-52 PI	South the second			DEOS EQ NET PAY	

MT HOPE CEMETERY E-19578

GRAVE BLIND CHECK FORM

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

			+
0			
	#1 Jumes moore	#3 LOT238	
	#7		
	207 140 #145 \$4 145 RIVES		

Blind Check Initiated By: Sansha Date: 1- 14-00
Interment space for: Edward Thornton JR
Interment Date: Jan 26,06 Time: 11:00
Div: 12 Sect: 2 Blk/Row: Lot: 228 Gr: 3
Grave Laid out by: Norman Lengus
Agrees with Legal Card: Yes O No
Agrees with Map: Des O No
Blind Check & Verified By: QDames Date: 1-240

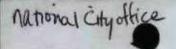
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A	NAME OF DECEDER	NT-FIRST (GIVEN)	1B. MIDDLE WILLIAM	THORNTON, J			2. DATE OF BIFTH 104/03/1955	6171	5/2006	4. SEX
	SAN DIEGO			SAN DIEGO		OF INF	RELATIONSHIP, FULL OPMANT THORNTON-DA		Marian State of the	IP CODE
78	5880 EL C	AJON BLVD.,	& BURIAL CHAPEL SAN DIEGO, CA 92	115 FD-	1357	SAN A	JACMAR AVEN	2114	88 DATE S	
	PENMIS .	THE PERMIT IS ISSUED IN THE CALIFORNIA HEALTH A TY FOR THE DISPOSITION	NO Soley Code, and was authorized parasism to Se ACCORDANCE WITH PROVISIONS OF WO SAFETY CODE AND IS THE AUTHOR SPECIFIED IN THIS PERMIT. INDERT OF DISPOSAL OUTBIES OF CALIFORNIA	Son T100 of the Health and Salety Cod GA. AMOUNT OF FEE PAID \$11.00	98 DATE PERMIT 01/23/2 J. BENYA	2006	2601517	LREGISTRY	02	والمشطولة
W		VITAL RECO	DISTRAR OF DISTRICT OF DEATH ID IN CALIFORNIA RDS-P.O. BOX 8522 CA 92186-5222	IF DISI	ESS OF REGISTRAR OF COURT OF COURT OF THE CO		OF DISPOSITION			
ij.	B. CREMATION	CREMATED REMAINS O	-	E TEMPORARY ENVAULTM F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO DUTSIDE O		•		NDING — F	S USE ONLY REMAINS LOCATED	O AY
	BURIAL	MT. HOPE C	PRESS OF CALIFORNIA CEMETER EMETERY 3751 MAR CA 92102		1-26-C	*	SIGNATURE OF PER	SON IN CA	HARGE OF BURI	AL
RE LIEMB	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CHEMATO	DAY	128. DATE CREMA	ATED 120	SIGNATURE OF PER	SON IN O	NARGE OF CREI	MATION
L APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEP	VED 130	SIGNATURE OF PER	SON IN C	HARGE OF FACI	UTY C
JUMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OR PREMATED REMAINS ARE TO BE		148, DATE SHIPPI	ED 140	ADDRESS AND SIGN OF PLACING WITH T			HARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OR IDENTIFY FINAL PLACE AND CADEA, ONLY ENTER LATITUDE AND LI	ESTRICT OF DISPOSITION	15B DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		15D LICENSE N. CREMATED REM POSER — IF APE	AINS DIS

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

AMAN	1	MNEYUS		
OFFICIAL RECEIPT WHITE TO GANARY		ASE	61417	
()	Date	-	1-23.20	A COLUMN
From: Sponcen GADSO	Address: 11239 AVANI	oa de lo	Lobos 92	127
ONE HUNDTOED - SEN	CATH SIGHT & NO	210 Do	ollars (\$ 178=	= ,
	THINKE FOR EDU			
	HIM!			6 sag
Div Sec	Pow Lo	1 278	Grave >	Care
Invoice No. 229952	NOT VALID FOR PURPOSES STATED UNLESS			
Acct. No. E19578	STAMPED PAID TAS TO	The second secon	7007	
W.O	FAID	80% Sales	100	
	1411 0 0 2000	Opening/	100	
BALANCE DUE	JAN 2 3 2009	Closing 7	7181	
		Containers 7	7182	
Money Order	MOUNT HOPE CEMETERY		7185	
Acharge \$2009490		Recording & Misc. Fees 7	100	-
Check	Ω	Sales Tax 6	0101	
AC-212A (11-05)	ISSUED BY	1	178	_
This information is available in alternative formets upon reques		TOTAL PAID	\$	



MT. HOPE CEMETERY

INTERMENT ORDER

AT Need

City of San Diego

Date 01 24 106

of IRAY	18 WARD	1 117	334	=0
ina LINER	Funeral, date,	ume FRIDA	ty JAN 27	11
Church, Chapel, Graveside		CA BILL	QIAL Mortus	arv
All Funeral cars must arrive before 3:00 will be applied and billed to undersigned		day or an extra o	charge of \$	_
Division 12 Section 2			The second second	-
Grave space & Care FundE	-18212		0	_
Overtime/Late Arrival Fees		.,		
Opening/Closing & Setup	"			-5
Burial Container	4.4		Contraction .	
Handling Fees	**			_/
Flower vases - Marker setting fee				
Recording/Filing/Transfer Fees	Ç.			
Sales taxes	1			
		Total Due	_ 0	-
	Paid receipt number			
		Bala	nce due	
I hereby certify I am the and this is your authority to make disport that I have the right to make this authorization any liability on account of said authorization.	ization and I agree to	above indicated hold Mt. Hope C	emetery harmless fro	ent
I hereby authorize the interment in lot I hold under deed.	Print Name Address	se at	tock	-
Signature	Cay		že C	ode
Parlette	Felephone Involce #			
Work Order # E- 19579				

REA-104 (3-04)

This information is available in alternative formats upon request.

PAGE 01 NO.817 P01

2006

11:59

50 MT. HOPE CEMENTERY + 92292750

national City office

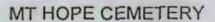
MT. HOPE CEMETERY INTERMENT ORDER

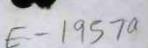
City of San Diego

0001/24/06

LINER	Funeral date, tir	FRIDAY JAN 27 11
hunch Chapel Graveside		
Funeral care must arrive bett	ore 3:00 p.m. of regular work of	CA BURIAL Mortugay
il be applied and billed to und		
		_ Lor 83 _ Grave 12
ravé space & Care Fund	E-18212	<u>Q</u> _
vertime/Late Arrival Fees		
pening/Closing & Setup	¥	
urial Container	H	
andling Fees.	II	
ower vises - Marker setting t	99	
ocording/Filing/Transfer Fees.		
ales taxes		
		Total Due.
	Paid receipt number	
		Balance due
hereby carlify I am the on this is your authority to make the right to make the ny liability on account of early a	over not discuss the every second of the extension of the	of the above named decedent above indicated. I certify and represent hold Mt. Hope Cemetery harmless from
	(m lot)	19ROD M. Javi
hereby authorize the Intermera		964 Parkside as

O Freedom protest paper





GRAVE BLIND CHECK FORM

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

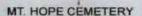
the burial sp	pace.				•
		-	an		(1)
		Raivac)	0	10-
	Worker	x	610000	venting)	
		priver	10		
Interment s	k Initiated By: 10 pace for: TRAV	IS WATE	0		124106
Interment D	Date:0 27 06	Friday	ime: _\V	MA 00	(6.5.)
Div: 12	Sect: Z B	IK/Row: _	Lot:	83 G	12
Grave Laid	out by: Mazme	en fe	agus-		
Agrees with	Legal Card:	Yes C	J NO	710	of
Agrees with	Map: O Yes	01	No		0
Blind Chec	k & Verified By:_			Date:_	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	Andrew Transport		USE BLACK INK UNLT - MAP	CE NO EHASUF	iea, wii	TEOUTS ON O	THEN AL	TEMATIONS	-		
TRAVIS MAE		18 MIDDLE MAE	1C LAST (FAMI				2. DATE OF BIRTH	8972	3/2006	4. SEX	
5/	SAN DIEG	The state of the s	FORESTON.	SAN BY	tgo	- OUTSIDE CALIF.		RELATIONSHIP FULL ON DAVIS-GRA			ZIP CODE
71	ALIFORN	IA BURIAL CI	A-FUNERAL DIRECTOR OR PERSON: HAPEL 2200 HIGHLAN FORNIA 91950		— IF API	ICENSE NUMBER LICARLE	SAN I	PARKSIDE AV	ORNIA		SIGNED
7	ACKNOWLEDGEMENT OF	APPLICANT I hereby some of the Health	owweige as applicant that the proposed disposition started Submy Code, and was writteness pursuant to Sec	and herem is one of the dis size 7100 of the Health and	posture auto d Salvty Code	owned by Section 103065	► Cl	undette K	USS) 01/2	6/2006
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CAUFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT O RIGHT OF DISPOSAL OUTBIDE OF CALIFORNIA	\$11.00	EE PAID	01/26/20 C. RUSS	0.000	9G SIGNATURE OF LOCA 2601834	L REGISTI	IAA ISSUING PEI	AMIT
- 7	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO GHOW FINAL DISPOSITION	VITAL RECO	EGISTRAR OF DISTRICT OF DEATH IED IN CALIFORNIA ORDS—P.O. BOX 8522 CA 92186—5222					T OF DISPOSITION — R BISTRICT IN CALIFORNIA			
10	AUTHORIZED DISPO	SITION(S) CHECK APPLIC	ALTONOMIC STATE OF THE PARTY OF		Total Inc.		- /-	FOR CO	ORONOR'S	S USE ONLY	
	B. CREMATION C. DISPOSITION O THAN IN A CEMI D. SCIENTIFIC USE	F CREMATED REMAINS (OTHER C	E TEMPORARY E F DISINTERMENT G: SHIP IN TO CA H. TRANSIT TO O	LIFOFNIA			DISPOSITION PI		REMAINS LOCAT	ED AT
-	BURIAL	MT. HOPE	CEMETERY 3751 MARK CALIFORNIA 92102	AL .		118. DATE BURIE		SIGNATURE OF PER	P	HARGE OF BU	RIAL
HE ITEMS	CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMATO	PAY		128. DATE CREM	ATED 12	C. SIGNATURE OF PER	SON IN C	ARGE OF CR	EMATION
ILL APPLICA	SCIENTIFIC USE	13A. NAME AND AC	DRESS OF CALIFORNIA FACILITY I	RECEIVING REMA	AINS	198. DATE RECEI	VED 130	SIGNATURE OF PER	SON IN C	HARGE OF FAI	CILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S			14B. DATE SHIPPI	ED 140	C. ADDRESS AND SIGN OF PLACING WITH T			CHARGE
	AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAID EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPO		DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPOS		150 LICENSE CREMATED RE POSER — IF A	MAINS DIS-

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





INTERMENT ORDER

At-Need

REA-104 (3-04)

City of San Diego

Date 1-25-06

The state of the s	ed, subject to your rules and regulations, to int	er the remains
of MATTIE	CARTER 119956	
ina Vouble - Depth'	A Funeral, date, time FRIday Jo	an 27, 11
Church Chapel Graveside	: 5AN DIEGO	Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of	15 213
will be applied and billed to undersigned	X_	
Division 11 Section 2	Blk/Row Lot 57 Grav	8
Grave space & Care Fund		2264,-
Overtime/Late Arrival Fees		_
Opening/Closing & Setup	ට 533.−	1066.
Burlal Container		539
Handling Fees.	PAID	454-
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees 2	@ 65 JAN 2 6 2006	130,-
		41.77
shello it grave.	MOUNT HOTHER Due	4494:77
sales taxes as helia I grave. as to select grave.	Paid receipt number 14-59 409	44 94.77
ato select of	Balance due	_0
Thereby certify I am the	of the above n	amed decedent
and this is your authority to make disport that I have the right to make this authorization any liability on account of said authorization.	osition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeters	v and represent
I hereby authorize the interment in lot I hold under deed.	Address Activess Telephone	1.0
*	Address at the	Chen
Signature	CHY COLUM	Zip Code
Lite	Telephone	
Paulette		
Work Order # E- 19580	Invoice #	
Work Order # L-1730U	Acct. #	- 4

@ Prison on received paper

This information is available in alternative formats upon request.





MT HOPE CEMETERY

€ 19580

GRAVE BLIND CHECK FORM

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

			Books			
	E CONTRACTOR OF THE PERSON OF	Henson	x		Perker	S
				Thornto	n	
lind Ch	neck Initiate	ed By:	aulette		_ Date: _	1/26
ntermer	nt space fo	r: Matt	ie Car	ter	0	
ntermer	nt Date: 1	-27-0	7 20	ime: 1	00 pm	Churi
	Sect:					
Grave L	aid out by:	Alorm		en	~	
	with Legal				Ver /	
	with Map:	2 20 -		10	K. D	
	neck & Ve		Vall	ul	Date	1-260

WELL

MT. HOPE CEMETERY

INTERMENT ORDER

At-Need

City of San Diego

Date_ 1-25-06

	and instructed subject to	your rules and requisitions to int	rer the remains
	The second second second	. Dete. time FRIday J	an 27 190
Church Chepat Graveside		SAN DIEGO	Memorial Monum
will be applied and billed to			
Oliveipn 1) Section	on 2 BINROW	10: 57 Orev	. 8
Greve space & Care Fund	ab a more armine many		2264
Questime/Lete Arriver Fees		er with the second of the second	-
Opening/Closing & Sesup	20 511	Company brown as a large and a	106/2-
Sunai Container	de la voire de la co	4. W. W. W. W. W.	539 -
Handling Fees	This expenses (e.g.,	000 00 10 10 10 00 00 00 00	454-
Flower vasde - Marker setti	ng fee		-
Recording/Filing/Transfer Fi	20 65		130 -
Sales raxes	ORIGINAL CONTRACTOR OF THE CONTRACTOR	and the second second second	41.77
Personal of grave	0.	Potal Due	4494.77
ment a let	A Paid receipt n	Balence due	
Thereby certify I and the A	make disposition of rama	of the spave indicated. I contry	e mind compressions
suk trapitify ou according of shi	rims authorization and inten-	gree to hold Mr. Hope Demetery	hemies from
i nereby authorize the Interning ander deed	mark in tok i K	Clara rears	on
Flara Man	4	353 61st st	
And Java	- 1	30,Ca	92114
Paulette Paulette	9		
Work Order & E-195	en	recies #	
NGA.40 e (2-04)	This information is a promote make	dvallable in alternative formats	upon request

PALM Shill of State

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

			N BOX 5 MAY BE TAXABLE INCOME			
MATTIE CARTER			Box 2 Beneficiary's Social Security Number			
Box 3. Benefits Paid in 2005	Box 4 Benefits Rep	naid to SSA in annie	Box 5 Net Benefits for 2005 (Box 3 minus Box			
\$11,052.00		ONE				
DESCRIPTION OF AMOUNT			\$11,052.00			
		DESC	CRIPTION OF AMOUNT IN BOX 4			
Paid by check or direct deposit Benefits for 2005	\$11,052,00 \$11,052,00	NONE				
		Box 6. Voluntary Fed	deral Income Tax Withheld			
		Box 7 Address	, , , , , , , , , , , , , , , , , , , ,			
		CLARA PEARS MATTIE CARTI 353 61ST ST SAN DIEGO CA	ER 92114-4281			
			(Use the number if you need to confact SSA) 819-18-26901)			

COUNTY OF

SIAN DIEGO

CASE NAME

WORKER NAME NUMBER TELEPHONE ADDRESS SPEEDLETTER FORM DEL. 09/04

SX4

01-07-05

CARTER MA-OP58698-02-0 MATTIE

JILL ARRINGTON

(614) 256-0751 4568 MARKET STREET STE HHSA SAN DIEGO CA 92102

1 CARTER

13 513T ST AN 61590 CA 92114-4291.

EASE NOTE THAT YOUR

WIEST EAR

WITHER MAS CHANGED YOUR NEW WORKER S NAME, WORKER NUMBER, AND

FIRE WORKER IS IN THE OFFICE FROM MONDAY THROUGH FRIDAY

WEDNESDAY THURSDAY THURSDAY

FRIDAY

WIFEER'S HOURS ARE FROM TO _

4:30PM

THE TO TALK TO YOUR WORKER, YOU MUST CALL FOR AN APPOINTMENT OF LONGING INTO THE OFFICE THIS IS NECESSARY BECAUSE EACH WORKER FAIN CUSTOMERS TO SEE AND YOUR WORKER MAY ALREADY HAVE A SCHEDULED THENT OR AN INTERVIEW ROOM MAY NOT BE AVAILABLE.

) THE LATE FOR YOUR APPOINTMENT YOU MAY NOT BE ABLE TO BEE YOUR

TERRORS ARE FROM 8: 00 A.M. UNTIL 5: 00 P.M. ONLY PERSONS WITH

TABLE PEEP INTO NOTICE FOR USE IN CONTACTING YOUR WORKER

PLEASE CALL YOUR WORKER WITHIN TO DAYS IF YOU HAVE ANY

21 - COOK!

E-19580

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 98

1A. NAME OF DECEDENT—FIRST (OIVEN) 1B. MIDDLE MATTIE 54—517 OF DEATH					(2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 03/08/1907 01/21/2006 F					
7A TY	AN DIEGO PED NAME AND AN NMS SAN I			ENTERSTA	DIEG 78. CALIF. II — IF APP	O LICENSE NUMBER LICABLE	353 (92114	OFFMANT A PEARSON-DA 51ST STREET	SAN	ER DIEGO,	CA
ACI	KNOWLEDGEMENT OF		rwinitys so applicant that the proposed disposition of stat Selvey Code, and was authorized pursuant to S			priced by Section 103035	196	rine &	yn-	01/	25/2006
	PERMIT HORIZATION OF AL REGISTRAR	THE GALIFORNIA HEALTH . ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	411 0	THE STATE OF	01/26/200 R. PRYON	06	2601727	LAGGISTI	AR ISSUING P	CPANT
TICH !	HANGE IN DISPOSI- REQUIRES A NEW IT TO SHOW FINAL DISPOSITION	BD ADDRESS OF HE DEATH OCCURRED BOX 92186-5	85222 SAN DIEGO.			SS OF REGISTRAR O DISTION IS TO OCCUP		OF DISPOSITION — OISTRICT IN CALIFORNIA			
	A BURIAL (INCLUDE S CREMATION C DISPOSITION OF THAN IN A CEME S SCIENTIFIC USE BURIAL	CREMATED REMAINS O	DRESS OF CALIFORNIA CEMETE	F DISINTERMEN G SHIP IN TO CO H TRANSIT TO CO	T ALIFORNIA BUTSIDE OF	*	110	Nume and Address	2		
		SAN DIE	AND	TO BY		1-27-06	The State of the last	avan	un		SPICE SELECT
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMA) 12U	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
AL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			AINS	13B. DATE RECEIV	ED 130	13C SIGNATURE OF PERSON IN CHARGE OF FACILITY			
COMPLETE	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			E	14B. DATE SHIPPE	D 140	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING/BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER DAN IN A CEMETERY 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DES SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DAN IN A CEMETERY				DISTRICT OF DISP		158. DATE OF DISPOSITION		SIGNATURE OF PERSONAL CHARGE OF DISPOS	150 LICENSE CREMATED F POSER — IF		

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

MT. HOPE CEMETERY

INTERMENT ORDER

AT Need Res. fees

REA-104 (3-04)

City of San Diego

Date 1	26	2006

ASSESSMENT OF THE SECOND	PINT	119963	
You are hereby authorized and instructed	i, subject to your rule	es and fegulations, to	
of Jaiden Ar	igel Jacks	on CIntan	H)
in a O-LINEY Type of Burul Container	Funeral, date, t	ime Monday	January 30
Church, Chapel Graveside		CA Burial (SD) Mortuary
All Funeral cars must arrive before 3:00 p	o.m. of regular work	day or an extra charg	e of \$
will be applied and billed to undersigned.			
Division 9 Section 1	Bik/Row	Lot 901 G	rave
Grave space & Care Fund		J	142.
Overtime/Late Arrival Fees			
Opening/Closing & Setup			178
Opening/Closing & Setup. Burial Container 5,26 (2	2LXIIWX	10h)	99
Handling Fees			36
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees			The second of th
Sales taxes			7.67
JAN 2 6		Total Due	527-67
	Paid receipt number	Visa Card	527.67
MOUNT HOPE	CEMETERY	Balance d	ue _Ø
I hereby certify I am the KUNDHY	CR	of the above	e named decedent
and this is your authority to make dispost that I have the right to make this authorize	ation and I agree to	above indicated. I ce hold Mt. Hope Cemer	tify and represent tery harmless from
any liability on account of said authorizati	ion and interment.	129969	(non)
I hereby authorize the interment in lot I	x Just	ruyi waa	800
hold under deed.	1 x 1001	7 en cie	uo
Signature Mary Judge	< Sar	1 Degro.	92111
0 0 0	2100	-527-413	D Zp Code
Paulette	Telephone		1371
	Invoice #		
Work Order # E-19581	Acct.#_		

© Proposition recorded paper

This information is available in alternative formats upon request.



CO FILE DEPT. CLOCK NUMBER 076 GA7 003869 612 0021885841 1

RESORT MARKETING INC. 404 CAMINO DEL RIO SOUTH 4TH FL SAN DIEGO, CA 92108

Taxable Marital Status: Married Exemptions/Allowances. Federal. 3 State. 3

Social Security Number: XXX-XX-2522

JOSHALYN MCDUFFY-JACKSON 6917 ELY CIRCLE SAN DIEGO, CA 92114

01/02/2006

01/15/2006

01/20/2006

Earnings Statement

Period Beginning:

Period Ending:

Pay Date:

Stationed in San Diego.

Earnings

rate hours

this period

year to date

Deposits

work 1-800 676-9394-ex 1069 home 527-4134

18561-2 2Hallow: MOHIEHO 6-19581

MT HOPE CEMETERY

E-19581

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			
Franklin	Aleming			Rojano	chambe	B
	Cavin	Noely		Luster		
Interment Interment	space for Date:	- 30	iclen T	Arg-	el Jac 11:00 6	55
Div: 9	_ Sect:_		k/Row:	Lot: _	901 G	r
Grave Lai	d out by:	Horm	en fo	enqua	~	
Agrees wi	th Legal (Card: 🗷	Yes C	3 No	£109	
Agrees wi	ith Map: 1	Yes	01	lo		
Blind Che	ck & Ver	ified By:_	apa	m	Date:	121-01

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

		USE BLACK INK ONLY - M	ARE NO EHASUHES, V	VHITEOUTS ON O	THER ALTERATIONS	
JAIDEN	NT-FIRST (GIVEN)	1B. MIDDLE ANGET.	1C. LAST (FAMILY) JACKSON	Funt	2 DATE OF BIRTH MONTH DAY YEAR 01/18/2006	3. DATE OF DEATH 4. SEX MONTH DAY YEAR 01/18/2006 M
SA CITY OF DEATH		1		H - OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL	MAILING ADDRESS AND ZIP CODE
DIEGO			SAN DIEG	0	OF INFORMANT JOSHALYN JACKSO	
CALIFORNIA	CREMATION	& BURIAL CHAPEL SAN DIEGO, CA 92	—IF	PLICABLE 1-1357	6917 ELY CIRCLE SAN DIEGO, CA 9	3
ACKNOWLEDGEMENT OF A	PPLICANT of the Health	owledge as applicant that the proposed disposition and Salvey Code, and was authorized pursuant to	stated horses is one of the dispositions. Section 7100 of the Health and Salvey Co.	authorized by Section 103005 rds.	With delas	01/27/2006
AUTHORITATION OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR I SPECIFIED IN THIS PERMIT. I NIGHT OF DISPOSAL OUTSIDE OF CALIFORN	411 00	98. DATE PERMIT 01/30/20 V.MITCH	006	AL REGISTRAR ISSUING PERMIT
(*************************************	VITAL RECO	GISTRAR OF DISTRICT OF DEAT ED IN CALIFORNIA DRDS-P.O. BOX 852 CA 92186-5222	IF D		OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPOS	SETTION(S) CHECK APPLIC	ABLE ITEMS			FOR CO	ORONOR'S USE ONLY
B. CREMATION G. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CREMATED REMAINS O	THER	E TEMPORARY ENVALL. F DISINTERMENT G. SHIP IN TO CALIFORN H.TRANSIT TO OUTSIDE	IA.	Cosposition PE	ENDING — REMAINS LOCATED AT
BURIAL	MT. HOPE	CEMETERY 3751 MA O, CA 92102		1-30-0	6 CANATURE OF PER	SON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA CHEMA	YORY	12B. DATE CREMA	TED 120. SIGNATURE OF PER	SON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECEN	/ED 13C SIGNATURE OF PER	SON IN CHARGE OF FACILITY
TRANSIT OO		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14G, ADDRESS AND SIGN OF PLACING WITH TO	ATURE OF PERSON IN CHARGE HE CARRIER
AT SEA OR OSSTRON OTHER THAN IN A CEMETERY	SUFFICIENT TO	REST POINT ON SHORELINE, OF DIDENTIFY FINAL PLACE AND CA EA, ONLY ENTER LATITUDE AND	DISTRICT OF DISPOSITIO	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS	

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

Pre- Neel

MT. HOPE CEMETERY

INTERMENT ORDER

	Res	City of San Diego		
	int Burial ONly	E-1958	3 Date_/-	17-06
	You are hereby authorized and instruc	9 1 13	PIN# 1199	54
	of Family OF A	utonio ber	ardo Ruiz	
	in a DI) CryoT	Funeral, date,	time	
	Church, Chapel, Graveside			Mortuary
	All Funeral cars must arrive before 3:0	00 p.m. of regular work	day or an extra charge	of \$
	will be applied and billed to undersign	ed		
	Division 12 Section 3	Blk/Row	The state of the s	The second secon
	Grave space & Care Fund		1	2,264.00
	Overtime/Late Arrival Fees			1010 1015
	Opening/Closing & Setup			533.00
40	Burial Container	DD CrypT	***************************************	537.00
	Handling Fees	THE RESERVE OF THE PARTY OF THE		
	Flower vases - Marker setting fee			_0_
	Recording/Filing/Transfer Fees			65.00
	Sales taxes			41.77
			Total Due	3, 896.7
		Paid receipt number	P-00081	\$780,00
				a 3,116.7
	I hereby certify I am the	MILY		named deceden
	and this is your authority to make disp that I have the right to make this authority		above indicated. I cert	fy and represent
	any liability on account of said authoriz			
	I hereby authorize the interment in lot I	v A	stavio 6	. Kulz
	hold-under deed	A C	687 MAIN	et St
	Grahmo S. Or	Address	1) 083. C V	9210
0	10 purchasers	ay P	19-30041	25 2 Zip Code
-	10 /	Telephorie	7-500 1	

Work Order # E-19582 Acct. #

This information is available in alternative formats upon request.

REA-104 (3-04)

MAria B. Torres Pin# 229955

Invoice #

MT HOPE CEMETERY E-19583

	rked with "> narker's in the space.	he appr	opriate spa	ice(s) th		cent to
			#3 Leonard Veziria			
	Lavonne Rollson		#9 X		# 11 Annie Edwards	
Intermen	eck Initiate		MArtho	a Ru	12	
ntermen	t Date: Fe	6,2	06 T	ime:/	:00 (6	
	Sect:_		^		134 G	r:_9_
	vith Legal C					
Agrees v	vith Map: D	Yes	Yes L	0		

E-19583

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 7"

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

A NAME OF DECEDE	ACT CIDCT COURSE	1B. MIDDLE	1C. LAST (FAMILY)		10	DATE OF BIRTH	3. DATE O	E DEATH	4. SEX
A NAME OF DECEDE	MI-FIRST (GIVEN)	TO MIDDLE	The second secon			ONTH. DAY, YEAR	MONTH D	DAY YEAR	The second
MARTHA SA CITY OF DEATH		-	RIIZ	TH - OUTSIDE CALIF.	E NAME D	2/31/1932 ELATIONISHIP EULI	VALUE AD	8/2006 DRESS AND	ZIP CODE
			ENTER STATE	ATH - OUTSIDE CALIF.	OF INFO	RMANT		Unego Hat	ZII CODE
CHULA VIS			SAN DIE		Backers and Apple	IO RUIZ-SO	A		
A COMMISSION OF THE PARTY OF TH		A - FUNERAL DIRECTOR OR PERSON /	A STATE OF THE PARTY OF THE PAR	APPLICABLE	The second secon	MARKET ST.			
		,2601 IMPERIAL AV			SAN D	IEGO, CA. 92	102		
SAN DIEGO			A STATE OF THE PARTY OF THE PAR	Contract the Contract of the C	BA. SIGNATI	URE OF APPLICANT	Person turing part	H BB. DATE	SIGNED
ACKNOWLEDGEMENT OF A		owadge as applicant that the proposed owpolation size and Selviy Code, and was authorized paracent to Sec	Son 7100 of the Health and Slatety	Code	10	yeur /he	1100	01/3	0/2006
		ACCORDANCE WITH PROVISIONS OF	9A. AMOUNT OF FEE PAI	D 98. DATE PERMIT	ISSUED 90	SIGNATURE OF LOCA			
		AND SAFETY CODE AND IS THE AUTHOR SPECIFIED IN THIS PERMIT.		A1 .21 .			. 19.	wan	CAL
		RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	01/01/	2886 >	Noney	2 00	450	UN
ANY CHANGE IN DISPOSI-	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEATH		CIRESS OF REGISTRAR O		OF DISPOSITION —			
TION REQUIRES A NEW PERMIT TO SHOW FINAL	THE PARTY WAS IN THE PARTY TO SHARE THE PARTY THE PARTY TO SHARE THE PARTY THE PARTY TO SHARE THE PARTY	85222, SAN DIEGO, C							
DISPOSITION	5222	000001000000000000000000000000000000000	25,92100						
10. AUTHORIZED DISPOS	and Earthware	ABLE ITEMS		The state of the s		FOR CO	PONOR'S	USE ONLY	
A BURIAL INCLUDE	S ENTOMBMENT)	T	E TEMPORARY ENVAUL	TMENT		T I DISPOSITION PE	NOING - RE	MAINS LOCAT	ED AT
B. CREMATION			F. DISINTERMENT			(Name and Address			
C DISPOSITION OF	CREMATED REMAINS O	THER	G. SHIP IN TO CALIFOR	MA					
THAN IN A CEME	TERY	-	H. TRANSIT TO OUTSIDE						
	Total Diales and Am	DRESS OF CALIFORNIA CEMETER					COLUMN COLUMN	DOT OF DU	IDV A L
BURIAL		E CENTERY, 3751 M		118. DATE BURIED	110.3	SIGNATURE OF PERS	SON IN CHA	ANGE OF BU	HIAL
DURIAL		,CA.92102	HEROT OT .	2-2-6		Viva L	_/		
	THE RESERVE OF THE PARTY OF THE			the second second second	1/1	1100 /-	In	1990	
100	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMA	ATED: 120.1	SIGNATURE OF PER	BOW IN CHA	ARGE OF CH	EMATION
CREMATION						1	-		
#					D	1			
0	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B DATE RECEIV	VED 13C. 1	SIGNATURE OF PER	SON IN CHA	ARGE OF FA	CILITY
SCIENTIFIC									
1					•				
1		DAESS IN RECEIVING STATE OR C		148. DATE SHIPPE	ED 140.7	ADDRESS AND SIGN	ATURE OF	PERSON IN	CHARGE
THANSIT	REMAINS OR	CREMATED REMAINS ARE TO BE S	SHIPPED	The second second		OF PLACING WITH TI	HE CARRIE	R	
0				The state of the s					
	16A ADDRESS NE	MEST POINT ON SHORELINE, OR	OTHER DESCRIPTION	15B DATE OF	150	SIGNATURE OF PER	SONIN	150. LICENSE	NUMBER OF
CATTERING/BURIAL	SUFFICIENT TO	DIDENTIFY FINAL PLACE AND CAD	ISTRICT OF DISPOSITIO		1,000	CHARGE OF DISPOS	FTION	CREMATED RE	EMAINS DIS-
DISPOSITION OTHER	IF BURIAL AT SI	EA. ONLY ENTER LATITUDE AND LO	ONGITUDE					+Sacri-Ir A	L- LIVAGUE
THAN IN A CEMETERY									
					ALC: N				

COPY 2 IS RETAINED BY 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 Res

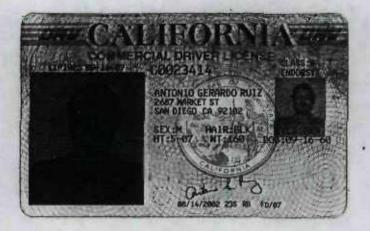
INTERMENT ORDER

City of San Diego

ice's	THE PARTY OF THE P	1-12 1
1 of Burial Only		1-17-06
You are hereby authorized and instructed, subje	PINT	# 119954
of Family OF ANTONI		
in a DI) Cry oT Fi	uneral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:00 p.m. of	regular work day or an ex	xtra charge of \$
will be applied and billed to undersigned		
Division 12 Section 3 BIK	Row Lot _/_	34 Grave 9
Rrave space & Care Fund		\$2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		533.00
Burial Container DD	CruoT	539.00
^	· Inn	8 454.00
Handling Fees.	, 121/100	9
Flower vases – Marker setting fee	11000	
Recording/Filing/Transfer Fees	10583	65.00
Sales taxes	2 115	41.77
		3, 896.77
Paid re	celpt number P-60	
	,	Balance due 3, 116.77
I hereby certify I am the PAM I	- Y Y o	f the above named decedent
and this is your authority to make disposition of that I have the right to make this authorization a	and I agree to hold Mt. Ho	ated. I certify and represent ope Cemetery harmless from
any liability on account of said authorization and	TO STANDARD	2 -
I hereby authorize the interment in lot I	x Autou	10 G. RUIZ
hold-under deed.	X 0687	Morket St
Mano S. ()	Address N.C.	90 CA 92103
10 purchasers	Cay D. D. S	90 (4 92107
Aria B. Torres	Felephorite 1 9 - 5	100 101
14 219955	F10 (19 10 10 10 10 10 10 10 10 10 10 10 10 10	
Work Order # E-19582	Invoice#	
Work Order # L-1930Z	Acct.#	
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E 19582

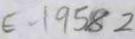


TURN AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



Date 1-30-06

Victoria de la constanta de la	MArtha	Ruiz		
ina D D	CrypT	Funeral, date, time	726/20 10:0	00
Church) Chapel,	Graveside	Funeral, date, time	unda Jupana	Mortuary
		p.m. of regalar work day o		
will be applied ar	nd billed to undersigne	d Chrotine	Solk	X
Division/ 2	Section 3	Bik/Row L	ot 134 Grave	9
Grave space & C	are Fund	E-19582		0
	rival Fees			0
Opening/Closing	& Setup	D.C.		0
Handling Fees		JAN 3 0 2006		0
Flower vases - N	Marker setting fee			0
		W.V.		0
Sales taxes				
	730	lance Are fermote - NEED Paid receipt number Ad	al Due # 3,	116.77
	pre	Paid receipt number Ad	by visa B3	116.77
			Balance due _	0
A CONTRACTOR OF THE PARTY OF TH	authority to make disp	osition of remains as above	of the above nar	and represent
and this is your a hat I have the rig	count of said authoriza	rization and I agree to hold ation and interment.	Mr. Hope Cemetery	narmiess nom
hat I have the rig any liability on ac	count of said authorize the interment in lot I	ation and interment.	Touis G.	5105
and this is your a hat I have the rig any liability on ac hereby authorize	e the interment in lot I	Profit Name (ANT)		2012 + St 92103
and this is your a hat I have the rig any liability on ac hereby authoriza hold under deed.	e the interment in lot I	Profit Name (ANT)	TOUIS G.	2012 + St 92103

O Principe Martin paper

payments Due 15th of Each month monthly \$130.00 C/O Purchaser Maria B Torres Pin 229955 Final 8/ 36.77 E-19582 n# 229954 (619) 300-4892 Ruiz, Antonio Gerardo 2687 Market St. SD CA 92102 Credit Balance DIV 12 SEC 3 LOT 134 GR 9 debit \$3896.77 \$780.00 \$3,116.77 01-27-06 Pre-Need Lot & Trust on 1st Burial only Trust to include (1) O/C, B/C, H/F (1) R/F Taxes 9-00081 W/25 %0 down 1-30-06 pd by visa Balance of \$3,116.77 fre- need Turned AT-Need E-19582 E-19583 JAN 3 0 2006 MOUNT HOPE CEMETERY

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA P 00081 WHITE PRE-NEED PURCHASE TO CUSTOMER MOUNT HOPE CEMETERY (619) 527-3400 1-27-06 MARKET St. S.D. CA 92102 From: Dollars (\$ 780.00) Burial (Jour payment) Payment of 134 E-19582 NOT VALID FOR PURPOS SISTATED UNUESS STAMPED 'PAID' IN THIS PAGE CREDIT 67007 Acct. No. 20% Sales Care Pre-Need 63033 W.O. JAN 2 6 2006 BALANCE DUE 3, 116.77 MOUNT HOPE CEMETERY Pre-Need Lot Money Order Pre-Need Trust Charge

780

TOTAL PAID

00

2687	Z TRUCKING MARKET ST (619) DIEGO, CA 92102	300-4892	Date_Z	1-27-06	612 16-66/1220 165
Pay to the Order of	MT. H	tope Ce	metery	\$78	0.00
SQ V Bankof Am		undied,	EIGHTY	O Job Dollars	0 1111
Barrio Logan 2209 National Ave San Diego CA	re-Need 4	tot + Trust F Burial	0.4.	10	
For_ E- 19	187	Darial	gripen	2.10	

Check

MT HOPE CEMETERY €- |9582

Transaction History

Contract: E-19582-F

tract Date: 01/27/2006

chased By: Ruiz, Antônio Gerardo

2687 Market Street San Diego, CA 92102

619-300-4892

Status: Paid In Full

Co-Purchaser: Torres, Maria B

Dept: Mt Hope Cemetery

SANDRA BROLLINI

					Coun	selor:	SANDR	A BROLLINI		
Deferred P	ayment Price	3,896.77	Amount Pai	d		3,896.77	Balance l	Due		0.0
Base Price	The same	3,855.00					Amount	Financed		3,116.77
Interest		0.00	Downpaymer	it		780.00	Number (of Installments		24
Sales Tax		41.77	Transfer Allo	wance		0.00	Regular I	Payment of		130.00
Credit Life		0.00	Discount			0.00	Odd Payr	ment of		126.7
			Late Charges	Fees		0.00	Date Firs	t Payment Due		02/15/2006
							Payment	Plan		Monthly
Date	Transaction Type		Receipt No - F	tef No	Trans		Amount	Allocations	s	
7/2006	Downpayment		6090 - P-0008	11	0		780.00	41.777	Tax Recove	ery
								738.23 E	Equity	
02/03/2006	Installment Payment		6119 pd by	visa	1		3,116.77	452.80 F	erp. Care	
					North Control			2,663.97 H	Equity	
	TOTALS:						3,896.77		- 37 0.0	THE REAL PROPERTY.
Transaction	History Summary:	Fu	nd Name	S		1711				
				riginal	Amount		ocations	Amount Due	Amount	Cancelled
			Equity		3,402.20	- 2	3,402.20			
			Perp. Care		452.80		452.80			
		Tax	Recovery		41.77		41.77			
			TOTALS:				3,896.77	+		

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this day of January, 19 06, between Antonio Ruiz, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 134, Grave 9, Row , Section 3, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$3.876.77, payable as follows: \$780.00 cash herewith, the receipt of which is hereby acknowledged; \$130.00 on the 15 day of February , 19.06; and the balance in installments of \$116.77 or more, payable at the office of Mt. Hope Cemetery, on the 15 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

WITNESS our hands this day and year above written.

	E-19582
TOTAL \$ 3,896.77	
70% DOWN PAYMENT \$ 780.00	
23 MONTES \$ 130.00	
FINAL \$ /26.77	
TWO YEAR CONTRACT	PURCHASER PHONE 619-3004882
I agree to pay the required monthly	ANTONIOG. RUIZ X
payments of \$ 130.00 for 23 months.	Print Name
Final payment to be \$ 126.77 on	Quelano S. C. X
the 24 month.	Signature
First monthly payment to begin on:	2687 MORKet St.x Street Address (Mail)
MONTH February 15 4	Street Address (Maii)
YEAR 1006	State Lip Code
Purchaser's Signature Julienes 1. 15 V	
€-19582	CITY OF SAN DIEGO Mt. Hope Cemetery
MARIN & Tors	84: Sandia
MANIA & los	

SLW:st(62-1) 1-23-93 Pre-Need TURNED AT-Need E-19582 (RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-30-06

(Kes)	Date/
You are hereby authorized and instructed, subje-	ct to your rules and regulations, to inter the remains
of Martha Ru	12 119970
ina DO CrypT "A" Fu	meral, date, time 7.26-2 1.00
Type of Buriar doffainer Church Chapel (Graveside)	6-49 494 9 Mortuary
All Funeral cars must arrive before 3:00 p.m. of	regolar work day or an extra charge of \$ 2/3.00
will be applied and billed to undersigned.	Justine S. K. X
Division /1 Section 3 Blk/R	134 0 9
Grave space & Care Fund	
Overtime/Late Arrival Fees	AID 9
Quening/Closing & Setup	
Burial Container Handling Fees. JAN Flower vases - Marker setting fee	3 0 2006
Handling FeesJAI	7
Recording/Filing/Transfer Fees	IOSE COMME
Sales taxes	Ane feor Total Due # 3, 116.77
Pre-nee	eipt number pd. by VISG \$ 3,116.77
	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and	remains as above indicated. I certify and represent not agree to hold Mt. Hope Cemetery harmless from interment.
I hereby authorize the interment in lot I	x Antonio G. Ruiz
Indiano S. P. X	Address Advised St
	X SANDIS 90 (D 92102 CRY 619-3004892 Telephone
	Invoice#
Work Order # E-19583	Acct. #

AT- Need

MT. HOPE CEMETERY

INTERMENT ORDER

DON-KES	City of San Diego	
Escondido.	Date 2-	2-06
place Cremen @ head	Date_ v	
You are hereby authorized and inst	ructed, subject to your rules and regulations, to	inter the remains
of ILA	mallak (X) 11390	8
ina Ash Vaul+	Funeral, date, time 7 cb 170	1006 10:00
Church, Chapel Graveside	: mayer 181	-7055 Mortuary
All Funeral cars must arrive before	3:00 p.m. of regular work day or an extra char-	ne of S
	1 0- 0-1	V
will be applied and billed to unders	3 70 B's INCOT Z390 CTAN	Janas
Division 10 Section	Blk/Row Lot 190 c	Brave
Grave space & Care Fund	E-3379 (1984)	0
Overtime/Late Arrival Fees		
Chening/Closing & Setup	4.1	\$199.00
Burial Container	Ash vanit	104.00
Handling Fees	PAIU	114,00
		0
Recording/Filing/Transfer Fees	FEB 0 6 2006	85,00
recordings may realister rees		9 4/
Sales taxes	MOUNT HOPE CENTERED	A
MOST TO pay	Total Due	
	Paid receipt number R-59411	15510.06
	Balance	due &
I hereby certify I am the SOA		ve named decedent
that I have the right to make this au	disposition of remains as above indicated. I controlled in the control of the con	etery harmless from

I hereby authorize the interme	nt in lot I	Prive Nam
Sonn & Mordon	X	X 86
Signature		CRY
public Admin		¥6i Telephoni

Work Order # E- 19584

00 (EmoNAUS#7 00 (EmoNAUS#7 19-461-2636 Invoice #

This information is available in alternative formats upon request.

CONTRACT

390.00 marles 21.00 cup 24.66 tenf

SEAMAN-POE MONUMENT CO.

3893 Imperial Avenue San Diego, California 92113 Telephone 264-1933 222-5602 E-19584

\$45.5.66.	July 7, 19.82
I We have this day contracted with SEAMAN-POE MO	NUMENT CO. for a 12 X 34 Strong Style Lettering Classiful To World - Roccos of too
the good of the	1 Gener 4000 2 7 7000
Delivered to MH Usage -	Hrus colus
Design K 819- Flexiers only	Style Lettering Classical
on each side	
Contraction of the contraction o	xter marlal-Bacon at top
	- BACON
LEONARD A.	JEAN "MOM" 1838 - 1981
1921 - 1982	1838 - 1981
JLA F.	GEORGE E.
1712	1943
* *	
Centro Gl. Vase	
For which I agree to pay you the sum of	435.66 dollars in the following manner, to-wit:
	f account, andagree that the full right, title, interest and
	dered, shall be and remain in you until the same be fully paid
	placed upon the grave of said
and agree that if the same be placed upon said gr	ave, it shall not be attached to the realty, but only laid upon the
grave temporarily, until the property is fully paid for.	
Andagree that any time after default in payr	ment of any sum herein before agreed to be paid when the same
become due and payable, you may enter upon any place w	here said property may be and take and carry the same away;
whereupon all payments by me made shall be deemed to	be forfeited and shall be retained by you as rent for the use of
said property.	
Price does not include final inscriptions.	
I have checked and verified the above inscription.	
Purchaser's Signature x .) la ? Mallet	P.O. Address 4245 Del Monto au

State Zip 92/07

RECEIPT Received From Address San Diego, CA 92118 Sal Man - Pole Monument Address For Account AMT. PAID ACCOUNT AMT. PAID BALANCE DUE SALANCE DUE SALANCE BALANCE BALA	Date July 7 Lla 7. Mi Ared dellass Day July 7 And Jean Bo HOW PARD CASH CHECK MONEY ORDER By Ba	1982 8462 Allah. 8462 Leokye E. Cons. Marker L. Cons. Marker Page.	8602 € 19584 7,1982 Lorenz Jases
Design K \$19 Fl	Educationly Style I	ettering Classi	The The
. ON SUCH SUCH	Cexter	Mariak - Baco	n attop
	MALLAK -	BACON	
LEC 1921	NARJ A. - 1982	JEAN "MO 1888 - 19	
II. 192	A F	GEORGE 1943	
For which I agree to pay Lack with interest at 1% per month exclusive property in and to the	on all sums on balance of account property herein before ordered, sha	and agree that the full right, ll be and remain in you until the sa	title, interest and
and agree that if the san		all not be attached to the realty, but of	only laid upon the
become due and payable, you ma	y enter upon any place where said	ny sum herein before agreed to be pa property may be and take and carry ed and shall be retained by you as re	y the same away;
Price does not include final	inscriptions.		
I have checked and verified		A STATE OF THE STA	
Purchaser's Signature	6 6 P.O.	Address 4245 1 203	Vante au
City	J State		Zip

OFFICIAL RECEIPT WHITE	TO CUSTOMER CEMETERY	AT-NEED PUR MOUNT HOPE C (619) 527-34	CHASE EMETERY		594	21
		10.000000000000000000000000000000000000	Date: 2-6	-06	,2	20 0
From: Bayurew Servi	ces Addre					
Five hundred & to	n dollar	10	0 _1	Dollars (\$	510.	66
in Full Paymen	tot At weed	Services Fo		1,115,2		
Div	Sec	BIV/	Lot 1340	Grave	200	
Invoice No E-19584	NOT VALID FOR	R PURPOSES STATED UNLES	is]			
Acct. No.	STAMPED *PAIL	D" N THIS SPACE	CREDIT 20% Sales Care	67007 77184 —		
W.O		4 6 145 177	80% Sales of Lots	77184		
BALANCE DUE		FEB 0 6 2006	Opening/ Closing	77181	199	00
			Burial Containers	100 — 77182	104	0

MOUNT HOSE CEN

ISSUED BY

OF SHIGHAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAREN WITH MICROPRINTED BORDER. SEE HEVERSE SIDE FOR COMPLETE SECURITY FEATURES.

AC-212A (11-05)

BAYVIEW SERVICE GROUP, INC.

P.O. BOX 86193 SAN DIEGO, CA 92138 (858) 277-7820

CALIFORNIA BANK TRUST 3737 Fifth Ave. San Diego, CA 90-3210/1222

7667

20 06

00 olc 00 B/C

00 H/F

00 RIF

06 Taxes

66

DATE

AMOUNT

Feb 2, 2006

Handling Fee

Recording &

Misc Fees

Sales Tax

TOTAL PAID

*****5510.60

Memo: ILA MALLAK Five Hundred Ten and 66/100 Dollars

MT. HOPE CEMETERY TO THE ORDER 3751 MARKET STREET SAN DIEGO, CA 92102

Money Order

#7667

This information is available in atternative formats upon request

Charge

Check

100

114

85

77185

77183

60101

78390

100

"OO766?" "1222332109" 2080121341"

A THIS DOCUMENT CONTAINS HEAT SENSITIVE INC. TOUCH OR PRESS HERE HED WAGE DISAPPEARS WITH HEAT HE

E-19584

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Ask Vault Cremains Place & Le
Blind Check Initiated By: Sancha Date: 1-8-0 Interment space for: ILA Mallak D Interment Date: 1006 Time: 10:00 A.m.
Interment space for: ILA MallaK (1) Interment Date: 1006 Time: 10:00 A.m.
Interment Date: 1006 Time: 10:00 A.m.
Div: 10 Sect: Blk/Row: Lot: Gr: Grave Laid out by: Norman Fergues
Agrees with Legal Card: PYes No Agrees with Map: Yes No Blind Check & Verified By: Date: 3-9-

PERMIT

TION REQUIRES A NEW PERMIT TO SHOW FINAL

DIBBOSITION

€ 19584

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ATION AND PERMIT FOR DISPOSITION OF HOMAN HEMANS

USE BLACK INK ONLY - MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX TA NAME OF DECEDENT-FIRST IGIVENI 1C. LAST (FAMILY) 1170571922 FERM MALLAK TLA 58 COUNTY OF DEATH - OUTSIDE CALIF 16 NAME, RELATIONSHIP FULL MAILING ADDRESS AND 2/P CODE 5A. CITY OF DEATH ENTER STATESAN DIEGO DE INFORMANT HALLAK - SON ESCONDIDO 8600 LEMON AVE. #7 74 TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUICH 276. CALIF LICENSE NUMBER MAYER MORTUARY, 2859 ADAMS AVE. SAN DIEGO, CA - IF APPLICABLE LA MESA. CA 91901 FD-1424 BA. SIGNATURE OF APPLICANT -FEMALOR PROPERTY SB. DATE SIGNED Heindry acknowledge as applicant that the proposed disposition street herein is one of the dispositions authorized by Section 100055 02/01/2006 ACKNOWLEDGEMENT OF APPLICANT of the Pweldt and Safety Clock and was authorized pursuant to Section 7106 of the Health and Safety Code SA AMOUNT OF FEE PAID BC SIGNATURE OF LOCAL REGISTRADI ISSUING PERMIT DR. DATE PERMIT ISSUED.

AUTHORIZATION OF LOCAL REGISTRAR

ANY CRANCE IN DISPOSI.

THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT DIVES NO HIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA

90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—

VITALTRECORDS TO BOX 85222 SAN DIEGO, CA 92186-5222

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVIDIONS OF

SE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION
IF DISPOSITION IS TO DOCUM IN ANOTHER DISTRICT W. CALIFORNIA

2602212

02/01/2006

FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITIONIS) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMOMENT) T DISPOSITION PENDING - REMAINS LOCATED AT E. TEMPORARY ENVAULTMENT (Name and Admess) B. CREMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA HY WHAT CHARTER FOR THE ST. THE DATE BURIED TIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL

\$11.00

BURNAL SAN DIEGO, CA 92102 CALHAME VEARERED OF COMERSINA CHEMATERY PERRIS CA 128 DATE CREMATED. 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 92571 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14R DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION 15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED REMAINS DIS-SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION PORER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERY

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

AT-Need (NON-RES)

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/1/06

You are hereby authorized and instructed, su	Pin# 219974	ione to intention complete
of Lemvel W		11.00
ina Liner	Funeral, date, time 2/	7106 @ 2:00
Church Chapel, Graveside Church All Funeral cars must arrive before 3 of p.m.	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, WHEN	m-Ragsdale Mortuary a charge of \$ 283°°
Division 12 Section 2 B	k/RowLot	2 111 00
Overtime/Late Arrival Fees		-
Opening/Closing & Setup	PAID	1712.00
Handling Fees	FEB 0 2 2006	27500
Recording/Filing/Transfer Fees		85°° 27,82
	Total Due receipt number 59414	4,465,8 1,800 · ×
I hereby certify I am the	of the of remains as above indicate in and I agree to hold Mt. Hope and interment.	Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Brando We Print Name 418 Smolly (
Signature Wall	Addition	691918 DE COOR
Maria	Telephone	
Work Order # E-19585	Invoice #	

D Principles recorded paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-19589

GRAVE BLIND CHECK FORM

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

	4 10					
	1	wave				
John'st.			х			
			Trave			
Blind Chec	k Initiate	ed By:	au let	te.	_ Date:	2-6-00
Interment :	space for	Len	ue1	W. L	emon 5	
Interment I	Date:	2-7-0	6	Γime:	11:00 4	hurch
Div: 12	Sect:_	2 BI	k/Row:_	Lo	120	Gr:
Grave Laid	d out by:	Morm	en fo	~q~	٠	
Agrees wit	th Legal	Card: 🕼	Yes (J No		
Agrees wit	th Map:	☑ Yes	201	No	7100	1
Blind Chec	ck & Ver	rified By:_	Gore		Date	2-606

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

1.0	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH		OF DEATH	4. SEX
777	LEMUEL	1707	WASHINGTON	LEMON	S	08/04/1942	MONTH3	0/2006	M
5.A	CHULA BIS	STA		ENTER STATE	N DIEGO	6 NAME, RELATIONSHIP, FUL OF INFORMANT BRENDA WEBB: DO	L MAILING A	DORESS AND	
TA	ANDERSON-I	RAGSDALE, MO	A-FUNERAL DIRECTOR OR PERSON RTUARY SAN DIEGO, CA 921	-#A	PPLICABLE	418 SMOKY CIRC CHULA VISTA, CA BA SIGNATURE OF APPLICANT	LE A 91910		
	ACKNOWLEDGEMENT OF A	PPLICANT (I hereby acknowledge)	windge as applicant that the proposed deposition stands Safety Code, and was sufficiently pursuant to Sec.	ded henen is use of the dispositions as Son 7100 of the Health and Safety Col	Martred by Section 103055	Stunika	TILK	02/01	1/2006
	AUTHORIZATION OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- ISPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	S.PRYOR 02/01/20	2602140	CAL REGISTRA	AR ISSUING PE	HMIT O
ANY CHANGE IN DEPOSITION ANY CHANGE IN DEPOSITION REQUIRES A NEW PERMITTO DEPOSITION PROJECT DEPOSITION P. O. BOX 852222 SAN DIEGO, CA 92185-5222						F DISTRICT OF DISPOSITION — N ANOTHER DISTRICT IN CALFORNI	1		-
FILL	D SCIENTIFIC USE	CHEMATED REMAINS O	THER CHEEKY: 3751 MAI	E TEMPORARY ENVALUTE F DISINTERMENT G. SHIP IN TO CALIFORNIA H THANSIT TO OUTSIDE I		(Hame and Add	rem)	HARGE OF BU	1
	BURIAL	SAN DIEGO	, CA 92102		2-700	- Ge le	Va	16	
BLE MEMS	CHEMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMATO	PAC	128. DATE CREMA	TED 12C SIGNATURE OF PI	ERSON IN CH	MARGE OF CE	REMATION
VIL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECEIV	ED 13C SIGNATURE OF PE	ASON IN CH	IARGE OF FA	CILITY
COMPLETE	THANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		14B, DATE SHIPPE	D 14C, ADDRESS AND SK OF PLACING WITH			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND CAD EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISP	EXPERIENCE (TABLE)	15D LICENSE GREMATED RI POSER IF A	EMAINS DIS

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

2 CITY OF SD HT HOPE CEMETE 3751 MARKET ST SAM DIEGO CA 92182 619-527-5474 4301322156665644

UATE: 85/88/86 HERR: 322156665644 STRN: 4381 TERN: 8082 S-A-L-E-S D-R-A-F-T

REF: 0003 BATCH: 09B CD TYPE: UISA TR TYPE: PR

TOTAL:

\$237.00

THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMENSER'S AGREEMENT WITH THE ISSUER

THANK YOU PLEASE COME AGAIN

TOP COPY-HERCHAHT BOTTOM COPY-CUSTOMER

MARKER SETTING

FEE FOR

Lemuel Lemons

E-19585

DIVIX SEC 2

LOT 120 GRII

LOCATION Divid Sect Lotido

CITY OF SO HT HOPE CEMETE 3751 MARKET ST SAN DIEGO CA 92182 619-527-5474 4301322156665644

DATE: 10/39/86 TIME: 18:24:48 HERH: 322156665694 STRH: 4381 TERH: 8882 (C-R-E-D-I-T) *

REFI 0003 BATCH: 185 CD TYPE: VISA TR TYPE: CR

TOTAL:

\$237.00

BP:

MRUE: BREMDA F WEBB

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

> THANK YOU PLEASE COME AGRIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER E-19585 10-9-06 Credit given back to Family For

Decease Lemuel Lemons FOR MANCEN Setting Fee. Family Changed mind, Does NOT want to set

A MARKER ON graveside IF They Change their mind They will repay New setting Fee

AT- Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-1-06

You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
of Mamie	Lee McLemore, 219978
na Liner	Funeral, date, time 7-6-10, 06 10:00
Church, Chapel Graveside	Febro Ragidale Mortumy
All Funeral cars must arrive before 3.00 p.	m. of regular your day or an extra charge of \$ 13.00
will be applied and billed to undersigned.	- Allef X
Division /> Section 2	#
Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	\$ 533.00
Burial Container	LINET 270.00
Handling Fees	10-7 (A 100 (A)
Flower vases - Marker setting fee	FEB 0.2.2006
Recording/Filing/Transfer Fees	65.00
Sales taxes	THOPE CEMETERY # 30.93
	Total Due 3,358.93
Pa	id receipt number R-59418 13, 358.9
	Balance due
hereby certify I am the	of the above named decedent
and this is your authority to make disposit	ion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of sald authorization	n and interment. 229981
hereby authorize the integnent in lot I	Clinton Pecusion
old under deed.	Print Nama 1457 Angelus Will, Rd
I WATE	Address Hand, A 92545
gradue) V	Cey 951 766-8686 20 Code
	and the same of th
E 10506	Invoice #
Nork Order # E- 19586	Acct.#

€-19586





GRAVE BLIND CHECK FORM

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

#4 solberg	Than Cry2	# 7 X	crub	
		-1		

Blind Check Initiated By: Sandra Date: 2-3-06
Interment space for: Mamie Lee McLemore
Interment Date: 7-cl 10, 06 Time: 10:00 Chapel
Div: 12 Sect: 2 Blk/Row: Lot: 142 Gr: 7
Grave Laid out by: Norman Lenguer
Agrees with Legal Card: Yes No
Agrees with Map: Yes No
Blind Check & Verified By: Date: 100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO EBASLIBES WHITEOUTS OF OTHER ALTERATIONS

IA. NAME OF DECEDENT—FIRST (GIVEN)			18. MIDDLE	1C LAST (FAMILY) MC LEMORE				16 OF DEATH	4, SEX
	SAN DIEGO TYPED NAME AND AL ANDERSON-	-RAGSDALE M	A - FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 78. CALIF.	DIEGO	CLINT 1497 HEMET	PELATIONSHIP FULL MAILING OF PEARSON: SOI ANGELUS HILL RO, CA 92545	G ADDRESS AND DAD	
	ACKNOWLEDGEMENT OF A	Thereby acim	ownige as applicant that the proposed deposition a and Safety Code, and was authorized pursuant to Se	und have is one of the dispositions out		DO	ennika tr	16V1	09/2006
	AUTHORIZATION OF	THE CALIFORNIA HEALTH	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS SPECIFIED IN THIS PERMIT NORTH OF INSPERAL OUTSIDE OF CALIFORNIA	\$11.00	S.PRYON	2	C SIGNATURE OF LOCAL REGIS 2602708	YPAR ISSUING PE	PANIT
M	LOCAL REGISTRAN IV CHANGE IN DISPOSI- ION PECAUTIES A NEW EBALT TO SHOW PINAL DISPOSITION	P.O.BOX 85	The state of the s		SS OF REGISTRAR	OF DISTRICT	OF DISPOSITION — DISTRICT IN CALIFORNIA		
THE PERSON NAMED IN	A BUTTAL INCLUDE B. CREMATION	CREMATED REMAINS C	угнея [E TEMPORARY ENVAULTME F DISINTERMENT G. SHIP IN TO CALIFORNIA H TRANSIT TO OUTSIDE O		±	FOR CORONO I. DISPOSITION PENDING Name and Address)	A STATE OF THE PARTY OF THE PAR	TED AT
	BURIAL	MT. HOPE C	KET STREET	2-10-0		SIGNATURE OF PERSON IN	CHARGE OF BU	IRIAL	
LE LTENAS	CREMATION	12A. NAME AND AC	12B. DATE CREM	ATED 120	SIGNATURE OF PERSON A	CHARGE OF CE	REMATION		
AL APPLICAB	SCIENTIFIC USE	13A. NAME AND AD	13B, DATE RECEI	VED 13C	13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY				
COMPLETE A	THANSIT	14A, NAME AND AD REMAINS OR	14B. DATE SHIPPI	ED 14C	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
,	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEJ SUFFICIENT TO IF BURIAL AT S	158, DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	160 UCENSE CREMATED R POSER — IF A	EMAINS DIS-		

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

(Res) pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

gan. 31, 2006

Date 01 -31-06

Funeral, date,		
	time	THE PARTY OF THE PARTY OF
o m of regular work		
n m of regular work	1	Mortuar Mortuar
p.m. or regular tron	day or an extra o	harge of \$
d		
BRAID	Lot 250	Grave 3
		\$2,264.00
JAN 3 1 ZUC	JO .	
	amily chap	sal 533.00
Ciner	ce E-1977	Ta 270.0
£-1	9775	706.0
	Setting fee 17	18.00 243.71
	4 '	65.00
		# 20,93
	Total Due	#3,601,64
Paid receipt number	P-00094	1 +3,602.6
2/2/06	Balar	Balance O
aciting of complex as		above named deceder
*	see at	tack
Prest Name	for se	gnature
Address	1	
Cay		Zigi Coo
Telephony	Change	d From
_ Acct. #	CHARLEST LINES THE REAL PROPERTY.	METABLES SERVICES AND ADDRESS OF THE PARTY O
information is availa	ble in alternative	formals upon request
O Francis mester puro	F/326.69	4 19774
	Paid receipt number 2/2/06 Osition of remains as ization and interment. Profi Name Address Fundament interment.	JAN 3 1 2006 JA

Sister in law 619 482-1895 Hm# Carolyn Hoft Cell # 619 917-5970

C10 purchaser James W. Halt

EVELYN LINES

Total Amount DUE BY Feb 8, 2006

\$16.14



Billing Date Jan 8, 2006

Account Number

619 428-5461 362 6

Please include your account number on your check

1010 W SAN YSIDRO BL APT SP 7 SAN YSIDRO CA 92173 - 1230

Make check payable to:

SBC PAYMENT CENTER **SACRAMENTO, CA 95887-0001** Heliochelialidad dan Hamilton Hamilton Hamilton

1000 61942854613626 200000006079 16419000000000490000001614

(Res) pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

gan. 31, 2006

Date 01 -31-06

You are hereby authorized and instructed of EVE/VA	Juanita Lin			
ina Liner	Funeral, date, time			
Type of Bursar 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	1			
Division 12 Section 2	Blk/RowLot 🕹	50 Grave 3		
Grave space & Care Fund		12,264.00		
Overtime/Late Arrival Fees		maniminame -		
Opening/Closing & Setup		533.00	-	
Burial Container	Liner			
Flower vases Marker setting fee		706.00		
Flower vases Marker setting fee	une 65.71 4 Setting for	2 178,00 243,71		
Recording/Filing/Transfer Fees		65.00		
Sales taxes 1AN 3 1 2006		#3 10164	. 1	-16
AND THE PARTY OF T	Total Dui	6	NON	ABLL
MOUNT HOPE CEMEN	Paid receipt number	Balance due	NON- REFUND	, No a
i hereby certify I am the 581+ and this is your authority to make dispo	X (of the above named decedent	, FEE	WANT ON THE
that I have the right to make this authori any liability on account of said authoriza	ration and Lagree to haid Mt H	inne Cemetery harmlace from	Kull with	1 650
I hereby authorize the interment in lot I hold under deed.	Y EVELYN Print Name	J. LINES	A 507 (1)	of Jack-low
* Evelyn In	SAN DIE	J. LINES SAN YSIDRO BLV GO 92173-	10.5p7 U1	Horalet
So Purchaser	Y 619-428 Telephone	75461 Zip Code	/	/ .
Ma Lall			/	
James Cale	Invoice #			

REA-104 (3-04)

This information is available in alternative formats upon request.

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& Francis or mentical super-

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

P 00094

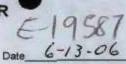
	Dat	te: 1-31-06	. 20_06
From: Evelyn J. Lines There Thomas six h		an ysidro Blu	3,602.641
in	Pre-need Services , A BIN Row L		LINES + partie
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. JAN 3 1 2006	CREDIT 67007 20% Sales Care 77184 — Pre-Need 63033 Trust 77186	\$ 452 80.
Pre-Need Lot Money Order	MOUNT HOPE L		
Pre-Need Trust Charge AC-212 (11-05) # // Check This information is available in alternative formats upon reques	ISSUED BY Sindle	TOTAL PAID S	3,602 64

619-428 1010 W	7N J. LINES 5461 SAN YSIDRO BLVD. SPC 7 IDRO, CA 92173-1230		18-24-246 1220 4246 0601417736 Date 1-31-	1102
Pay to the Order of	Mrt. Hope ree thousand	Cemelery six Rundred	Humanston	\$3600, 64
WEIGE FARGO	Wells Fargo Bank, N.A. California			2.
	5000 57 51:080		ID?	yeren "

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



AT- need (Res)

REA-104 (3-04)

You are hereby authorized and instructed	d, subject to your rules and regulations, to inter the rer	mains
-	Juanita Lines A	
ina ASh Vault	Funeral, date, time	
Type of Burel Container Church, Chapel, Graveside) Mc	ortuary
All Funeral 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		
Grave space & Care Fund	E-19587 0	
Overtime/Late Arrival Fees		
Opening/Clasing & Setup	_6	
Burial Container	Ash Vault 0	
Handling Fees	0	
Flower vases - Marker setting fee . A d	Triun+ Setting Fee E-19587 B	
Recording/Filling/Transfer Fees		
Sales taxes	.0	
	Total Due	
F	Paid receipt number	
	Balance due	
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization in account of said authorizations.	of the above named decision of remains as above indicated. I certify and represention and I agree to hold Mt. Hope Cemetery harmlession and interment.	resent
I hereby authorize the interment in lot I hold under deed.	Prof Name X Address Address	
χ.	Adjuss for signature	-
Significe	Cay K Telephore	Ζφ Code
Work Order # E-19774	Invoice #	

@ Proped or moniet paper

This information is available in alternative formats upon request.

pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-19587 Date_6-13-06

of James	W. Holt	
ina Ash Vault	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 / } Section } BI	k/RowLot_25	0 Grave 3
Grave space & Care Fund	9587	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup.		149.00
Burial Container ASA	Vaul+	79.00
Handling Fees		
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees		1 13
Sales taxes	Tot.	
10 E-19587 (K HPU) (113 E-19774 Paid	Total Due	207,17
E-14/14 Paid	receipt number pcon	E-1958/-384.1
mily changed from in Bull body To(Two) Cremain Bull body To(Two) Cremain Bull	19 14326,69 Bal	ance due 5
Hereby certify (and the	A UT III	e above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope	Cemetery harmless from
hereby authorize the interment in lot I	x see	rttach
nold under deed.	Prost Name	regnature
×	Address T	syranic
lignature	City	Zip Code
	Telephone	
Nork Order # E- 19775	Invoice #	

(NON Res) Alpine

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	1	-)	-	0	1	
Date				-	6	

You are hereby authorized and instruct	ed, subject to your rule	s and regulations, to	inter the remains
of Clare	Ley Ma (X)	7744	86
of Clare ina Ash Vanit Type of Burnel Contares Church, Chapel (Graveside) Family	Funeral, date, ti	me 7 il 10	11.00
Church, Chapel Graveside Family	ly will Deliver,	1 Greenwood	od Mortuary.
All Funeral cars must arrive before 3:00			
will be applied and billed to undersigne	Him 1	1481	×
Division 8 section 1	Blk/Row	_ Lot G	rave
Gave space & Care Fund			0_
Overtime/Late Arrival Fees			
Opening/Closing & Setup			8199,00
Burial Container			104.00
Handling Fees	PAIL		114.00
Flower vases - Marker setting fee		***************************************	0
Recording/Filing/Transfer Fees	FEB 0 2 2006		85.00
			\$ 8.06
MOUN	T HOPE CT	Total Due	\$ 510.06
	Paid receipt number	R-59419	\$510.06
			ue _O
I hereby certify I am the SON and this is your authority to make disp that I have the right to make this author	rization and I agree to	above indicated. I ce	
any liability on account of said authoriza		HAIDPIE	611
I hereby authorize the inferment in lot I hold under deed	Print Name	PHALD P. LE	10/1
1/1/ta x	Address	ZUMATULHE	4115 1617
Signature / 19	- 4 ALF	HR, CA	9190 / Zip Code
	X (0/9 Telephone	-445-043	4
	Invoice #		
Work Order # E- 19588	Acct.#_		

Or Present an executing paper

This information is available in alternative formats upon request.

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: LEYVA, Clare D. #1916079

GEN 5024 REV 12/91

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

White - Cemetery Copy

The undersigned hereby agree to indemnify and hold harmless the above named cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this	10 day of February		
Address _	Mr.Ron Leyva - Son	-	
	Street City	State	Zip
Signature:	LANI IX	M 039 7438	Son
1111-201-1111-1111-1111-1111-1111-1111-	Authorized Representative	SSN #/Photo ID	Relationship to Deceased
Signature:			
	Authorized Representative	SSN #/Photo ID	Relationship to Deceased
Witness:	Marguelline Sachali		
1	Representative of Cemetery/Funeral Home		

Yellow - Customer Copy

MT HOPE CEMETERY 6 19588

GRAVE BLIND CHECK FORM

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

ASK VAUI+/ placed in Centur & Star

**				Ren De	WION
		#1427 MARY Whet Stine		w	
1479 Frances Gail	1480	# 1481	Abundio		
		1479 1480 Frances	# 1427 mary What stine 1479 1480 # 1481 Frances X	#1427 Gordon mary charleste whetstine #1428 1479 1480 #1481 Abundio	mary whet stine charleston whet stine # 1478 1479 1480 # 1481 Abundio Frances X 1000

Blind Check Initiated By: Sandha Date: 2-3-06
Interment space for: Clare Leyna D
Interment Date: 726 10, 06 Time: 11,00 65
Div: 8 Sect: / Blk/Row: Lot: /481 Gr:
Grave Laid out by: Norman ten
Agrees with Legal Card: Yes No
Agrees with Map: Yes No
Blind Check & Verified By: Moriega Date: 2-6-06

E-19588

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1916079

USE BLACK INK ONLY - MAKE NO FRASURES WHITEOUTS OR OTHER ALTERATIONS

	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		MONTH	DAY YEAR MONTH	E OF DEATH 4 SE
CLARE A. CITY OF DEATH		D.	LEYVA 58 COUNTY OF DEATH ENTER STATE	- OUTSIDE CALIF.	01/1	L8/1918 02/ONSHIP, FULL MAILING	01/2006 I
		A-FUNERAL DIRECTOR OR PERSON I-805 & IMPERIAL SAN DIEGO, CA 92	NACTING AS SUCH 78 CALIF AVENUE — IF AP	IN DIEGO LICENSE NUMBER PLICABLE D 843	ERNEST LI 1750 ARNO ALPINE, C	EYVA - HUSBA	1 212271
ACKNOWLEDGEMENT OF		owledge as applicant that the proposed disposition and Salety Code, and was authorized pursuant to			- hears	ood	02/07/20
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	NACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR IS SPECIFIED IN THIS PERMIT. DRIGHT OF DISPOSAL OUTSIDE OF CALIFORM	\$11.00	98 NIA GO 02/07/2	2000	ATURE OF LOCAL REGIST	HAR ISSUING PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX 85			ESS OF REGISTRAR (POSITION IS TO OCCUR			
THAN IN A CEME D. SCIENTIFIC USE		nien.	F. DISINTERMENT			(Penne and Address)	
BURIAL	11A. NAME AND AD	DRESS OF CALIFORNIA CEMETE E CEMETERY - 3751	MARKET STREET	118. DATE BUPIE	1	TUBE OF PERSON IN C	CHARGE OF BURIAL
	MOUNT HOP		MARKET STREET 2102 TORY I-805		6 - Ken	TURE OF PERSON IN C	land
BURIAL	MOUNT HOP 12A NAME AND AC GREENWOOD & IMPERIA	E CEMETERY - 3751 SAN DIEGO, CA 9 DORESS OF CALIFORNIA CREMA CREMATORY	MARKET STREET 12102 TORY I-805 EGO, CA 92102	2-10-0 128 DATE CREM 2-9-0	ATED 12C SIGNA	n E	CHANGE OF CHEMATIK
BURBAL CREMATION SCHENTIFIC	11A NAME AND AD MOUNT HOP 12A NAME AND AD GREENWOOD & IMPERIA 13A NAME AND AD 14A NAME AND AD	E CEMETERY - 3751 SAN DIEGO, CA 9 DORESS OF CALIFORNIA CREMA CREMATORY L AVENUE, SAN DIE	MARKET STREET 2102 TORY I-805 EGO, CA 92102 Y RECEIVING REMAINS	2-10-0 128 DATE CREM 2-9-0	VED 13C SIGNA	TURE OF PERSONN	CHARGE OF FACILITY

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

AT- Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-6-06

of George E	. Fiehler	229987	the remains
in a LINES Type of Bural Consener	· realer	Priday	1 1130
Type of Bursil Container	_ Funeral, date, time	FEB19, 100	583 - 75
Church, Chapel Graveside		Feathering il	/ Mortuary
All Funeral cars must arrive before 3:00 p.n	m. of regular work day	y or an extra charge of	s 113.00
will be applied and billed to undersigned.			X
Verifical location	ok	X	
Division 10 Section			
Grave space & Care Fund	7018 (198	7)	0_
Overtime/Late Arrival Fees			
Opening/Closing & Setup			0_
Burial Container	iner		0_
Handling Fees			0_
Flower vases - Marker setting fee			0_
Recording/Filing/Transfer Fees			0_
Sales taxes			0_
		otal Due	0_
Pa	id receipt number		
		Balance due .	0_
I hereby certify I am the	ion and I agree to ho	of the above na ove indicated. I certify id Mt. Hope Cemetery	and represent
	V 1.	atta.1	
I hereby authorize the interment in lot I hold under deed.	Print Name	a attack	
×	Aphyron 8	ar signatu	e _
Signature	Cay		Zip Code
	Telephone		
	Invoice # _		16 11

Kim - daughter (619)669-1545 AT- Need

MY HOPE CEMETERY INTERMENT ORDER

City of San Diego

Dan 2-6-06

	deed to your rules and regulations, to finior the remeins
+ George E	Fickler that fr took 1130 change to Freday
ns CINET	Furneral core, time Feb 7, 2006 1130 Change to Friday
Church, Chapel (Graveade)	Feathering 111 women
o Funeral cars must arrive before 3.00 p.m.	of require work day or an extra charge of \$.217.00
vill be applied and billed to understance -	X
	taktow to 3543 crore
Freve spece & Care Fund	
Overtimentate Arrival Fous	
	promise and the second second
torial Container	Ner
(and led Feb	
lower yasas - Marker setting fee	
tecording/Francier Feet	and the same of th
Sales (stant)	·
	Total Dve
Pac	o recept number
2000	Baracadus
nevery contry I am the	E of the above names decident
and this is your authority to make dispositely that I have the right to make this manorization thy flability on account of sale authorization	on of remains as above indicated. I can'tly and represent from and I agree to hold Mt. Hope Cometery harmers from and themself.
hereby authorize the interprets in lot i	Y Stewart Fisher
hold shidey been	7 14792 OLDE USIA
She flow x	YOU JANUL CA. GETS
0	¥ 619 669 - 1945
F 10500	Invalce #
Mara Oneure E-19589	Acct #
This erio	totalpin nuqui claritro) swillameta ni eldoseve si nollamo
	77-44

MT HOPE CEMETERY E-19589

GRAVE BLIND CHECK FORM

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

-	****					
				# 3458 Ernestine mitchell		
#354 0	#3541 sophie stewart		#3543	Beverly	Tiemann Edward	Tie man
#36)6		#348	# 3629 Gustav Wilster			

Blind Check Initiated By: Landro	Date: 1-6-06
Interment space for: 6-earse E. F.	
Interment Date: Friday 10, 06 Time:	11:30
Div:/0_ Sect: Blk/Row: L	ot: 3543 Gr:
Grave Laid out by: Norm Lengue	
Agrees with Legal Card: Yes No	
Agrees with Map: XYes O No	
Blind Check & Verified By: DARRA	Date 2-6-06

E-19589

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE EUCENE		IC LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 05/28/1921 02/03/2006			H		
	ANUL.	19.00		58. COUNTY OF DEA	N DIEGO	6. NAME, RE	LATIONSHIP, FULL M	ALING AD	DRESS AND	ZIP CODE
78	FEATHERIN	, CA 92115	A. FLINERAL DIRECTION ON PERSON RY: 6322 EL CAJON	BL. F	D-1083	JAHUL.	CLIVE VIST CA 91935 RE OF APPLICANT—			
	ACKNOWLEDGEMENT OF	APPLICANT I hereby worm	owiniting an applicant that the proposed disposition of and Safety Code, and was sufficional pursuant to Se	and herein is one of the dispositions also 7100 of the Meet's and Safety C	authorized by Section 100098 locks	► 711	. Done	9	02/0	9/2006
	authorization of	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHORS- SPECIFIED IN THIS PERMIT. HIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	\$11.00	02/09/2 N. DOMIN		2602711	REGISTRAF	TISBUING PE	HMIT
3	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERINT TO SHOW FINAL DISPOSITION	FOR ATH COCHE	GISTRAR OF DISTRICT OF DEATH EDIN CALLEDRINA CA 92186-5222		OREŚS OF REGISTRAR HISPOSITION IS TO OCCUR					
10	AUTHORIZED DISPO	SITION(S) CHECK APPLICA	ADLE ITEMS		TORUS TO		FOR COL	RONOR'S L	JSE ONLY	
and the second	B CREMATION C DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C	OTHER	E. TEMPORARY ENVAUL F. DISINTERMERT G. SHEP IN TO CALIFORM H. TRANSIT TO OUTSIDE	liA .	1	I. DISPOSITION PEN (Mane and Address)		MAINS LOCA	TED AT
-	BURIAL	MT. BOPE	CAMETERY: 3751 MA , CA 92102		11B. DATE BURIE	D HC.S	GNATURE OF PERS	ON IN CHA	JAGE OF BL	JRIAL
ILE ITEMS	CREMATION	12A. NAME AND AD	12B. DATE CREM	ATED 120 S	IGNATURE OF PERS	ON IN CHA	IRGE OF C	REMATION		
LL APPLICAB	SCIENTIFIC USE	13A. NAME AND AD	138. DATE RECEI	IVED 13C S	13C SIGNATURE OF PERSON IN CHARGE OF FACILITY			CILITY		
14A. NAME AND ADDRESS IN RECEIVING STATE OR CO REMAINS OR CREMATED REMAINS ARE TO BE SH			CHARLES AND	14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CO OF PLACING WITH THE CARRIER			CHARGE			
	CATTERING/BURIAL AT SEA OR CISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE OR DIDENTIFY FINAL PLACE AND CALE EA. ONLY ENTER LATITUDE AND L	NSTRICT OF DISPOSITIO	15B. DATE OF DISPOSITIO		NGNATURE OF PERS PHARGE OF DISPOSIT	TION I	ISD. LICENSE CREMATED R POSER — IF	

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

AT-Need NON-Res Chulavista

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-6-06

You are hereby authorized	eulah	7			
	r ntainer				
Church Chanel Graveside			- CA BU	Male	Mortuary
All Funeral cars must arriv will be applied and billed to		11 4	k day or an ext	4-3171 tra charge of \$	213.00 X
		Blk/Row	2002		
Grave space & Care Fund	Marie State of the			7	011.00
Overtime/Late Arrival Fees			******************	Đ.	708.00
Opening/Closing & Setup Burial Container					
Handling Fees	PA	d	********************	5	275.00
Flower vases - Marker set Recording/Filing/Transfer F	ting fee				85.0
Sales taxes MOU	NT HOPE (CEMETER	TOTAL DUG		465.8
I hereby certify I am the and this is your authority that I have the right to mak any liability on account of s	e make disposition that the make disposition to the ma	on and I agree to	A X of the above indica	the above named to continue the company of the comp	ed decedent nd represent armless from
I hereby authorize the inter hold under deed.	ment in lot I	Provi Name	SING	LETOR	C. 1.0
Sinh	<u> </u>	Address City Talegrome	19 1/120 19 · 59/	9/9	Zin Code
		Invoice	,		
Work Order # E- 195	90	Acct #			

© Postor or new lat paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-19590

GRAVE BLIND CHECK FORM

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

- 10					1
- 10					
	#3 nildred congacs	# 4 X	#5		
#7 warner prenters	#8	COOK			
	#7 warner prepters	#3 Aildred Congues	#3 # 4 Aildred X CONGLEST	#3 # 4 #5 A ildred X	#3 n ildred CONGLEST ** ** ** ** ** ** ** ** **

Blind Check Initiated By: Sandra Date: 2-7-06
Interment space for: Beulah Single tow
Interment space for: Beulah Singleton Friday Interment Date: Feb 10, 2006 Time: 11:00 Church
Div: 12 Sect: 2 Blk/Row: Lot: 108 Gr: 4
Grave Laid out by: Norman Lengue
Agrees with Legal Card: Yes No
Agrees with Map: XYes
Blind Check & Verified By DARREY Date: 2-7-06

E-19590 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	ENT_EIRST (OR/END	18. MIDDLE	1C. LAST (FAMIL	Wi	Control of the control of		2. DATE OF BIRTH	TA DATE O	PEDEATH	4. SEX
1A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE BEULAH JRAN			SINGLETON				MONTH, DAY, YEAR MONTH, DAY, YEAR			The selection	
	CITY OF DEATH	-	JEAN	THE RESERVE OF THE PARTY OF THE	THE RESERVE OF THE PARTY OF THE	OUTBIDE CALIF.	5 NAME	04/12/1956 RELATIONSHIP FULL	02/04 MAILING AD		ZIP CODE
170	LA JOLLA			ENTER STATE			OF INF	ARD SINGLET		COLUMN TO STATE OF THE STATE OF	ale mannin
			SAN DIEGO, CA 9211		FD-13	200	2043 CHUL	LAKERIDGE A VISTA, CA ATURE OF APPLICANT	CIR. # 91913	104	SIGNED
	ACKNOWLEDGEMENT OF	APPLICANT I hereby solution of the Health :	ownedge as applicant that the proposed deposition stands Selety Code, and was authorized persuent to Sec	start haven is one of the day son 7100 of the Health and	positione authoritis Bately Code	ed by Section 103055	>	20 Be	ml	02/07	/2006
	PERMIT AUTHORIZATION OF	THE CALIFORNIA HEALTH	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- IS PECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A AMOUNT OF FE	-	02/07/20 J.BENYA	06	90 SIGNATURE OF LOCA ▶ 2602514	AL REGISTRA	TISSUNG PEH	AIT C
	LOCAL REGISTRAR NY CHANGE IN DISPOSI- TION REQUIRED A NEW PERMIT TO SHOW FINAL DISPOSITION	VITAL RECO	GISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA RDS-P.O. BOX 85222 CA 92186-5222				OF DISTRIC	T OF DISPOSITION — H DISTRICT IN CALIFORNIA			
86	A. BURIAL (INCLUDE B. CREMATION	F CREMATED REMAINS C		E TEMPORARY EN F DISINTERMENT 0. SHIP IN TO CAL H. TRANSIT TO OU	JEGRNIA.			L DISPOSITION P		- Contract of the Contract of	DAT
-	BUPIAL	MT. HOPE	CEMETERY 3751 MARK , CA 92102	Contract of the Contract of th		2-10-0		SIGNATURE OF PER	ISON IN CH	ARGE OF BUR	IAL
SKE ITEMS	CREMATION	12A NAME AND AD	DDRESS OF CALIFORNIA CREMATO	DRY	12	B. DATE CREMA	ATED 120	SIGNATURE OF PER	ISCHUN CHI	ARGE OF CRE	MATION
AL APPLICAR	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMA	INS 13	B. DATE RECEN	VED 130	SIGNATURE OF PER	RSON IN CH	ARGE OF FAC	LITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		14	B. DATE SHIPPI	ED 140	OF PLACING WITH T			AA (e
	SCATTERING/ILL/HIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT SI	AREST POINT ON SHORELINE, OR O DENTIFY FINAL PLACE AND CAID EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPO	Control of the last of the las	B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		150 LICENSE N CREMATED REA POSER — IF AP	ACNS DIS
		Designation of the last of the			13			THE RESERVE TO SERVE THE PARTY OF THE PARTY			

COPY 2 IS RETAINED BY 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

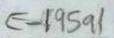
INTERMENT ORDER

Non-Res. INTE

father Harold Busin e	ity of San Diego	10
father man	Date de 110	<u>U</u>
You are hereby authorized and instructed, of Williams Robains	subject to your rules and regulations, to int	er the remains
ina ash wallt	Funeral date, time AVD 3-	16-06.
Turns of Regard Container	urial chagel of the	ValleyMornery
All Funeral cars must arrive before 3:00 p.	m. of regular work day or an extra charge of	of \$
will be applied and billed to undersigned		
Division 7 Section 9	BIK/Row 7 Lot Grav	. 3
Grave space & Care Fund	- 3278	-0-
Overtime/Late Arrival Fees		
Opening/Closing & Setup		199,00
Burial Container		104.00
Handling Fees	PAID	114.00
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	FEB 1.4 2006	_05.00
Sales taxes		8.00
M	DUNT HOPE COMETERY	510.00
Pa	id receipt number <u>R-91436</u>	510.00
	Balance due	
I hereby certify I am the_ and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	ion of remains as above indicated. I certifition and I agree to hold Mt. Hope Cemeters	armed decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Address City Telephone Suttony Telephone	hed
Signature	Address	mo.
	CHY LETTER HOT	Zip Code
Paulette	1 000	
Work Order # E- 19591	Acct. #	
REA-104 (3-04) This info	rmation is available in alternative formats	upon request.

Ruit claim of Bruce Robbins

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.

existing mar the burial sp	ace.	Der Ken		1 Askes		acent to
	**					
			- Hawkins			
		Sequi	ne x	Robbii	15	
Blind Check		4 1 1 1 1 1 1			Date:	3-6-04
Interment D					0 3	-16-06
Div:_7						
Grave Laid	out by	Res	2			
Agrees with	Legal	Card:	Tyes	O No	1.1	
Agrees with	п Мар:	Yes		No	Has	
Blind Chec	k & Ve	erified By:	MOa	nen	Date	:3-16-de

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

€ 19591

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

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



2065 Upper River Road Frants Pass, OR 97526

541-479-7581

February 7, 2006

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

Re: William Franklin Robbins, deceased

Dear Ladies:

Per my telephone conversation with your staff, enclosed is a check in the amount of \$510.06 to cover the costs of inurnment for William Franklin Robbins who passed away on January 28, 2006. (Grave 3, Row 7, Section 9, Division 7)

The Declaration of Right to Inter has been forwarded to Mr. Robbin's son, Bruce Robbins, for completion

We are obtaining the California permit and will mail the urn for Mr. Robbins once all the paperwork is in order. In the interim, if you have any questions, please feel free to contact me.

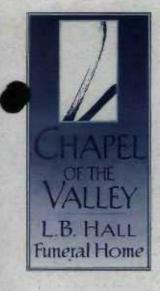
Sincerely,

Nancy/Tapio

Enclosure

Await next of kin to send Right to inter papers Also, morniary will send payment ashes & permit for a direct burial.

E-1959/



2065 Upper River Road Grants Pass, OR 97526

541-479-7581

February 22, 2006

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

Attention:

Paulette

Re

William Franklin Robbins, deceased

Dear Paulette:

Enclosed is the Declaration of Right to Inter that has been completed by Mr. Robbins' son, Bruce R. Robbins. Further enclosed is a check in the amount of \$65.00 to cover the transfer fee costs.

A check was previously sent to you to cover the inurnment expenses for Mr, Robbins. Upon the cemetery's approval of the enclosed Declaration, we would appreciate your letting us know so that we may mail the urn to you for direct inurnment in the gravesite with Harold Bacon, deceased (Row 7, Grave 3, Section 9, Division 7)

Thank you in advance for your anticipated cooperation. Should you need anything further to complete this request, please feel free to contact me.

Sincerely,

Nancy Tapio

Funeral Director

Enclosures

D02



E- 19591

MT. HOPE CEMETERY. CITY OF SAN DIEGO **DECLARATION OF RIGHT TO INTER**

1.	I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 7 Section 9 Lot Row 7 Grave 3
2.	My legal authority to the above property is based on the following
	facts: MINNIE AND HANDLE BACON PURCHASED
	THE PLOT. UPON MIUNIE AND HANDLO BACON'S
	DEATH, THE PLUT OWNERS HIP PASSED TO THEIR
	SOLE HEIR JOHE CANOL ROBBIUS PASSED 10/24/98
	(SAK ATTACHED DEATH CENTIFATE). UPON HER PASSING THE
	PLOT PASSED TO WER HUSBARD WILLIAM F. ROBAILS WILLIAM F. PLANE
	PASSED ON JANUARY 28, 2006. I, Bruce R. MOBBILS
	AS THE SOLE HERE TO WILLIAM F. MODILI ESTATESS
	THE PLOT, ORIGINALLY PORCHASED BY HAMLO AND
	MILLIE BOCON WILL PASS TO ME.
3.	I have presented the following evidence to support the above facts.
	DRATH CENTIFICATES OF IONE CAMEL ROSSINS AND
	WILLIAM F. ROBBINS

26.

€-19591

	clare under penalty of perjury under the laws of the State of California that the ements before mentioned are true and correct.
Signe	od on FEBRUARY 22, 2004 In GRAUTS PASS, OMGOU (City)
	ture Bauch Print Full Name Bruck R. Roso ILI
	To have deed sent to you, fill in your mailing address here:
	Full Name Bruce R. ROBBIDS
	Address 13824C BRADO OCK SPRINGS RODO
	City, State & Zip Code CENTANIUK, VA 20121
4.	The Last Step: To finish transfer of ownership, you must EITHER:
	 File this form with the Mt. Hope Cemetery Administrative Office; OR 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
	I OREGON
County	of Josephide
On this	22 day of FIRRUACY in the year 2006 before me Rose R. Rose R.
	ally appeared BRUCE REALINE 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
acknow	fedged that they executed it.
	PLIAX X
	Notary Public
-	



P84

			COMPANIE CONTRACTOR
FOR	OFFICE	USE	ONLY

E-19591

Sinned on	in
Signed on(Date)	(City)
Signature	Print Full Name
Documents Presented:	
	11.11/1/11/11
Death Cert, N	offerized statement of fact, Liv
from Mortuny	
Processed by:	
Approved by Cemetery Manag	ger: 42 42
Transfer allowed: Yes	r No
If no, reason:	
Transfer fee paid (\$65.00)	New Deed Issuance Paid (\$65.00)

TOREGON DEPARTMENT OF HUMAN RESOURCES 253892 LD. TAG NO. HEALTH DIVISION CENTER FOR HEALTH STATISTICS 723-98 CERTIFICATE OF DEATH DECEDENTS 2. BEX 3. DATE OF DEATH MARTIN Day, Year) October 24, 1998 562-40-6719 II WAS DECEPENT EVER IN U.S. ARMED FORCES? Charleston IL December 05, 1931 HOSPIEL CITY DECEDENT DOON STREET Of ER/Outsimel III throughtens Constitute House Coher (Special): St. City, TOWN, OR LOCATION OF DICATH BE COUNTY OF DEATH Three Rivers Community Hospital Dimnick

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Decad and material. Grants Pass

III. MARITAL STATUS - Advanced
Absent Absorbed, Philodomas,
(Description) (Specify) Sheriff Dept. Married William Franklin Secretary IN RESIDENCE-STATE 136 GOUNTY IDE CITY, TOWN OF LOCATION 710 N.E. Piedmont Ave

**ne proceeding and regarding time of the procedure Oregon 13a DISIDE CITY LIMITS? Josephine Grants Pass 5 FIATE American Subm. 97526 TY Yes DA White 17. FATHER , NAME IS MOTHED - NAME Best PARENTS William F. Robbins-Husband Minnie C. Jones Mapes 25th PLACE OF DISPOSITION (Manie of complete, crampling, as other place). 20a. METHOD OF DISPOSITION | Ma 20c LOCATION - City or Town, Six DISPOSITION □ Burut - AC-emation □ Pro Hillcrest Crematory Grants Pass, Oregon Donation Cotter (Specify). 218. OREGON LICENSE NO. 22 NAME, ADDRESS AND TO OF FACILITY PERSON ACTIVITY AS SUCH Lundberg-L.B. Hall Funeral Home 3656 141 N.W. C St., Grants Pass, OR 97526 REGISTRAR Muse m THE THE OF DEATH SUB-DATE PROMOTINGED DEAD WANTE, DAY, FOR THE TO BE COMPLETED BY CERTIFYING PHYSICIAN 26 WAS MEDICAL EXAMINED NOTHING! O Wes DOWN 12:55 p.M 29. To the best of my kindue to the (Oute(s) On the bests of examinacyo mobile investigation, in any opening should occurred
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CERTIFICATION OF

VITAL RECORD.

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JOSEPHINE COUNTY REGISTRAR.

A SECOND ANY OFTENATION OF EBASERS ADDOCTOR DEPOTED ATE IN

atober 29, 1998

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COUNTY REGISTRAR JOSEPHINE COUNTY, OREGON



CERTIFICATION OF VITAL RECORD

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38. Name and	Complete Address	chapel of Funeral Facility In	of the Vall	ou Crematory	Cr	ants Pass.	Oregon
Chape 39. Date of De	l of the V	alley-L.B.	Hall, 2065	Upper River	Rd., Grants	Pass, OR	97526
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JOSEPHINE COUNTY REGISTRAR.

FEB 0 2 2006

County & Joury
LA VERLA J YOUNG
COUNTY REGISTRAN
JOSEPHINE COUNTY, ONEGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDOR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



DATE ISSUED:

(Male) AT-Need

MT. HOPE CEMETERY

INTERMENT ORDER

HI-NEED INTERN	MEIGI OND		
NON-RES City	of San Diego		
Lana boatt		Date 1-7-	06
IN grave with	Fumie mus	skami	
You are hereby authorized and instructed, su		and regulations, to in	
of Tsyyoshi mi	urakani	B # 23	
in a ASh Vault Type of Burst Confiance	Funeral, date, time	Fri April 14	1.06 11:0
Church, Chapel, Graveside) Family La	a Company		/ Mortuary
All Funeral cars must arrive before 3:00 p.m.			
	or regular work day	y or an extra charge	V V
will be applied and billed to undersigned			
Division 10 Section B	k/Row	Lot 4609 Gra	ve
Grave space & Care Fund 6-7	1059 (19	87)	0
Cartime/Late Arrival Fees			-
Opening/Closing & Setup		***************************************	\$199.00
Burial Container ASA V	aulto	T	104.00
Handling Fees.	Aller St.	L	114.00
Flower vases - Marker setting fee	FED - 3		0
Recording/Filing/Transfer Fees	1 10 /	2006	85.00
Sales taxes MOI	Mar III	***************************************	# 8.06
I land south a Saturday	ANT HOPE	A	510.06
& Camily request a Saturday amily must pay additional paid		-59413	\$ 510,06
still pay many paid	receipt number _		0
		Balance due	-
I hereby certify I am the and this is your authority to make disposition	of remains as abo	of the above	named decedent
that I have the right to make this authorization any liability on account of said authorization a	n and I agree to ho	ld Mt. Hope Cemeter	y harmiess from
I becaling a dispute the intermed in Lat I	v 1	an attack	,
I hereby authorize the interment in lot I hold under deed.	Print Name	or signal	1
X	Address 7	or signal	The
Signature	City		Zip Code
CA Burial permit	X		775 (600)
nust accompany The	relephone		
e remains	Invoice #	TELL PROPERTY.	
Work Order # E-19592	Acct. #		
			The state of the s

(Male) AT-Need NON-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

NON-KES	Date 1-	7-06	
Lemon broke			
You are hereby authorized and instructed, sub	ject to your rules and regulations.	to inter the remains	
of Tsuyoshi mu	rakani @ For	1 munde	3-17
in a ASA Vacalt I	Funeral, date, time Family is	vail c/o oute s	
Church, Chapel, Graveside Family han	- Cremains	Mortuary	
All Funeral cars must arrive before 3:00 p m. o	of regular work day or an extra ch	arge of \$ 283.00	
will be applied and billed to undersigned		×	
	JROWLOT 4609		
Grave space & Care Fund E-7	059 (1987)	-0_	
Overtime/I ste Arrival Fees			
Opening/Closing & Setup		\$199.00	
Burial Container A5 h Ve	int	104.00	
Handling Fees	Thu.	114.00	
Flower vases – Marker setting fee			
Recording/Filing/Transfer Fees		85.00	
Salar taxes MODIL	47.5	# 8.06	
It 6 weely request a Saturday burnely must pay additional paid to	Total Due	\$ 510.06	
camela west pay additional party	ecelor number & -594+3	\$ 510,06	
346.60	Balance Balance	te due	
I hereby certify I am the	· /	pove named decedent	
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I	certify and represent	
any liability on account of said authorization an		netery natiniess non	
I hereby authorize the interment in lot I	y for MURE	KAMI_	
hold under deed.	K 1618 Ma	Mich Ridge	
mms2 3/17/04		9200	
CA Burial Fermit	en me	Zip Code	*
must acompany The	Telephone		
cremains	Invoice#		
Work Order # E-19592	Acct.#		
Manusaura (M. C.	The state of the s		

REA-104 (3-04)

This information is available in alternative formats upon request.

© Proced on moudest paper

MT HOPE CEMETERY E-19592

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to Ash Vault | Funie Muralkani the burial space. Hosaka KIYOJI X Blind Check Initiated By: Sanda Date: 4-4-06 Interment space for: Tsayoshi muraKami & Interment Date: April, 14,06 Time: 11,00 (65) Div: 10 Sect: ____ Blk/Row: ____ Lot: 4609 Gr: Grave Laid out by forman ferguson Agrees with Legal Card: Yes No Agrees with Map: Yes No Blind Check & Verified By: World Moriege Date: 4-4-06

E-19592

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 79

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

1/	NAME OF DECEDER	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	1 - 1 - 1	2.0	ATE OF BIRTH	3. DATE OF DEATH	4. SEX
	Tsuyo	shi	-	Murakami		07	70571925	8471472865	M
		Grove		San Diego		OF INFORM		MAILING ADDRESS AND	D ZIP CODE
75	Commun 855 Br	nity Mortua roadway Vista, CA	91911	FD16	PPLICABLE	Lemon G	Prado Av rove, CA E OF APPLICANT-		E SIGNED
-	ACKNOWLEDGEMENT OF A	OPPLICANT of the Health of	rwiedye as applicant that the proposed dispress and Safety Code, and was authorized pursuant	tor stated ferror is one of the dispositions a to Section 7100 of the feealth and Safety Co	otherward by Section 103055 do	> M	-		5/2005
	- Crimi i	THE CALIFORNIA HEALTH. ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTH SPECIFIED IN THIS PERMIT HIGHT OF DISPOSAL OUTSIDE OF CALIFO	IOR-	%4719720 N. DePi		250663100	AL REGISTRAR ISSUING PL	EHMIT
	NY CHANGE IN DISPOSE	Dept. of Vi	GISTRAR OF DISTRICT OF DE ED IN CALIFORNIA SAN Die tal Records P.O CA 92186-5222	go County WOH	RESS OF REGISTRAN O IPOSITION IS TO OCCUR				•
11	AUTHORIZED DISPOS	SITION(S) CHECK APPLICA	The state of the s	The Real Property lies	1	-35 -	FOR C	ORONOR'S USE ONLY	
	D. SCIENTIFIC USE	2011	ORESS OF CALIFORNIA CEME	G. SHIP IN TO CALIFORNI H. TRANSIT TO OUTSIDE) 11C. Si	I Plante and Address	ISON IN CHARGE OF BI	URIAL
	BURIAL.	3751 M San Di	ego. CA 92102		4-14-0	6 - 1	IN F.	lane	
RE ITEMS	CREMATION	12A NAME AND AD Cremat 2570 F	ion Services in Fortune Way , CA 92083	MATORY C.	4/27/	126 SI	HATURE OF PER	DP (L	REMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	136 FDATE RICEIV	/ED 13C. SI	SNAKURE OF PER	RSON IN CHARGE OF FA	ACILITY
PA FITT	TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO		148. DATE SHIPPE	The second second	DRESS AND SIGN PLACING WITH T	IATURE OF PERSON IN HE CARRIER	CHARGE
MOS									

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.

Female AT- Need Indigent

MT. HOPE CEMETERY

INTERMENT ORDER

- Ndigen Armos	City of San Diego		
Flatta mile		Date	8-06
	Pina	# 130019	
Yell are hereby authorized and instruct	ed, subject to your rul	es and regulations, to	inter the remains
	Herre		
in a DD CrypT A	Funeral, date,	time march	10,06 13
Type of Bural Coffiance Church, Chapel, Graveside	very only:	NEFTUNES	Mortuary
All Funeral cars must arrive before 3:00			
will be applied and billed to undersigne	d		
Division Section	Blk/Row	_ Lot 12 0	Grave 374
Grave space & Care Fund			8/31.00
Overtime/Late Arrival Fees			
Opening/Closing & Setup		20-00-000	454.00
Burial Container DD	CIYPTO	411)	132.00
Handling Fees			
Flower vases - Marker setting fee	MAR	7 2006	
Recording/Filing/Transfer Fees			49.00
Sales taxes	MOUNT HO	PE CEMETER	10.72
		Total Due	0776.23
	Paid receipt number	R-59465	776.13
		Balance	due O
I hereby certify I am the		X of the above	ve named decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	rization and I agree to	hold Mt. Hope Ceme	entify and represent etery harmless from
I hereby authorize the interment in lot I	X	dee atta	1
hold under deed.	Prior Marrie	for secono	tura
	Address	In my	-

Signature PA Jim Fetch 858 694-3522 \$58169463987 704 Work Order # E-19593

Zip Code Invoice # Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

· Female V AT- Need

MT HOPE CEMETERY INTERMENT ORDER

ad INTI	RMENT ON	- 206
- N. L- 0-	City of San Diago	Date 2-8-06
wdigent		Clare
450		e PA# 2006 6 9 7 /
in#2	eted subject to your rule!	DA# 10060911
mercity authorized and institu	Heccer	and requisions, to inter the returning of PAH 10060971
Tomas	Francial date, t	MEDTICAL SOIC. Mortuary MEDTICAL SOIC. Mortuary day or an antiri charge of \$
in a Tope of large Endage		design an extru charge of S
in a	1:00 p.m. of regular work	day w
an coneral cars must arrive below		
All Funeral cars must will be applied and billed to under	oldure.	_ La 20_ Grave 3 A
Will be abbu	and ithem	_ LX \$ 131.00
/ 3 section _	- Elkykow	A 444-119-149-149-149-149-1
Overtime/Late Arrival Fees		132.00 A
Forme space & Caro Fund		459.00
Grave arrival Fees		A 132.00 49.00
Charting France	NAME OF TAXABLE PARTY.	A
comming/Cipsing o	DD CF4. P. L.	
Buriol Container		a
Limiting Foot.		47.00 10.13 6.776.13
Marker settin	10e	10.13
Elower visual representation Fe	03	8776.23
Hocording/Fulling	a service placement of the service of the service of	Total Due
Sales tares		
	Puld receipt	Basance due Basance due Of the above named decedent of the above named decedent mains as above indicated, I certify and represent I agree to rold Mt. Hope Comotory harmless from terment.
		c. D decedent
	Dal el	Many interested I certify and regress from
the same than	Deput Amerition of re	mains as above Mr. Hope Camoury
and this is your authority that I have the right to me any liability on account of	to Alaks supportation and	of the above named decadent of the above named decadent of the above named and represent mains as above indicated, I certify and represent terment.
that I have the right to the	said authorization and	1 125
any liability on account	and V	The same of the sa
hereby authorize the in	tement to local	Public Guardian
1 - 18	Jan L	Sar Diego, California 92123
Carre Cercl		Tanzon
PA Jim Feber 858 694-35 858 694-3	77	
858 677 -3	987 tat	Invoice #
858 699	0=02	Acct # tompets upon requ
958 694 West Order # E-	19393	ation is available in alternative formets upon requ
Mork Occes	This inform	DAMAN TO COLUMN TO THE PARTY OF

OFFICIAL RECEIPT

AC-212A(11-05) # 181365

WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY

TOTAL PAID

59465

PA# 2 006	Da	te: 3-7			006	•
Seventy hundred	+ Seventy - six AT-Need Services F	100	Dollars (\$	776	.13,	
Div/3	DIL/	ot_10				
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots	87007 77184 — 100 77184 —	131	00	
BALANCE DUE	MAR - 7 2006	Opening/ Closing Buriel Containers	100 — 77181 100 — 77182 100 —	454	00	OIC BIC
Money Order Charge Check	ISSUED BY Sandia	Handling Fee Recording & Misc. Fees Sales Tax	77185 100 77183 60101 78390	49	23	•

COUNTY OF SAN DIEGO PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN 5201-A RUFFIN ROAD	U.S. BANK 600 West Broadway, Suite 100 San Diego, CA 92101-3302	CHECK NO.	282365
SAN DIEGO, CALIFORNIA 92123 ESTATE OF HERRERA, TOMASA CASE NO. 20050971	90-3582/1222		03/02/200
PROBATE NO. REASON FOR PAYMENT WORK ORDER# E-19593. STA	ATEMENT DATE 02/08/	06.	AMOUNT OF CHECK
SEVEN HUNDRED SEVENTY-SIX	DOL	LARS	776.23

THE ORDER

MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO. CA. 92102

Charles & NOTE AND AND THE PROPERTY OF ISSUE

INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW. ORIGINAL DOCUMENT CONTAINS HEAT SENSITIVE INK-RUB RED IMAGE-DISAPPEARS WITH HEAT.

28 2365# #12 22358 21#161843219148#

Female AT- Need Indigent

MT. HOPE CEMETERY

INTERMENT ORDER

indigent .	City of San Diego
oin#2	Date
	ed, subject to your rules and regulations, to inter the remains
of Tomase	1 Herrera PA#10060971
ina DD GrypT A	Funeral, date, time FRI march 10,06 10:30
Church, Chapel, Graveside 12/1	very only: NEPTURE SOC Mortuary.
	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	
Division _ / 3 _ Section	Blk/Row Lot 2.0 _ Grave _3 A
Grave space & Care Fund	8/31.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container DD	CrypT A 1 132.00
Handling Fees	9 3 43 200
Flower vases - Marker setting fee	NAR - 7 106
Recording/Filing/Transfer Fees	49,00
Sales taxes	MONTH NOTE CENTERERY 10:13
	Total Due # 776.13
	Paid receipt number &-59465 4776.13
	Balance due
hereby certify I am the	X of the above named decedent
and this is your authority to make dispi	osition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I	X bee attach
hold under deed.	Print plane to Marin tiers
	Print plane for segreture
A Jim Fetch	City Zip Code
ca 694-3511	Telephone
58 694-3987 7-4	
Nork Order # E-19593	Invoice #
Nork Order # L-17373	Acct.#

REA-104 (3-04)

This information is available in alternative formats upon request.

& Prosedue account pap

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 4. SEX 2. DATE OF BIFITH 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) TB. MIDDLE 1C LAST (FAMILY) M8570371932 TOMASIA HERRERA 6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A CITY OF DEATH 5B. COUNTY OF DEATH - OUTSIDE CALIF. THE PRIMARY SOCIETY RSCONDIDO 7A TYPED NAME AND ASSPIESS OF CAUFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B CALIF LICENSE NUMBER - IF APPLICABLE CAJON, CA 92021 NEPTIME SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021 FD-1352 BA. SIGNATURE OF A PUCANT - Person lattic person 8B. DATE SIGNED I hereby activated by applicant that the proposed disposition stated herein is one of the (hispositions authoritied by Bectum 103005 of the Health and Safety Code, and was sufficient pursuant to Saction 7100 of the Health and Safety Code. 02/14/2006 ACKNOWLEDGEMENT OF APPLICANT 9A: AMOUNT OF FEE PAID 98 DATE PERMIT ISSUED SC SIGNATURE OF LOCAL REQUESTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT 02/14/2006 2602948 THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 11.00 VINCE ALARI AUTHORIZATION OF NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAFI 9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FORL SAN DIEGO, CA 92186-5222 DEPOSITION FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL INCLUDES ENTOMBMENT) E. TEMPORARY ENVALILIMENT I DISPOSITION PENDING -- FIEMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY MIT HOPE CEMETERY 3751 MARKET ST HE DATE BURNED TIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON'IN CHARGE OF CREMATION. 12B DATE CREMATED CHEMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION. 15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-CATTERING/BURIAL DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE POSITION OTHER THAN IN A CEMETERY

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

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-need lot, trust.

REA-104 (3-04)

City of San Diego

Date 2-7-06

You are hereby authorized and instructed, subj			er the remains
of FOR ISAAC	PRINC	€ Pin 979973	
ina Topseal Vault F	uneral, date, ti	ime	
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:00 p.m. of	f regular work	day or an extra charge of	of \$
will be applied and billed to undersigned			
Division 12 Section 2 Blk/	/Row	Lot 92 Grav	10
Crave space & Care Eved			
Overtime/Late Arrival Fees	DA	ID	
Opening/Closing & Setup	FA		533.00
Burial Container		7 2006	
			263.00
Handling Fees (571 + 178,00 Flower vases – Marker setting fee MOL	NET LES	£0.	
Recording/Filing/Transfer Fees	- 10	750	65.00
Flower vases – Marker setting fee	6-16	, V.	27.51
Sile	00	Total Due	3751.2
Paid re	ceipt number	P-00105	3751-2
ced gree sameday		Balance due	OX
Thereby certify I am the dayant		of the above n	amed decedent
and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and	and I agree to	above indicated. I certif	y and represent
Pint 220	4	11.12	111
I hereby authorize the interment in lot I hold under deed.	Print Name	endolpor X	ella
*	Address	48 Ma IMPE	RIALAWE
Signature	CRY	W DIEGO C	A YZIOZ
2 ++0	Telephone	1) 239-007	5
Paulette			
E 10504			
Work Order # E- 19594	Acct.#_		

@ Promidue to seled paper

This information is available in alternative formats upon request.

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALI	CONTROL OF THE PROPERTY OF THE
CANARY		E-19594
	Date	
From: Gwendolyn L.	Well Saddress: 2948 1/2 In	operal Ave, SD CA
Three Thousand	governhundred fi	(ty One bollars (\$ 3,751. 32)
in Full Payment of	Pre-need lot a true	A CONTRACTOR OF THE CONTRACTOR
Div 12 Sec_	Q Blk/ Row Lot	0.5
Invoice No. E-19	NOT VALID FOR PURPOSES STATED UNLESS	
Acct. No.	STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 4 5 2 8 0 20% Sales Care 77184 3 2 9 6 4 5
W.O	PAIR	Pre-Need 63033 3 2 4 2 4 2 77186
BALANCE DUE	" Will Rest"	
	FEB - 7 2006	
☑Pre-Need Lot ☐ Money Order	MOUNTHOS	
Pre-Need Trust Charge	MOUNT HOPE CELLS	
AC-212 (11-05) This information is available in alternative formati upon reques	ISSUED BY Paulette C.	TOTAL PAID 8 3,751. 22

at the second se

41 100 100 100 100

MT. HOPE CEMETERY

AT- Need Res

INTERMENT ORDER

City of San Diego

- 8-06 Date 2

You are hereby authorized and instruct				the remains
ina Muslim 5/96	Houry Funeral, date,	time Thursd	19,0	6 2:00
Church, Chapel Graveside		: Greenw	ood	Mortuary
All Funeral cars must arrive before 3:00	p.m. of regular wor	k day or an extra c	harge of t	\$ 113,0
will be applied and billed to undersigne				X
Division Must Section	Blk/Row	Lot 63	Grave	
Division Mus L Section	E-13101	(1996)		-
Overtime/Late Arrival Fees				
Opening/Closing & Setup	E-19426			0
Burial Container	5/96			0
Handling Fees				0
Flower vases - Marker setting fee		(1-1) (1-1)		0
Recording/Filing/Transfer Fees				0
Sales taxes				0
		Total Due		0
	Paid receipt numbe	r		
		Balar	nce due _	0
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authoriza	ization and I agree t	s above indicated	I certify a	ned decedent and represent narmless from
I hereby authorize the interment in lot I hold under deed.	Y. Print Name	for sug	tach	
X	Appress	for sig	natur	e
Signature	City X Teleghorie			Zip Code
Work Order # E- 19595	Invoice Acct. #	*		

E-19 595

CALIFORNIA DHU

SENIOR CITIZEN IDENTIFICATION CARD



CAIR HOURY 7855 COMLES MTN CT AZI SAN DIEGO CA 92119

HAIR:BLN WT: 150



EYES:BRN 008: 12-38-19

can Hous 05/15/2003 669 23 FD/12

08 06 12:36p Fozie Mansour 519287

NO.841 DOI

MT. HOPE CEMETERY

AT- Need INTERMENT ORDER

City of San Diego

of <u>Cair</u>	Houry
chia Muslim 5/9 h	Funeral date time That Say 06 2:00 67.50 1000 Mortiery
	Dig m. of regular work day or an extra charge of \$ \$13.00
will be applied and billion to undersigned	
	BARON LOI 63 Grove
Grave space & Caro Fund	E-13101 (1996)
Overnme/Late Arrival Fees	
	E-19426 B
Burlet Container	519.6
nanchig Feet	
lower vases - Marker setting fee	
lecording/Filing/Transfer Fees	<u> </u>
	<u> </u>
	Total Due
	Paid receipt number
	Balance due _@
nereby carrily I am the and this is your authority to make disponer I nave the right to make this authority and liability on account of said authoriza	Silion of remains as above indicated. I conflit and represent ideas and I agree to hold Mr. Hope Commissy harmless from and interment
ncreby authorize the intermers in lot i old under deed.	Year on an our 6391 Berne
man Mansoux	- 700 S-D.CA 92120 Lan
	X (619) 287-8348
Mrk Order = E-19595	Invoice #

(Res) tunt

MT. HOPE CEMETERY

INTERMENT ORDER

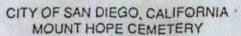
City of San Diego

R E-19595

Date 10-14-05

01	tair He	ury	21969	4	
ina Muslim S Type of Burtal C	5/96	_ Funeral,	date, time		
Church, Chapel, Gravesi					Mortuary.
All Funeral cars must arri	ve before 3:30 p.	m. of regula	ar work day or a	an extra charge	of \$ 2/3.0
will be applied and billed	to undersigned.	Cam	am	anser	icx
Lot 63 Grave	Flow_		Section	Division)BI	ock Mush
C	. F	- 1310	1 6996	1	-
Additional spaces and ca Opening/Closing & Setup	re fund				-
Opening/Closing & Setup	L				\$ 533.00
Burial Container		5/46	3		\$114.00
Opening/Closing & Setup Burial Container Handling Fees		PAI	U	*************	
Flower vases - Marker se	etting fee	~~~~	300C		
Flower vases – Marker se Recording and filing fee	U	114	2005	***************	\$65.00
Sales taxes		raysta room	VIII 2 2	Due #	# 8.84
	MOOM	HOFE	Total C	Due	720.84
	Pai	id receipt n	umber R - :	1310	1000
	1	1-5		Balance due	0
hereby certify I am the _ and this is your authority that I have the right to ma any liability on account of	ke this authorizat	ion and I ag	pree to hold Mt.	of the above na dicated. I certify Hope Cemetery	amed decedent and represent harmless from
hereby authorize the inte	erment in lot I	× 50	Cama	ma	mour
amai Mar	JANUX.	X Adk	6247 1	Bernad	etteln
signature of recorded holder of dead		X	5.0.	CA. 9. 87-834	ZIZ O
		Y	(614) 2	87-832	8
		In	voice #		
Vork Order # E-194			Charles and the Control of the Contr		

© Presided on respected paper





E-19595

c.m.

Houry

OWNERSHIP AND INTERMENT PRIVILEGES

Con Hour OMNERSHIP AND INTERMENT PRIVILEGES	
TO Cair Nourcy (Paid for by Muslum Assoc. of 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

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

JOHNU WA175 527-3400

** 08-01-96 SAN DIESD CA \$2

ED HOURY PO BOX 421512 SAN DIEGO CA 92142

MT HOPE CEMETERY

E-19595

GRAVE BLIND CHECK FORM

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

	#		# 63 X	# 61 m whamed Houry	# 59 sons a mahamma	EIDET EMENNEND
		The second		·ac	Date: _	7-8-06
Interment	space fo	r:C	air	Houry		
Interment	Date:	Feb 9	1,06	Time: 2	00(6	5)
				Lot:		
Grave Lai	d out by:	Norm	an fe	qua		
Agrees wi	th Legal	Card:	Yes	□ No		
Agrees w	ith Map:	Yes	Q	No		
Blind Che	ck & Ve	rified By(100	men	Date:	2-8-06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 87

		USE BLACK INK ONLY - MAK	E NO ERASURES, WH	ITEOUTS OR O	THER ALTERA	TIONS		
NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C LAST (FAMILY)		MONT		DATE OF DEATH DATH, DAY, YEAR 2/07/2006	4 SEX
LA HESA			5B. COUNTY OF DEATH ENTER STATE SAI	N DIEGO	OF INFORMA	TIONSHIP, FULL MAIL NAT MANSOUR - 1	THE PERSON NAMED IN COLUMN TWO	ZIP CODE
		- I-805 & IMERIAL SAN DIEGO, CA 921	AVE IF APE	LICABLE	6392 B SAN DI	ERNADETTE I EGO, CA 92 OF APPLICANT—Pages	LANE 120	SIGNED
ACKNOWLEDGEMENT OF J	PPLICANT Therety acknowledge of the Health.	owledge on applicant that the proposed disposition were and Solety Code, and was authorized pursuage to Social	est herein is one of the dispositions authors 7120 of the treath and Salety Code	order by Section 100055	· Wh	a DEM	2 02/0	09/2006
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH	NACCOPIDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE ALTHOR- N SPECIFIED IN THIS PERMIT. DIRIGHT OF DISPOSAL OUTSIDE OF CALFORNIA	\$11.00	02/09/2 D. Kin	006 pg > 2	NATURE OF LOCAL REI	GISTRAR ISSUING PE	FIMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	P.O. BOX	EGISTRAR OF DISTRICT OF DEATH LED IN CALIFORNIA K 83222 GO, CA 92186-5222		SS OF REGISTRAR (OSITION IS TO OCCUP				
THE RESERVE OF THE PARTY OF THE	CREMATED REMAINS C TERY	DORESS OF CALIFORNIA CEMETERY	R DISINTERMENT G. SHIP IN TO CALIFORNIA H. THANSIT TO DUFSIDE OF	CALIFORNIA 11B. DATE BURIE	11C SIGN	I. DISPOSITION PENDIN (Name and Address)		
BOHINE	3751 MAI	OPE CEMETERY RKET ST. SAN DIEGO DDRESS OF CALIFORNIA CREMATO		2-7-06			gue-	
CREMATION	12A, NAME AND AL	DUHESS OF CALIFORNIA CHEMATO	HY	12B. DATE CREM	ATED 12G SIGI	VATURE OF PERSON	IN CHARGE OF CI	HEMATION.
SCIENTIFIC USE	13A. NAME AND AC	DORESS OF CALIFORNIA FACILITY F	RECEIVING REMAINS	13B. DATE RECEI	VED 13C, SIGI	VATURE OF PERSON	IN CHANGE OF FA	ACILITY
TRANSIT		DRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE S		14B. DATE SHIPPI		RESS AND SIGNATUR LACING WITH THE C		CHARGE
CATTERNIGIBURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CA DI EA, ONLY ENTER LATITUDE AND LO	STRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	I II THE WILLIAM TOWN	NATURE OF PERSON RIGE OF DISPOSITION	The second secon	

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

MT HOPE CEMETERY

INTERMENT ORDER

AT NEED	City of Sail Diego	01-
Resident Fee	Date	000
The state of the s	Monot Lower while taming	s present
	instructed, subject to your rules and regulations, to	inter the remains
of JAME	S PYLANT 119983	
IN B LINER	Funeral, date, time Friday	reb.101
Church, Chapel, Graveside	: BAGSDA	LE Mortuary
All Funeral cars must arrive bel	fore 3:00 p.m. of regular work day or an extra charg	je of \$
will be applied and billed to und	tersigned.	
12	1 73	0
Division L Section _	Blk/RowLot_7Z_G	rave 0
Grave space & Care Fund		2264
Overtime/Late Arrival Fees		NOTE THE PARTY OF
Opening/Closing & Setup	DAIR	
Burial Container	FAID	270
Handling Fees	FEB 8 2000	206
Flower vases - Marker setting f	6 2006	
Recording/Filing/Transfer Fees	INT HOPE CEMETERY	65
Sales taxes	HOPE CEMETERY	20.93
	Total Due	3359 93
	Paid receipt number R-59475	331993
	The state of the s	- 393011
Management of the Control of the Con	Balance d	lue
I hereby certify I am the	of the above ake disposition of remains as above indicated. I ce	e named decedent rtify and represent
that I have the right to make the any liability on account of said a	ake disposition of remains as above indicated. I ce is authorization and I agree to hold Mt. Hope Cemeral authorization and interment	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF
		19784
I hereby authorize the interment	tin lot 1 KLEGINA Pyl	Ant
hold under deed.	10 1 × 4910 Ocean L	IN Blut
Segura Jewart -	lylant X Jan Dugo Ca	92113
10	× 419-794-2	2 9 1 Zip Code
	Tillephone	
Paulette	Invoice #	
Work Order # E- 19596		
REALINA CUMA	This information is available in alternative form	ate unon monunet

O paper or received paper

MT HOPE CEMETERY 19596

GRAVE BLIND CHECK FORM

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

7	#					
Marker	Canal					
			x			
						2/8/04
Interment	space for	Jan	ics t	gland		
Intermen	t Date:	Frida	410 -	rime: 1	0	
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Grave La	id out by:	Armo	- Per	nan		
Agrees w	vith Legal	Card:	Yes I			
Agrees v	vith Map:	Yes	~ 0	No	_ Date:	
Blind Ch	eck & Vei	rified By:_	an	un	Date:	2906

E-19596



E-19596APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY - MA	KE NO ERASURES, WH	ITEOUTS OR OT	THER ALT	ERATIONS !	age 5°		
1A	NAME OF DECEDE	NT-FIRST (GIVEN)	1B MIDDLE	1C. LAST (FAMILY)			DATE OF BIRTH S	DATE OF D		4. SEX
	James		Earnest	Pylant		0	4/13/1955 10	2/02/2	000	M
54	CITY OF DEATH			58. COUNTY OF DEATH	- OUTSIDE CALIF.	6. NAME, F	RELATIONSHIP, FULL MA	ILING ADDR	ESS AND 2	IP CODE
	San Diego	9		SA	N DIEGO		a Bylant, Wi	£e		
7A	ANDERSON-	RAGSDALE MO	SAN DIEGO, CA 92	102 FD	-1329	4910 San D	Oceanview Bl	vd. #1	B. DATE S	IGNED
	ACKNOWLEDGEMENT OF A	APPLICANT I hersby acknowledge of the Health a	wiedge as opposed that the proposed disposition in and Salisty Code, and was sufficient pursuant to Sa	used became or one of the dispositions out ection 7500 of the Health and Salety Code	orzed by Section 100055	N	mound	4100	02/0	6/2006
	o an annual part of the	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCOMDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS FERMIT. INGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	8. Pryor 02/06/20		2602421	EGIPTEARIS	SUING PERM	AIT.
N	LIV CHANGE IN DISPOSI- TON REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	P.O. BOX		F OF	ESS OF REGISTRAR C POSITION IS TO OCCUR	OF DISTRICT IN ANOTHER	OF DISPOSITION — DISTRICT IN CALIFORNIA			
10	AUTHORIZED DISPO	SITION(S) CHECK APPLIC					FOR CORO	ONOR'S USE	ONLY	
THE COLUMN	B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C	пнея	E. TEMPORARY ENVAULTM F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF			L DISPOSITION PEND (Name and Address)	IING — PIEMA	INS LOCATE	DAT
-	BURIAL	Mt. Hope	DHESS OF CALIFORNIA CEMETE Cemetery, 3751 Ma , CA 92102	rket Street	2-10 0	110.	SIGNATURE OF PERSO	N IN CHARG	SE OF BUR	IAL
LE ITEMS	CREMATION	12A, NAME AND AD	DRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMA	ATED 12C	SIGNATURE OF PERSO	NAN CHARE	E OF CRE	MATION
IL APPLICAB	SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING HEMAINS 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			138 DATE RECEIV	VED 13C.	SIGNATURE OF PERSO	N IN CHARG	E OF FAC	LITY
COMPLETE A	TRANSIT				14B, DATE SHIPPE	ED 14G.	ADDRESS AND SIGNATI OF PLACING WITH THE		RSON IN O	HARGE
	SCATTERING/BURIAL AT SEA ORL DISPOSITION OTHER THAY IN A CEMETER	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND GAI EA, ONLY ENTER LATITUDE AND L	DISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	The second second	SIGNATURE OF PERSO CHARGE OF DISPOSITI	ON GRE	LICENSE N EMATED REN SER — IF AP	MAINS DOS

COPY 2 IS RETAINED BY 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 2 - 8 - 06

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C/			1,000
Telephone			
Totophone Invoice #			
	vaulf remains as and lagree to	regular work day or an	Total Due Total Due

Antelope Valley Mort.

Fax 661 773-5587

945-2624

David

AT-Need

MT. HOPE CEMETERY

City of San Diago

2-8-06

You are herotry authorized and instructed, subj	est to your nees and regulations, to inst	The state of the s
d Alexandria Ra	Mand Hunt (X) R	£
ine Ash vault - P	uneral, gase, time AYD	David
Church Change Gravende A YO / mm	Anteloge Val	ley Mornay
As Funeral cars must arrive before 3.00 p.m. of		5
will be supplied and billion to undersigned		
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	(1713)	9_
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I frames authorize the indicatent in fact road under closes	X KONALD LAUR	26
Ronald Liverat	XARGOS N.COTH	The state of the s
Konsala de la casación	YLANCHSTER !	CA-93534
	¥661-949-776	2
	Invaios S	
west ones E-19597	Acre W	

This viscomation is available in alternative formats upon require.

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CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY



€-19597

OWNERSHIP AND INTERMENT PRIVILEGES

	1	ALEXADO	iria K.	Hunt	2			for	the s	um of \$	30.00	(DOLLARS
	EGAI	DESCR	IPTION.	Lot	9	Section	MAS	Divisto	n T	Grave	1	
ĕ	DE	SCRIBEI	ON PUI	RCHAS	E ORI	ER NUMBE	R			10071		
9	n iwei	d care. Su ils for care	bject to al and oper	l rules a ation of	nd reg the Ce	ulations now i	n force o	or may hereafte by conveyed f	er be a	dopted, in erment priv	cluding the	held for burial privileges only with ne right to ingress and egress with all not be relinquished without the e Cemetery
•	ene, vi Passur Luulis	aults or ot med by leg sm and na	her impro gal owner itural cau	vements or repre ses of d	of like sentati eterior	nature that is wes of plot. In	already no case erves the	or may herea! will the Ceme	ter be tery I	erectea or livision be	placed on responsib	ny repairs to any monument, heat said lot or plot. Cost of same shal le for damage, malicious mischief its from the embellishment of the
		3	ple	n tery Ma	4)aits				J. Bus	T.	gwa.
PV:	SIM (Fin	N. 4 BES	Geme	sery mis	nager	This Information	n is eveilat	ble in elternative fo	mais s	ibon request.	L	Ssets in rector

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.

				1
 -				-
constance Lundonda	#}	#40T-9 X GR#1		
			1	

Blind Check Initiated By: Sandla	Date: 2-15-06
Interment space for: Alexandria	Rolland Hunt (1)
Interment Date: Ay D Time:	
Div: MAS Sect: T Blk/Row:	
Grave Laid out by: Norman Farg	ue -
Agrees with Legal Card: Yes 'No	0
Agrees with Map: Yes No	
Blind Check & Verified By:	Date:

APPLICATION AND DEPART FOR DISPOSITION OF HUMAN

CR#7	-	USE BLACK INK ONLY — MAN					age "	7D#	11024
A NAME OF DECEDE	NT_FIRST (GIVEN)	1B. MIDDLE ROLLAND	1C. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR 01/06/1909	MONTH	OF DEATH DAY, YEAR 06/2006	4 SEX
ICASTER	DORESS OF CALIFORN	IIA FUNERAL DIRECTOR OR PERSON.		CLES LICENSE NUMBER	OF IN	HELATIONSHIP FULL FORMANT Y LAURANCE, 303 H 20TH	SON	ADDRESS AND	
HALLEY-OLS LANCASTER,	CA 93534	MEMORIAL CHAPEL		PD1067	LA	RCASTER, CA	93534		-
ACKNOWLEDGEMENT OF	APPLICANT I hereby act	toward ye as applicant that the proposed disposition sta- end Safety Code, and was authorized pursuant to Sec	sim 7100 of the Health and Sanny Co.	2	► Vo	alone Der	Les	02/0	9/2006
AUTHORIZATION OF	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHORS- IS SPECIFIED IN THIS PERMIT. O MAINT OF DISPOSAL OUTSIDE OF CALIFORNIA.	3A. AMOUNT OF FEE PAID	02/09/		SC. SIGNATURE OF LOC	AL REGISTA	VAR ISSUING PE	Aut.
LOCAL REGISTRAR ANY CHANSE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION	90, ADDRESS OF RE	EGISTHAR OF DISTRICT OF DEATH STREET LES. CA 90012	9E ADDI	P O BOX	OF DISTRIC	TOF DISPOSITION — TO DISTRICT W CALIFORNIA	P GP L L	571 100	11263
B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	GREMATED REMAINS (OTHER C	E TEMPOPARY ENVAULTS F. DISINTERMENT G. SHIP IN TO CALIFORNI H. TRANSIT TO OUTSIDE (I. DISPOSITION P (Name and Addres		REMAINS LOCAT	ED AT
BURIAL	HT ROPE (A DESCRIPTION OF THE PARTY OF T	V	2-15-00		Norma t	Ley	HARGE OF BU	RIAL
CREMATION	ANTELOPE	VALLEY CREMATORY CA 93550	DRY	128 DATE CREM	Ma b	C. SIGNATURE OF PER	RSON INC	HARGE OF CR	EMATION
SCIENTIFIC	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13	C. SIGNATURE OF PER	RSON IN C	HARGE OF FAI	YTUR
14A NAME AND ADDRESS IN RECEIVING STATE OR COU REMAINS OR CREMATED REMAINS ARE TO BE SHIP				148 DATE SHIPPI	ED 140	C ADDRESS AND SIGN OF PLACING WITH 1			HARGE
ATTERING/BURIAL AT SEA OR IPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR O DIDENTIFY FINAL PLACE AND CAD EA. ONLY ENTER LATITUDE AND LO	STRICT OF DISPOSITION	15B. DATE OF DISPOSITION		C. SIGNATURE OF PER CHARGE OF DISPO		16D LICENSE CREMATED RE POSER — IF AI	MAINS DIS-

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

MOCK Get-up

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Refinando Gaian (Resident fee	
Regnerate States Louis Tree	ce)

AT NEED

Date 2/9/06

Lou Lou		
of VIOLA GU	LSS &	es and regulations, to inter the remains MocK refup
ina ADH VANET	Funeral, date, t	ime Wicoli Feb. 15 11:00
	ivery Only!	BISHOP UND 4462 Mortuary.
All Funeral care must arrive before 3:0	0 p.m. of regular work	day or an extra charge of \$
will be applied and billed to undersigned		
		Lot 623 Grave
Grave space & Care Fund	E-10754	
Overtime/Late Arrival Fees		
Opening/Closing & Setup		The second of th
Burial Container 9 GRS 122	All management of the second	2 44.00
Handling Fees		Q A STORE
Flower vases – Marker setting fee	NOCK SET-	UP po 71/2/2000
Sales taxes		100
		Total Due VISA 3817
	Paid receipt number	Und II
		Balance due
	orization and I agree to	of the above named decedent above indicated. I certify and represent hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot i hold under deed.	Pred Name	O paried that the species
X	Address	"ise i Way
Signature	\(\)	Zer Code
paulette	Telephone	-
	Invoice #	
Work Order # E-19598	Acct.#_	

466-4461

MT HOPE CEMETERY 619598

GRAVE BLIND CHECK FORM

Write in the block mark existing mark the burial	ked with ' arker's in	'X". Place the appro	the name opriate spa	e's, lot # a ace(s) tha	nd grave	of all cent to
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	120		mcCain		0	W
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Blind Che	ck Initiat	ed By:	Payle He		Date: 2	210-04
Interment	enace fo	viol	& Gus	<		
Interment	Date	vers !	2015	Time:	11:00	arrival
Div:_ 100	_ Sect:	BI	k/Row:	Lot:	1623 G	r. <u>E</u>
Grave La	id out by					
Agrees w	ith Legal	Card: □	Yes (J No -	THE	
Agrees w	ith Map:	☐ Yes	01	No	117	
Blind Che	eck & Ve	rified By:_			Date:	

MT. HOPE CEMETERY (Res) INTERMENT ORDER LOW INCOME approva 1. City of San Diego Date 2/13/06 Pin# 119991 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church) Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 2/3.00 will be applied and billed to undersigned. Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Flower vases - Marker setting fee Recording/Filing/Transfer Fees..... Sales taxes..... Total Due I hereby certify I am the of the above named deceden and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. hereby authorize the interment in lot I old under deed.

E-19599

Zio Code

Invoice #

Acci. #

7ax 219-1750 Cupital 619 395-3344 Cell#

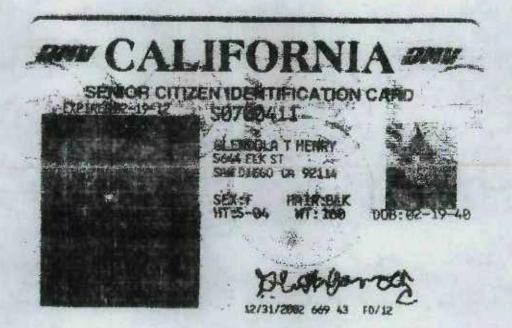
E-19599

THE TANK OF THE PERSON AND ASSESSMENT OF THE PERSON ASSESSMENT OF THE PERSON AND ASSESSMENT OF THE PERSON ASSESSMENT OF THE P

(619) 229-2747 Fax (619) 229-2750

2200 Highland Ave National City, CA 91950

02/13/2006 ATTN: MANIA OR SANDRA

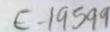


HEA-104 (3-04)

150

	HOPE CEMETERY LOW INCOME
	RMENT ORDER
AT-W Could Reporte !	City of San Diego
Henry, GIE	a, subject to your rules and regulations, to extensive remains and other T. France.
" Pell liner	Funeral date time 02/1/06 /201
Church Chapel Graveside	and secondary worst day of an extra pharge of \$ 112.00
All Funeral care must arrive before 3:00 will be applied and billed to undersigned	a.g. of regular work day of an extra praign of a ALT.CO
Grave episca & Care Fund	BARDY 10 - 131.00
Grave space & Care Fund	266.50
AL THE SERVE	135 00
Number Container	CINET 103,00
Handing Fees	
commer waster - Marker stating for	32.50
Bacording/Filing/Transfer Fees.	19.46
MOST TO Pay	Total Dua # 1,679.46
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I transity decety I are the A formation of this is your authority to make the authors that I neve the right to make this authors is about the subject of said suffer	DIVIN ANNUALS STATES OF THE SHARE I CONTROL OF THE STATES
i neters summer the interment in so the part under deed	The second of the second of
maria D	Invoice 9
von Orens E- 19599	Acct #
DES 100 (2.04)	his information is available to alternative formats upon required.





THE CITY OF SAN DIEGO

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

waivers are meant for a submitting a fee waive qualification	hose who are financial are required to subm	lly unable to it verification	de maintenance and afford to participate to of income and pro	services to the public in a program. All of of residency as	persons proof of
Name of Deceased	Glendos	a T	Henry		
Address:	5644	ELK	Stare	t	
City.			tate CA Zip C		4
City of San Diego re	sident? (Circle)	J	YES	NO	1
Size of Family (che			1000		
(1))\$13,440 (8) (2) \$22,020 (3) \$30,230	al Income 300 ye)	(4) (5) (6)	\$37,310 \$44,030 \$51,490	lacome	
For larger families, add it is been declared a dece be unclosed. Please submitting an Services. Notice of Residency is the residence hospital unless said stay as	it the deceased's cum Action (dated within)	ent internal 30 days), or	revenue service (The Social Security- Awa	ited part of that pe (5) tax renam. Hea rd/Benefit letter	ones.
I hereby certify under above statements are t	penalty of perjury	under the	laws of the State	of California tha	i the
Signed Relationship	mad	-	2-/ Date	3-06	
Proof of Residency Velle Concof the following: Current contrast months cent receipt pro	Militornia Driver's Licensi Utility Bill Current M perry rax statement Other	of Identificationship Check	on card displaying City ing/Bank Statement R	of Sen Diego addres	s end it and
Malia a.J			-	106	
SA-1099 do	-		Date		
Approved By MFD 2013/06					

Mt. Hope Cemetery
Community Forts: 1 * Pork and Recognition = 3751 Market Science * Sep Jings, Cs. 92102-4527
Int (K19) 527-3400 = Fax (619) 527-3403

VISIT OUR WEBSITE WWW.SOCIALSECURITY.GOV HO NEED TO CONTACT SOCIAL SECURITY? CALL 1-800-772-1213! KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

PERSONNELS BOOK SCHOOL BUILDING THINKING THOUSAND BUT CALL

andred paradies no peruite (A)

Form SSA-1099-SM (1-2006)

0795-744-00 GLEN L A MUHAMMAD FOR GLENDOLA HENRY 5644 ELK STREET SAN DIEGO CA 92114-4023 البالينا والطواط والمراط والمراط والطوران والمراجع والمراط المراط

OFFICIAL BUSINESS FENALTY FOR PRIVATE USE \$300

KANSAS CTTY MO 64106-2859

COM

CLO 769635-11FH0 769667

PRESORTED FIRST-CLASS MAIL POSTAGE AND FEES PAID GOCIAL SECURITY ADMINISTRATION PERMIT NO. G-11

SOCIAL SECURITY ADMINISTRATION MID-AMERICA PROGRAM SERVICE CENTER 601 EAST 1274 ST

Form SSA-1099-SM (1-2008)

DO NOT RETURN THIS FORM TO SSA OR IRS

Box 6. Voluntary Federal Income Tax Withheld NONE Hoy 7 Address CLEN LA MUHAMMAD FOR GLENDOLA HENRY 5644 ELK STREET SAN DIEGO CA 92114-4028 Box 8. Claim Number (Use this number if you need to contact SSA.) 443-88-4045A

Paid by check or direct deposit \$8,388.00 NONE Benefits for 2005 \$8,388.00

. PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. - SEE THE REVERSE FOR MORE INFORMATION Box 2 Beneficiary's Social Security Number GLENDOLA HENRY 443-38-4045 Nox 3. Benefits Payl in 2005 Box 4. Benefits Repaid to SSA in 2005 Box 5. Net Bernefits for 2005 (Box 3 minor Box 4) \$8,388.00 NONE \$8,388.00 DESCRIPTION OF AMOUNT IN BOX 3 DESCRIPTION OF AMOUNT IN BOX 4

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

TO: 5273403

13-86 15:18 FROM:

PAGE: 01

MT HOPE CEMETERY E-19 599

GRAVE BLIND CHECK FORM

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

	1				
	*		RAN		
			#1 X		
#10. Ella Lorthridg	#11 e	#12	#7 patricia KOONTZ		

	Sandia Date: 1-	16-06
Interment space for: He Friday	nry Glendolla	_
Interment Date: Feb 17	06 Time: // 00p	
Div:// Sect:2 Blk/	/Row: Lot: _/3 Gr:	1
Grave Laid out by: Norma	in Feyllan	
Agrees with Legal Card: XY	es □ No	
Agrees with Map: XYes	☐ No	

Blind Check & Verified By DARR5// Date: 2-/6-6

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

TA	GLENDOLA	ENT-FIRST (OIVEN)	18. MIDDLE T.	IC. LAST (FAN HEMRY	(IEY)			2 DATE OF BIRTH		OF DEATH	4. SEX
ľ	CALIFORNI	A BURIAL CE	A-FUNERAL DIRECTOR OF I IAPEL 2200 HIG FORNIA 91950	SAN D	TEGO 2B. CALIF. I	ICENSE NUMBER LICABLE	B NAME. OF MP LESTE 5644 SAN D	HELATIONSHIP, FUEL CRIMANT IR MUHAMMAD- ELK STREET IEGO. CA 92 JURE OF APPLICANT-	MAILING / -SON 2114	ADDRESS AND	
	ACKNOWLEDGEMENT OF	APPLICANT I horeby acknowledge of the Health	owindgo as appresent that the proposed d and Safety Code, and was authorized pur	Reposition stated herein is one of the di recent to Section 7100 of the Health a	ispositions authorid Salety Code.	riced by Section 100055	-Ca	autelle 1	luss	02/1	5/2006
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE A SPECIFIED IN THIS PERMIT. FRIGHT OF DISPOSAL OUTSIDE OF CA	AUTHOR-	FEE PAID	98 DATE PERMIT 02/15/20 C. RUSS	economic for	2603097	AL REGISTE	RAR ISBUING PE	FIMIT
113	IV CHANGE IN DISPOSI-	VITAL RECOR	GISTRAR OF DISTRICT OF ED IN CALIFORNIA IDS-P.O. BOX 8 CA 92186-5222	5222				FOF DISPOSITION — DISTRICT IN CALIFORNIA			
	A BURIAL (NOLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEIME D. SCIENTIFIC USE BURIAL	TIA NAME AND AD	DHESS OF CALIFORNIA C	MARKET ST.	T ALIFORNIA OUTSIDE OF) 110	DI DISPOSITION P	99)		
LE ITEMS	CREMATION	SAN DIEGO, CALIFORNIA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY -				12B. DATE CREMA	TED 12C	SIGNATURE OF PER	O UU RSON IN C	HARGE OF CI	REMATION
SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY R 14A. NAME AND ADDRESS IN RECEIVING STATE OF CO REMAINS OR CREMATED REMAINS ARE TO BE SH			FORMA FACILITY RECEIVING REMAINS		LITY RECEIVING REMAINS 13B DATE RECEIV		SIGNATURE OF PER	ENATURE OF PERSON IN CHARGE OF FACILITY			
				E .	14B. DATE SHIPPE	D 14C	14C. ADDRESS AND SIGNATURE OF PERSON IN CHAI OF PLACING WITH THE CARRIER			CHARGE	
	ATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELI DIDENTIFY FINAL PLACE AT EA, <u>ONLY</u> ENTER LATITUDE	NO CA DISTRICT OF DISP		DISPOSITION		SIGNATURE OF PER CHARGE OF DISPO		150. LICENSE CREMATED R POSER — IF A	EMAINS DIS-

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

MT. HOPE CEMETERY

INTERMENT ORDER

Res AT-Need

City of San Diego

111/1	Burial	ONLY
-------	--------	------

Date_ 2-13-06

You are hereby authorized and instructed, sub			
of Mario He			989
in a DD Cry 0 + A Type of Burill Cuts field Church, Chapel Graveside	Funeral, date, to	me Feabl	5, 2006 2.00
Church, Chapel Graveside		Bishop	Mortuary.
All Funeral cars must arrive before 3:00 p.m. o	of regular work	day or an extra ci	harge of \$ 2/3.00
will be applied and billed to undersigned.	cmu t	ernunU	(62 X
Division 11 Section 2 Bit			
Grave space & Care Fund		Lot	1,132.00
Overtime/Late Arrival Fees			
Opening/Closing & Setup			266,50
Burial Container DD Cr	YPT A	processio actiona	539.00
Handling Fees	rangement de		454.60
Flower vases – Marker setting fee FEB	1 3 2006		
Recording/Filing/Transfer Fees MOUNT HO			32.50
Sales taxes MOUNT HC	PE CEILL	41	41.77
		Total Due	82, 465,77
Paid	eceipt number	R-5943	0 2,465.77
			nce due _ O
I hereby certify I am the Social Control of this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	and I agree to	X of the a above indicated hold Mt. Hope Co	above named decedent I certify and represent emetery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name	e Herre	inclo?
Irona Hermanillox	Address	ne Her 5 Brook! n Dugo	Ca 92114
_	Invoice #		
Work Order # E-19600	Acct. #_		



THE CITY OF SAN DIEGO

E-19600

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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.

A14-000-000-000-000-000-000-000-000-000-0		100		
Name of Deceased:	Mario	Herio	nd62	Bumirez
Address:	6565	Brookl	yn A	U
City:	Son Du	90 S	tate (u	Zip Code 92114
City of San Diego re	sident? (Circle)	YES	NO
Size of Family (che	ck one)			
Annu	al Income			Annual Income
(1) \$13,440		(4)	\$37,310	
(2) \$22,020		(15)	\$44,030	
(3) \$30,230		(6)	\$51,490	
Human Services-Notice of Residency is the resident hospital unless said stay	of Action (dated water of the decease exceeded one year or penalty of per	ithin 30 days), c	or Social Secu	ervice (IRS) tax return, Health urity- Award/Benefit letter. inal care facility, hospice, and/ he State of California that th
1. 11	1 -	5	9	7 /7 2/
Limu Heri	Jandoc	-1000	y Ci	2-13-06
Signed/Relationship			- 3	Date
Proof of Residency: Valid one of the following: Curre current month rent receipt	ent Utility Bill Cu	rrent Monthly Ch	cation card dis ecking/Bank S	splaying City of San Diego address as Statement Rental/Lease Agreement as
Approved by	7			Date
Current /K.5 /04/2 Approved By		d on:		



· · € 19600

		ndividual Income		4	1991	AS DIE On	(Cond		ple nt sspace.
Label -		ear Jan. 1- Dec. 31, 2004, or other t	sa year beginning	2004. a	naing	20			0.1545-0074
3000		IO HERNANDEZ					Ye		ecurity number
Use the IRS		A HERNANDEZ					1 =		-20-4473
label.		5 BROOKLYN AVE					S		cial security number
Otherwise,	SAN	DIEGO, CA 9211	4				-		-17-0523
please print or type.							You		oortant!
Presidential Election Campa	b	Note, Checking "Yes" will not	Control of the Contro				Man I	You	Spouse
Liection camp	aign F	Do you, or your spouse if iriling	g a joint return, want \$3	to go to ihis			*	Yes X	
Filing Status	S	(Single	and the state of t	4	70				ni. (See page 17.)
Check only	2	Married filing jointly (even if i married triing separately. Enters		- Managaran Colomb		200	s a chint b	ar not your a	egendent enter this
one bax.	-	- married rining separately. Enter i	spouse 3 SSN appres full	name below:		вте насе. 🚩	Access of the	are divine solid	ld (see page 17)
	6a 2	X Yourself. Il someone can	atama com a a alaman	1000			Mins-net	7	Boxeschecked 2
Exemptions	b 1		ciaim you as a depende	ent, ao not ci	BCV DOX OR	Barra III			No of children
		Dependents:		(as One	endent's	(3) Deper	ident's	(4) 1 000	- andewhe:
		1) Firstname Lastn	nmid:	(U.S.2011)S287	unty numbe	relations	thip to	an ing tar	
	TER	EMIAH HERNANDEZ	CHIPTE .	The second second	8-9094	1.00		X X	gue to divorce
If more than low	CALL	EB HERNANDEZ		The state of the s	1-3190	Chargester, Cons.	3 8	X	of separation
dehendeum	MAR			The second secon	9-8499	The second secon		X	Copendants on 60 not
see page 18	4 central c	O O MANAGEMENT			2 0422	W-0-11		10	Antered space
	d T	otal number of exemptions cla	imad						andrea > 5
Viteria Terr	_	Wages, salaries, tips, etc. Att		0 -0 -0	-	-	-	VIIIA	apova
Income		The state of the s						1	12,648.
	8a	Taxable interest, Attach Sche	edule Bifrequired			*******	40/1000	8a	1270.00
Attach Form(s)		Tax-exempt interest. Do not			85			37717	
W-2 here. Also		Ordinary dividends. Attach So			1			9a	
attach Forms		b Qualified dividends (see page 20) 96						11111	
W-2G and 1099- Riftax	10	H (1) P P P P P P P P P P P P P P P P P P P						10	
was withheld.	11	Alimony received	i de la companya de l	0.91		11			
	12	Business income of (loss). Att	Z				12	1,300.	
	13	Capital gain/ (loss), Attach Sci	nele				13		
2	14	Other gains or (losses), Attach						14	
if you did not det a W- Z.	15a	IRA distributions	15a	1	Taxable at	nt		15b	1,509.
see page 19.	16a	Pensions and annuities	16a		Taxable ar			16b	
S.M. Solvet	17	Rental real estate, royalties, p.	ons, trusts, s	ns, trusts, etc. Attach Schedule E			17		
Enclose, but do	18	Farm income or (ioss). Attach		College States	2000/10/10/12/20/10/10			18	
notaflach, any	19	Unemployment compensation	The limit of					19	4,254.
payment, Also, please use	20a	Social security penelits	20a	1	Taxable at	m)	25	20b	
Form 1040- V.	21	Other income. List type and ar	nount (see page 24)					Mille	
	22	Add the amounts in the lar rigi	nt column for lines 7 tars	ough 21. This	as your total	lincome		21	19,711.
YOR DR	23	Educator expenses (see page			23			VIIIA	
Adjusted	24	Certain business expenses for	rreservists, performing	artists, and					
Gross		lee- basis government officials			24			900	
ncome	25	IRA deduction (see page 26)	4 1 1 2 2 3		25			2000 m	
	26	Student loan interest deduction	in (see page 28)		26			1999	
	27	Tuition and fees deduction (se	ee page 29)		27			(1000)	
	28	Health savings account deduc		28			01/13		
	29	Moving expanses. Attach Fam		29	LIST ISS	28 - 63	11///		
	30	One-half of self-employment	tax. Attach Schedule S	E	30		92.		
	31	Self-employed health insuran	ca deduction (see page	370)	31			199A	
	32	Self-employed SEP, SIMPLE,	and qualified plans		32	- 30, -33	2	200	
	33	Penalty on early withdrawarol	savings.		33			11/16	
	34a	Almeny paid 'b Recipient's S	SSN >		34,8		37——X	1110	
	35	Add lines 23 through 34s						35	92.
	36	Suptract line 35 from line 22. To	his is your adjusted or	ere in come				36	19,619.

1040 (2004) Form Sortware Gopy - gnr 1886 - 2005 HAR Bioz - Tax Services Inc.

Form 1040 (2004)

MT HOPE CEMETERY - 14600

GRAVE BLIND CHECK FORM

ne burial		DD	CrypT	12	Buce	al
	4.					
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		- 5v /4	# / X			-
•			#7			-
		40	Charles			
		-	CLUPIS			
			CIEBIS			
			Sandia			
terment	space fo	r Max	Sandia	han	1-3	
nterment	space fo	r Max	Sandia	han	1-3	
nterment ntermen	space fo	r. Man Westz 7cb/:	Sandia in Her	ne;)	:00	
nterment ntermen Div: <u>[]</u>	space fo	r: Man West 7cb 1: 2 B	Sandia in Her 5,06 Til	ne:	162 15	Gr:
nterment ntermen Div: <u>[]</u> Grave La	space for t Date: Sect:_ iid out by:	r: Mai West 7cb 1: 2 B	Sandia in Her	ne: _)Lot:	162 15	Gr:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

€-19600

NS oge

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

			DZE BLA	CK INK ONLY — MA	KE NO EHASU	HES, WH	ILEONIS ON D	HEH AL	JERATIONS	100		
1.6	NAME OF DECEDE	NT-FIRST (GIVEN)	18 MIDD	18 MIDDLE 10: LAST (FAMILY)				2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH	4. SEX	
	Mario			-		Hernandez			01/19/1969 02/08/2			
5/	CITY OF DEATH				5B, COUNTY		- OUTSIDE CALIF.		, RELATIONSHIP, FULL FORMANT	MAILING A	DORESS AND	ZIP CODE
	San Diego				EHIER SI		n Diego		Hernandez,	wife		-
74			A-FUNERAL	L DIRECTOR OF PERSON	ACTING AS SUCH	7B. CALIF.	LICENSE NUMBER		Brooklyn A			1
	Bishop Mo:					- III AP	PLICHELL	San	Diego, CA	92114		*
	3444 Citr	us Street,	Lemon	Grove, CA	91945	FD-	1673	8A. SIGN	ATURE OF APPLICANT	Person laking pr	umit 186. DATE	SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT The Health	celetye es appir and Salaty Code	card that the programmid disposition in and was authorized pursuant to the	istion TYDG of the Health a	nd Safety Code		1	De C		THE REAL PROPERTY.	4/2006
	* Litters		AND SAFETY	CODE AND IS THE AUTHOR-	9A. AMOUNT OF	FEE PAID	G. Mitch	ell	9C SIGNATURE OF LOCA	AL REGISTRA	AR ISSUING PE	PMIT
		ITY FOR THE DISPOSITION NOTE: THIS PERMIT GIVES NO		N THIS PERMIT POSAL OUTSIDE OF CALIFORNIA	\$11.0	San	02/14/20	and the second	▶ 2602963			H.
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW	9D. ADDRESS OF RE IF DEATH OCCURR		OF DISTRICT OF DEATH DRNIA	-				OF DISPOSITION — R DISTRICT IN CALIFORNIA			
	ERMIT TO SHOW FINAL DISPOSITION	P.O. Box San Diego	85222 CA	92186-5222			_		_			
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLICA	ABLE ITEMS						FOR C	ORONOR'S	USE ONLY	
T	X A BURKAL INCLUDE	S ENTONBMENT)		- [E TEMPORARY	ENVAULTME	ENT		T I DISPOSITION PI	ENDING - P	REMAINS LOCAT	TED AT
î	B. CREMATION			ř	F DISINTERMEN	(T			(Name and Addres		Control of the second	(Beatly)
Ì		CREMATED REMAINS O	THER	ř	G. SHIP IN TO C	ALIFORNIA						
Ì	D. SCIENTIFIC USE	TEHY		F	H. TRANSIT TO	OUTSIDE OF	FIGALIFORNIA					
_		TITA NAME AND AD	DRESS OF	CALIFORNIA CEMETER	BV.	ici (ici ici ici ici ici ici ici ici ici	11B. DATE BURIER	1 1 10	C. SIGNATURE OF PER	SON IN CO	ABGE OF BU	IDIA)
	BURIAL	Mt. Hope					* -		o. bidiwa tine of Fen	SON IN CIT	WHOL OF BU	MINL
	55.005			., San Diego	, CA 921	02	2-15-0	20 1	Kunt 1	- 4	amp	-
轻		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY					12B DATE CREMATED 12C. SIGNATURE OF PERSONAN		SOMN CH	CHARGE OF CREMATION		
P	CREMATION								- /	/		
岩								>	1			
ĕ		13A, NAME AND AD	DRESS OF	CALIFORNIA FACILITY	RECEIVING REM	MAINS	13B. DATE RECEN	/ED 13	C. SIGNATURE OF PER	SON IN CH	ARGE OF FA	CILITY
G,	SCIENTIFIC	Material William Control										
4	USE											
щ		14A. NAME AND AD	DRESS IN	RECEIVING STATE OR	COUNTRY WHER	Œ	14B. DATE SHIPPE	D 14	C ADDRESS AND SIGN	ATURE OF	PERSON IN	CHARGE
H	TRANSIT	REMAINS OR	CREMATED	REMAINS ARE TO BE	SHIPPED		0.015-00-50-100 100 100 A	1	OF PLACING WITH T			Maria Maria
90	TEDANISTI -											
0		15A ADDRESS NE	AREST POIL	NT ON SHORELINE, OR	OTHER RESCRIE	TION	15B DATE OF	- 16	C. SIGNATURE OF PER	CON IN	Lann German	waters or
	SCATTERING/BURIAL	SUFFICIENT TO	DENTIFY	FINAL PLACE AND GAD	DISTRICT OF DISE	the second secon	DISPOSITION		CHARGE OF DISPOS		CREMATED RE	EMAINS DIS-
	AT SEA OR DISPOSITION OTHER	IF BURIAL AT S	EA, ONLY E	NTER LATITUDE AND L	ONGITUDE	VERMINOR		- 8			POSER - IF A	PPLICABLE
	THAN IN A CEMETERY											

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

Pre-need only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/13/06

You are hereby authorized and instructe of Alice			inter the remains
TD all to a a	Funeral, date, t		
Type of Bunal Container Church, Chapel, Graveside			
All Funeral cars must arrive before 3:00	p.m. of regular work	day or an extra charg	e of \$
will be applied and billed to undersigned	d		
Division 10 Section	Bik/Row	Lot 4217 G	rave /
Grave space & Care Fund	BAID	E-	-03669
Overtime/Late Arrival Fees	PAID		
Opening/Closing & Setup.	ED 1-3 2008		533.∞
Burial Container	FR 1.3 5000		or 10,
		TERY	206,00
Handling Fees	HOLE GEME		178.00
Recording/Filing/Transfer Fees			65**
Sales taxes			20.93
	Paid receipt number	P-00121	1,272.93
	79	Balance d	ue —
I hereby certify I am the and this is your authority to make disport that I have the right to make this authorizany liability on account of said authoriza	ization and I agree to	of the above above indicated. I ce hold Mt. Hope Cernet	e named decedent ritly and represent tery harmless from
I hereby authorize the interment in lot I hold under deed.	Pres Name	5532 Clou	id Way
Bignatura D	Address S City 85	AN DIEGO, 8 272-38	CA 92117 22 zp Code
Work Order # E-19601	Invoice #		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

sident	910	Date 2 17	100
You are hereby authorized and instruct	P//	# 229994	tor the remains
	TILLE U	(To Cant)	er me remains
DD -4 04	Funeral, date, I	11:30 6	Tel-
Church, Chapel, Graveside	T Dilotal, data, 1	Boosdale	Mortuary
All Funeral cars must arrive before 3:0	n m of refolations	day or an eyra charge	
will be applied and billed to undersigne	0/11/	say of all only shall go	
Division Section	Blk/Row	Lot 1598 Gra	ve
Grave space & Care Fund			142-
Overtime/Late Arrival Fees			
Opening/Closing & Setup Burial Container 20 4 ×		Je D	178
Burial Container (20 '4 ×	11 WX 17	ans	99
Handling Fees	FFR	7 7 2006	36,-
Flower vases - Marker setting fee	1 Held	- 1 ZUUB	
Recording/Filing/Transfer Fees	MOUTOT HY	TOTAL PROPERTY.	65-
		A C GEMETER	1.61
		Total Due	527.67
	Paid receipt number	K-17440	527.61
Shin	11	Balance due	-0_
I hereby certify I am the and this is your authority to make disp	24/10/	of the above	named decedent
that I have the right to make this author any liability on account of said authoriz	rization and I agree to	hold Mt. Hope Cemeter	ry harmless from
any liability on account of said authoriz	ation and interment.	no H	amond
I hereby authorize the integrient in lot I hold under deed.	Print Name	ient Gisti	COHI
VOLUME TO	Norl X45	HA HAMILL	0114
Dignature 100000 1000	X 5x	n nicdo	CA9210-
	1 10	19/002-	1444
), 18 alm	oceanale.		
LUIA	Invoice #	*	
Work Order # E-19602	Acct. # _		
has the control This	information is availal	ble in attemative former	te unon nanuaet

6 Production to C



MT HOPE CEMETERY

E-1960Z

GRAVE BLIND CHECK FORM

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

	Highey			Alege	
				Bell	c
		Х			
					ni
	ice for: <u>Jac</u> e: <u>2</u> 22/06				7
Div: 9	Sect:1_BI	k/Row:	_ Lot: _19	598 Gr:	_
Grave Laid o	ut by: Mozme	on for			_
	egal Card: D		1-10	Lew Er	
Agrees with M	Map: XYes	ONO		1	
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E-1960Z

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age

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

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A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
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SA CITY OF DEATH			58 COUNTY OF DEATH ENTER STATE		NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND ZIP CO
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ANDERSON-	RAGSDALE M	The second secon	— IF AP	PLICABLE	15328 CASTLE PE/ JAMUL, CA 91935	AK LANE
5050 FEDE	ERAL BLVD.,	SAN DIEGO, CA 921	02 FD-	1329	A. SIGNATURE OF APPLICANT-	Parameter SIGNED
ACKNOWLEDGEMENT OF	APPLICANT I fromby actor of the Health	environs an applicant that the proposed disposition sta- and Safety Code, and was sufficient pursuant to Sec	and herein is one of the dispositions out dam. F100 of the Health and Salety Code	nortzed by Section 103055	Junnika	1 02/20/20
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TION REQUIRES A NEW	P.O. BOX 8	52 2 SALIFORNIA	IF Olsi	OSTION IS TO OCCUPI IN	ANOTHER DISTRICT IN CALIFORNIA	
PERMIT TO SHOW FINAL DISPOSITION		CA 92186-5222	/			
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11.43/95041		DRESS OF CALIFORNIA CEMETER	1	118. DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF BURIAL
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		, CA 92102		ACAM NATIONS NO MINOR PASSING	A CONTRACTOR OF THE PROPERTY O	
9	12A, NAME AND A	DDRESS OF CALIFORNIA CREMATO	ORY	12B. DATE CHEMATI	EDI 12C. SIGNATURE OF PER	SON IN CHARGE OF CREMATIO
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ai .		ODRESS IN RECEIVING STATE OR C	F1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	14B. DATE SHIPPED	14C, ADDRESS AND SIGN	ATURE OF PERSON IN CHARGE
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THAN IN A CEMETERY						
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MANUELD LA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Low Income Date 2/21/06

	cted, subject to your rules and regulations, t	
	Funeral, date, time FRIDAY	
Church Chapel, Graveside		LE Mortuary
All Funeral cars must arrive before 3:	00 p.m. of regular work day or an extra char	ge of \$
will be applied and billed to undersign	ned.	
Division 11 Section 2	BIK/Row Lot 15	Grave //
Gra + space & Care Fund		1132.00
Overtime/Late Arrival Fees		110
Opening/Closing & Setup. 26	6,50 + 533,00	799.5
Burial Container		539.00
Handling Fees		454.0
Recording/Filing/Transfer Fees 2	a 65.00°	130.00
Sales taxes	AID	41.77
2007	Total Due	3096.2
2 Pay FEB	2 Para receipt number R-59442	3096 2
ADPT . 2 Pay FEB :	Balance	due
I hereby certify I am the and this is your authority to make dis	of the abo sposition of remains as above indicated. I d iorization and I agree to hold Mt. Hope Cem ization and interment.	ertify and represent
I hereby authorize the interment in lot hold under deed.	Phone Manney	
*	Address	thed 250 Code
Signature	a Della	M Q DO SIG CODE
Paulette	Invoice # Las Bro	Mature za code
Work Order # E-19603	Acct. #	
REA-104 (3-04) Thi	is information is available in alternative for	mats upon request.

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

3. DATE OF DEATH 4.9

1A	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	TO LAST (FAMILY)			2. DATE OF BIRTH	3. DATE O		4 BEX
	GWENDOLYN		ANTOINETTE-LODGE	WILSON		0	MONTH DAY, YEAR 08/08/1952	02/18/		2530
5A	CITY OF DEATH				ATH - OUTSIDE CALIF.	6 NAME, I	RELATIONSHIP, FULL DRIMANT	MAILING AD	DRESS AND	ZIP CODE
	NATIONAL			ENTER STATE	SAN DIEGO		E F. WILSON	JR: S	ON	
7A			IA - FUNERAL DIRECTOR OR PERSON A	ACTING AS SUCH 78. C	ALIF LICENSE NUMBER	The Property of the Salah	AGLE STREET	Marie Control of the		
	West 2000 Color (120 Color)	-RAGSDALE M			No. 200 CHANGE CO.	NILES	. MI 49120		and Common to	
	5050 FED		SAN DIEGO, CA 921		FD-1329	BA. SIGNA	TURE OF APPLICANT	Various lawing peri	# 8B. DATE	SIGNED
_	ACKNOWLEDGEMENT OF	APPLICANT If the Health	ewisege as applicant that the proposed disposition star and Safety Code, and was sufficient pursuant to Sact	and hence is one of the disposition tion 7100 of the Health and Safet	ns authorized by Section 103055 y Code.	K U	RITINGE	1400	02/	24/200
		THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR	BA AMOUNT OF FEE PA	S.PRYC		2603712	AL PREGISTRAP	RISSUING PE	AMT
			N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$11.00	02/24/20					
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Ċ	THAN IN A CEME ID. SCIENTIFIC USE			H TRANSIT TO OUTSI	DE OF CALIFORNIA					
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	BURIAL		CEMETERY: 3751 MA D, CA 92102	RKET STREET	2-27-0	6 1	Know F.	- la	mas	
BLE ITEMS	CREMATION	TZA, NAME AND AL	DDRESS OF CALIFORNIA CREMATO	ŔŸ	12B. DATE CREM	Al'ED 12C	SIGNATURE OF PER	SON IN CHA	PIGE OF CR	REMATION
AL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA FACILITY (RECEIVING REMAINS	13B. DATE RECEI	IVED 18C	SIGNATURE OF PER	ISON IN CHA	ARGE OF FA	CILITY
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



E-19603

Zip Code 9 2102-

THE CITY OF SAN DIEGO

ALT HOPE CEMETERY

1	MIT HOPE CENTERED WAIVER	
1	OW INCOME ASSISTANCE PROGRAM FEE WAIVER charged so that we are able to provide maintenance, and services to the pub- charged so that we are able to provide maintenance, and services to the pub-	die Fer
cery fees at	charged so that we are able to provide maintenance and secret a program. At for these who are financially unable to afford to participate in a program. At	broot o

Cemetery fees at 1 cha	triged so that we are ab-	to provide maintenant unable to afford to pe	er and services to an imorphise in a program and proof of readen	All parsent is as proof o
submitting a fee says qualification	62 427 8 17 41 17 17 17 17 17 17 17 17 17 17 17 17 17	an Mari	The second second	X.
Name of Deceased		MIL MARKET		

Address

City City of San O ego resident' of inclin-

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	Annual Income	(4)	537,-10
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Mr. Hope Cemetery

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Anderson- Engelate

A.H: Bulette



MT HOPE CEMETERY 6-19603

GRAVE BLIND CHECK FORM

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

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lind Check In	itiated By:	aviette		Date:	2-24
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MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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	Low Inc	ome ome ef	1100
You as a netaby authorized of	and instructed, subject to	your nates and inquistions,	to inter the remains
D D CRYPT	"A" sunere	date time FRIDAY	
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will be addised and billed to	uneventures		
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#5.6 504 (J-04)	This information i	o nucleable in afternative fo	VITABLE VIDOR PRODUCTS

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS.

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USE BLACK INK ONLY -	MAKE NO ERASURES, WHITEOUTS OR	OTHER ALTERATIONS	0ge 31	
I A SANDALE	William Committee on	THE REAL PROPERTY.		w. (50%)

CEDENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)				DATE OF DEATH	4. SEX
AN	MAJET	DAY	IS, SR.		03/22/1975	02/16/2006	M
		5B. COUNTY OF E	SAN DIEBO				
ON-RAGSDALE M	ORTUARY	accesses I	IF APPLICABLE	SAN I	DIEGO, CA 921		ESIGNED
				D 5	unnikat	140Y 02/2	1/2006
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NAME AN	AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERON-RAGSDALE MORTUARY FEDERAL BLVD., SAN DIEGO, CA ENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT WOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL QUITIBLE OF CALIFORNIA BOA ADDRESS OF REGISTRAR OF DISTRICT OF CI IF DEATH OCCUPRED IN CALIFORNIA POR ADDRESS OF REGISTRAR OF DISTRICT OF CI IF DEATH OCCUPRED IN CALIFORNIA POR ADDRESS OF REGISTRAR OF DISTRICT OF CI IF DEATH OCCUPRED IN CALIFORNIA POR ADDRESS OF REGISTRAR OF DISTRICT OF CI IF DEATH OCCUPRED IN CALIFORNIA POR ADDRESS OF REGISTRAR OF DISTRICT OF CI IF DEATH OCCUPRED IN CALIFORNIA POR ADDRESS OF REGISTRAR OF DISTRICT OF CI IF DEATH OCCUPRED IN CALIFORNIA POR ADDRESS OF CALIFORNIA CEN MILL NAME AND ADDRESS OF CALIFORNIA CEN MILL NAME AND ADDRESS OF CALIFORNIA CRI SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CRI 13A. 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NAME AND ADDRESS IN RECEIVING STATI	AND ADDRESS OF CALIFORNIA - FUNERIAL DIRECTOR OR PERSON ACTING AS SUCH 78. SON—RAGSDALE MORTUARY FEDERAL BLVD., SAN DIEGO. CA 92102 ENT OF APPLICANT If hereby extremency or a subscent that the proposed disposition stated female is any of the disposition and the proposed disposition stated female is any of the disposition and the proposed disposition stated female in any of the disposition and the proposed disposition stated female in any of the disposition and the proposed disposition and the result and Sale that the proposed disposition stated female in the proposed disposition and th	AND MAJET SECURITY OF DEATH — OUTSIDE CALIFORNIA FUNERAL DIFFECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER ON—RAGSDALE MORTURY FEDERAL BLVD. SAN DIEGO, CA 92102 ENTOF APPLICABLE I Sensity activowage as accident that the proposed disconstine mande female is after the dispositions authorised by Section 100000 ENTOF APPLICABLE I Sensity activowage as accident that the proposed disconstine mande female is after the dispositions authorised by Section 100000 ENTOF APPLICABLE THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA MEALTH AND SAFETY CODE AND IS THE ALTHOUGH. TO THE OLD STORT OF THE OLD	AND MAJET DAVIS, SR. SECOUNTY OF DEATH — OUTSIDE CALIF. GENAME. TO SELECT STATE SAN DIESO AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER — GENERAL BLVD. SAN DIESO, CA 92102 ENT OF APPLICABLE I healty extrewings as ported that the proposed disconsists assert health as a new of the disposition authorised by Section 1900. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA PERMIT IS SUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA PERMIT IS SUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA PERMIT IS SUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA PERMIT IS SUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA PERMIT IS SUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA PERMIT IS SUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA PERMIT IS SUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA PERMIT IS SUED IN ACCORDANCE OF CALIFORNIA BOD, ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCUMENTORY BOD, ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCUMENTORY BOD, ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DISPOSITION(S) CHECK APPLICABLE ITEMS *****CLUGES ENTONISMENT***** COUNTY OF THE CALIFORNIA CHECK TO THE CALIFOR TO THE CALIFORNIA CHECK TO THE CALIFORNIA CHECK TO THE CALIFORNI	AND MAJET DAVIS, SR. SR. SR. SR. SR. SR. SR. SR.	AND MAJET SB. COUNTY OF DEATH — OUTSIDE CALIFORNIA. SB. AD JIEGO AND ADDRESS OF CALIFORNIA. FUNCHAL DIRECTOR OR PERSON ACTINIGAS SUCH 78: CALIF-LICENSE NUMBER FOR APPLICABLE SAN DIEGO, CA 92102 BAS SIGNATURE OF APPLICABLE — PROPERTIES AND DAVIS: WIFE SAN DIEGO, CA 92102 BAS SIGNATURE OF APPLICABLE — PROPERTIES AND DAVIS: WIFE SAN DIEGO, CA 92102 BAS SIGNATURE OF APPLICABLE OF APPLICABLE — PROPERTIES AND DAVIS: WIFE SAN DIEGO, CA 92102 BAS SIGNATURE OF APPLICABLE OF APPLICABLE OF A SIGNATURE OF LOCAL REGISTRAR SIGNING FOR AMOUNT OF FEE PAID S. PRYOR S. PRYOR S. PRYOR S. PRYOR S. PRYOR S. PRYOR S. DATE PERSON IS SUBJECT OF DISPOSITION — IF DISPOSITION — IF DISPOSITION — IF DISPOSITION — IF DISPOSITION PERSON IN CHARGE OF BEING PERSON IN CHARGE OF

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

AT-Need (NON-RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10-chairs		Date 2 -	21-06
10	Pin I	# 230013	
You are hereby authorized and in	istructed, subject to your rul	les and regulations, to	
of Gwendolyn Al	itionette Loc	age-Wilso	-11/10
ina TS Vaul+	Funeral, date,	time Feb 27	06 11.00A
Church, Chapel Graveside		Rassdale	Kevin Mortuary.
All Funeral cars must arrive before	re 3:00 p.m. of regular work	day or an extra charg	e of \$ _283.04
will be applied and billed to unde		Witon for	×
Division Section	5 Blk/Row 41	Lot <u>F</u> G	rave
Grave space & Care Fund			3,011.00
Overtime/Late Arrival Fees	·		
* Opening/Closing & Setup		.,	708.00
Burial Container	TS Van	alt	472.00
Handling Fees			350,00
Flower vases - Marker setting fe	FEB 2 1 2006	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_0_
Recording/Filing/Transfer Fees		H1111111111111111111111111111111111111	85.00
Sales taxes MOUI	NI HOPE CENT		36.58
		Total Due	14,662.58
	Paid receipt number	R-55441	4,662.58
		Balance o	tue _ O
I hereby certify I am the 5			e named decedent
and this is your authority to mak that I have the right to make this any liability on account of said au	authorization and I agree to	above indicated. I ce hold Mt. Hope Ceme fin 井 上了。	tery harmless from
I hereby authorize the interment i	in lot 1 x Geo.	AGE F. Wilson	U JR.
hold/under deed.	Print Name	EAGLE 57	344
Significant of When I	Address V. A.	les M.	
clo Purchasen	City (AC)	9)684-5304	žip Code
PIN# 230107	lnvoice #	*	
Work Order # E-19604	Acct. #		
REA-104 (3-04)	This information is availab	ble in alternative form	ats upon request.

© Friend in record purer

E-19604

DMU CALIFORNIA DMU

EXPIRES 08-08-04

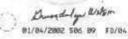
RIVER LICENSE N3036094

CLASS: C

GHENDOLYN ANTIONETTE
7125 MAITE DR 1
LA MESA CA 91941

SEX:F HAIR:BRN HT:5-05 WT:230





Check

AC-212A (11-05)

3660

This information is available in alternative formats upon request;

ISSUED BY

CITY OF SAN DIEGO, CALIFORNIA AT-NEED PURCHASE

MOUNT HOPE CEMETERY

Misc. Fees Sales Tax

TOTAL PAID

60101

78390

59441

36

661

58 tay

58

(619) 527-3400 2-21-06 Date: From: Laurence Lee Land Address: Panorana Four thousand six hundred 100 Dollars (\$ 4) Services Payment of AT- Need FOR Gwendolyn WILSON Blk/ Div Sec Row Lot Grave E-19604 Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE CREDIT 67007 602 Acct. No. 20% Sales Care 77184 408 80 80% Sales 100 FEB 2 1 2005 W.O. 77184 of Lots Opening/ 100 BALANCE DUE Closing 77181 00 010 708 Burial 100 MOUNT !. 77182 Containers 472 00 Blc 100 77185 100 OO HF 350 Money Order Handling Fee Recording & 85 00 R/F Charge 77183

LAURENCE LEELAND PH. 619-294-4333	3660
4711 PANORAMA DRIVE SAN DIEGO, CA 92116	2 - 2 1 - C 6 16-24/1220 4574 0817212418
Pay to the Mount Hope C	emotery \$4662,58
Forty six hundred	sixty two and 700 Dollars 1 100
WHILES Wills Fargo Sank, N.A. Calfornia well-fargo.com.	Valued Customer Since 1989
For Swen Wilson	Laurence Teeland
an arranging	THE RESERVE TO SERVE THE PARTY OF THE PARTY

MT HOPE CEMETERY E 19604

GRAVE BLIND CHECK FORM

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

-		
	ROP-41	Rowsq Thomas Hawkins GR-F
ROWYA GR F ROJEND	ROW41 X GR F 1-R(E) MARY STEWART	

Blind Check Initiated By: Sandia	Date: 2-11-06
Interment space for: Gwendolyn Wi	Ison
Interment Date: Fe 6 27 06 Time:	11:00 A.M
Div: 7_ Sect: 5_ Blk/Row: Lo	ot: 41 Gr: F
Grave Laid out by: Norman Fengus	
Agrees with Legal Card: Yes O No	
Agrees with Map: Yes	

Blind Check & Verified By: WARKEY Date: 236

MT. HOPE CEMETERY

INTERMENT ORDER

Will be in offace of Martin City of San Diego Will be in offace of Martin City of San Diego Date 2/21/00	
You are hereby authorized and instructed, subject to your rules and regulations, to inter the	ho romaine
of DAN Martin Pin# 23005	
ina No Vaccit Funeral date time march 141	
Church Chape Graveside Family	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$	_ Workday.
will be applied and billed to undersigned.	\equiv
Division 8 Section 4 BildRow Lot 400 Grave	
Grave space & Care Fund E-15311	0_
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.
Burial Container	_
Handling Fees FEB 2 1 2006	_
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees MOUNT HODE CEMETERY	65-
Sales taxes	
Total Due	214,-
Paid receipt numberN.Q.S-Cerco.vol	214-
Baiance due	CA
I hereby certify I am the Y DYD+WEY of the above name	ed decedent
and this is your authority to make disposition of remains as above indicated. I certify are that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery has any liability on account of said authorization and interment.	nd represent
I have by a debady of the local of the X JAMES MATE	CHI
hold under deed. Print Name 3045 Rose crar	
Grander S. O. CA 96	
Spare 1 5 0 CF 10	Zip Code
014- a0-7500	
Parlitte	
Work Order # E- 19605 Acct. #	
Work Order # Acct. #	

6 Filmed or more del paper

MT HOPE CEMETERYE- 19605

	GRAVE BL	IND CH	ECK FOR	RM	
block marked	ame of the dece with "X". Place er's in the appro- ce. M WK	the name	e's, lot # ar ace(s) that	nd grave	# of all
				V	
4	Peterian	·v -	tulher		
4	Downey	ε X	burg was		
		32500	sheltor		
Blind Check I	illiated by.	ulette		Date: 3	79
Interment spa	ce for: Sa	mes r	Nartin	1	
Interment Dat	e: 3/14/0	Guesi.	Γime:	10100	am With
	Sect: 4 BII				
Grave Laid or	ut by: Norm	fe.			
	egal Card: 🗹	Yes [J No	1 /	
Agrees with N	nap: ☑ Yes		Vo	tug	

Blind Check & Verified By: Xenneth Collan Date: 3/10/06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A NAME OF DEC	PRODUCE A HALLAND BY A PRODUCE					
mark to the same	EDENT FIRST (GIVEN)	1B. MIDDLE	1C LAST (FAMILY)	ن	MONTH, DAY, YEAR MONTH	E OF DEATH 4: SEX
A. CITY OF DEA	H. O		58 COUNTY OF DEATH		ME RELATIONSHIP FULL MAILING	ADDRESS AND ZIP CODE
L TUDEN NAME A	LL MOAL	INIA - FUNERAL DIRECTOR OR PERSON	ACTION ASSESSED TO PAUL	L'-		CECALE
LAITE	CH TSICAL	TOUR KIECO		PPLICABLE	A CONTURE OF APPLICANT -Provinces	92110
ACKNOWLEDGEMEN	TOF APPLICANT I hereby is or the Hea	cknowledge as applicant that the proposed deposition of the and Selety Code, and was authorized pursuant to be	lated haven is one of the discourtons as inson 7100 of the Hawith and Safety Coo	efforteed by Section 1000ed at	CITAMIA HIS	03/01/200
PERMIT AUTHORIZATION OF LOCAL REGISTRAF	THE CALIFORNIA HEALT TY FOR THE DISPOSITION	EIN ACCORDANCE WITH PROVISIONS OF THAND SAFETY CODE AND IS THE AUTHORI- ON SPECIFIED IN THIS PERMIT NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	03/07/2006	Names L Box	The state of the s
ANY CHANGE IN CIEPO TION REQUIRES A NE PERMIT TO SHOW FIN DISPOSITION	IF DEATH OCCUR	REGISTRAR OF DISTRICT OF DEATH RRED IN CALIFORNIA	⊯ DE			-5222
0, AUTHORIZED D	SPOSITION(S) CHECK APPL	ICABLE ITEMS	*		FOR CORONOR	'S USE ONLY
B. CREMATION	N OF CREMATED REMAINS	вотнея	E TEMPORARY ENVAULTI F DISINTERMENT G SHIP IN TO CALIFORNIA	·).	I DISPOSITION PENDING —	- REMAINS LOCATED AT
D. SCIEVTIFIC			H.TRANS/T TO OUTSIDE			
a scientific	HIA NAME AND HIT BOPE 3751 MAI SAN DIEC	ADDRESS OF CALIFORNIA CEMETE CEMETERY IKET STREET CO.CA 92102	H.TRANSIT TO OUTSIDE I		11C SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
	11A. NAME AND ATT HOPE 3751 MAI SAN DIEC 12A NAME AND	CEMETERY	H.TRANSIT TO OUTSIDE I	OF CALIFORNIA 111B. DATE-BURIED	11C SIGNATURE OF PERSON IN 0	
BURIAL	HT HOPE 3751 HAI SAN DIEC 12A NAME AND	CEMETERY RKET STREET GO, GA 92102	H.TRANSIT TO OUTSIDE (OF CALIFORNIA 11B. DATE BURIED 12B. DATE CREMATED	1 F 10	CHARGE OF CREMATION
BURIAL	11A. NAME AND 12A. NAME AND 13A. NAME AND 14A. NAME AND 14	CEMETERY RET STREET O, CA 92102 ADDRESS OF CALIFORNIA CREMAT	H.TRANSIT TO OUTSIDE I	OF CALIFORNIA 11B. DATE BURIED 12B. DATE CREMATED	12C SIGNATURE OF PERSON IN	CHARGE OF CREMATION CHARGE OF FACILITY OF PERSON IN CHARGE

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

		d	2	-	di
		14	E	3	M
	.00	J.	1	1.	
M	26,	1	1/	/	
		4	1	- 41	0.0040604

Abbros 2000 Con	- INCOME	2 Date 1	-11-06
You are hereby authorized and instructed, sul		A	o inter the remains
of Karla 4.	me/ende	2 fint	230018
in a LINEr Type of Burnet Consener	Funeral, date, time	Felday,	06 1:30
Church, Chapel Graveside		reallery	will Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work day	pr an extra char	ge of \$ 213.00
will be applied and billed to undersigned.	2	H)	-, PEW K
Division// Section BI	k/Row	Lot _// _ (Grave 6
Grave space & Care Fund			\$1,132.00
Cvertime/Late Arrival Fees	0.00	(0)000000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·
Opening/Closing & Setup	((266.50
Burial Container	INEr		135.00
Handling Fees. 4135 Trion work 4135 Flower vases Marker setting fee 65,	71 45/78.6	00	103.00
Recording/Filing/Transfer Fees			32.50
Sales taxes		**(11)*********************************	10.46
MAR - 9	2006 70	tal Due	1,923.17
Paid	receipt number K	-59445	1,92317
MOUNT HOPE	CEMETERY	Balance	due Ø
I hereby certify I am the OWA Social and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as about and I agree to hole	Ver Inchicagneria I co	ve named decedent ertify and represent etery harmless from
I hereby authorize the interment in lot I hold under deed.	Prest Name	-	mas Th
Signature X	Address Y.G. a.c. City Y.G. SA	Diego	CIA Zip Code
_	Invoice #	,	
Work Order # E- 19606	Acct. #		



=-19606

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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.

Name of Decease	d: Barla G	/_/	Melendez	
Address:	1216 5.3	7 44	S+	
City:	San Diego	S	tate CA Zip Coo	de 92113
City of San Dieg	o resident? (Circle)		YES	NO
Size of Family (
A A	Ward of State		Annual I	ncome
(1) \$13,440	Ward of State	(4)	\$37,310	
(2) \$22,020	=====	(5)	\$44,030	
(3) \$30,230	2	(6)	\$51,490	

For larger families, add \$7,460 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter-

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

(HHSM, Secol Works) Date 358-694-5369

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/Bank Statement Rental/Lease Agreement and current month rent receipt property (ax statement Other

Approved by

Current HASA Left documents verified on:

Approved By Parid Les 9
Date 2/21/06

353 -634 -64 A



County of San Biego

E 19606

Health and Human Services Agency Children's Services - North Central Region 6950 Levant Street San Diego, CA 92111 Mailstop W-94

FACSIMILE TRANSMITTAL

Pages (including coversheet)

TO: DIT HOSE Construct

FROM: DEWALL KULLESS

FAX: 619-527-3403

PHONE: 616-52 + 5400

FAX: 838-694-5840

PHONE: 858 654-5425

COMMENTS Please deliver immediately upon receipt. Thank you.

there is to conferent Funda Makeriale has been a

If this transmittal is not complete or is not legible, please call sender.

This is confidential information protected by State and Federal Law, including Welfare and Institutions that's section 10850 for Public Social Service records and 827 for Juvenile Court documents. Further disclosure of this information may violate State and Federal restrictions. If you are not the intended complete, you may not review, copy, disclose or distribute this information to anyone. If you are not the intended recipient, please contact the sender and desiron all copies of this fax.

DINFIDENTEALLY NOTICE. This facsimile transmitted, including any attachments, is for the sole use of the intended recipient(s) and may contain information protected by the attorney—thent privilege, the storney work product doctrine, of other applicable privileges of confidentiality lasse or regulations. If you are not uniteracted recipient, you may not review, use, copy disclose, or distribute this message or any of a information contained in this message to anyone. If you are not the intended recipient please contact the other and destroy all copies of this message and any attachments. Unimended transmission shall not mentione waiver of the attorney-client or any other provilege.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

			USE BLACK INK ONLY - MAI	KE NO EHASURES, WI	HITEOUTS OF OT	HEH ALTERATIONS	1		
(A	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE ULLYSSA	IC LAST (FAMILY) NEOLENDEZ		2 DATE OF BIRTH MONTH, DAY, YEAR 03/11/1991	MONTH,	OF DEATH DAY, YEAR 9/2006	4º SEX
5.A	SAN DIEGO			5B COUNTY OF DEATH ENTER STATE	DIEGO	6. NAME, RELATIONSHIP, FUL OF INFORMANT	L MAILING AL	DORESS AND	ZIP CODE
7A	FEATRERIN	The state of the s	RY: 6322 EL CAJON	BLIF AI	PLICABLE	1216 S. 39TH S SAN DIEGO, CA BA SIGNATURE OF APPLICANT	92113		SIGNED
	ACKNOWLEDGEMENT OF A	Thersty acknowled of the Health	owledge as applicant that the progressed disposition at and Safety Code, and was authorized pursuant to See	med female is live at the dispositions au- ction 1700 at the resitte and Safety Cod	thorsed by Serbon 153053	· A Dami		02/2	3/2006
	ALTHOUGH OF	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	I ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHORI- SPECIFIED IN THIS PERMIT I RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00	98, DATE PERMIT IS 02/23/20 M. DONING	06 2603552	CAL REGISTRA	AR ISSUING PE	RMIT
A)	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	P.O. BOX	EGISTRAR OF DISTRICT OF DEATH IED IN CALIFORNIA	SE ADOF	IESS OF REGISTRAR OF POSMON I≦ TO OCCUR I	F DISTRICT OF DISPOSITION — N ANOTHER DISTRICT IN CALIFORNI	8		
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLIC				FOR	COMONOR'S	USE ONLY	
The state of the s	B. CREMATION G. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS	OTHER .	F DISINTERMENT G SHIP IN TO CALIFORNIA H TRANSIT TO OUTSIDE (L.	DISPOSITION (Name and Asia)		EMAINS LOCAT	TED AT
	BURIAL	MT. HOPE	CEMETERY: 3751 HA O, CA 92102		DATE PARIED	11C. SIGNATURE OF PE	ASON IN CH	ARGE OF BU	IRIAL.
LE TTEMS	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA CREMATO	ORY	12B. DATE CREMA	TED 126 SIGNATURE OF PE	RSON IN CH	ARGE OF GE	REMATION
AL APPLICAB	SCIENTIFIC USE	13A, NAME AND AC	DORESS OF GALIFORNIA FACILITY	RECEIVING REMAINS	136. DATE RECEIVE	ED 13C SIGNATURE OF PE	FISON IN CH	IARGE OF FA	CILIT
COMPLETE	TRANSIT	WINDS AND STREET STREET, STREE	DRESS IN RECEIVING STATE OR I CREMATED REMAINS ARE TO BE		14B. DATE SHIPPEI	D 14C. ADDRESS AND SIG OF PLACING WITH			CHARGE
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE SPORTION OTHER			15B. DATE OF DISPOSITION	15C SIGNATURE OF PE CHARGE OF DISPO		150 LICENSE CREMATED RI POSER — IF A	EMAINS DIS-

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

NOTICE OF ACTION

SAN DIEGO

.

DEL 09/05

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

E-19606

Notice Date Open MELENDEZ

HB7A R

None

CW-0A75866-92-0 MARIA NOLLIE

NORA

Name Number Talaphore

Addmin

MARIA HB7A

(858) 495-5414 5201-K RUFFIN ROAD SAN DIEGO CA

STE HHSA

(ADDRESSEE)

MT HOPE CEMETARY FOR KARLA MELENDEZ 3751 MARKET ST SAN DIEGO CA 92102-4527

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can sek for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes piece.

A SUPPLEMENT PAYMENT HAS BEEN AUTHORIZED FOR THE ABOVE NAMED CHILD.

CLOTHING ALLOWANCE OR \$ 1923. 17 FOR INTERMENT

YOU ARE RESPONSIBLE FOR MAINTAINING RECEIPTS FOR THE CLOTHING EXPENDITURES FOR THIS CHILD.

THIS IS A ONE-TIME ONLY PAYMENT.

COMMENTS:

Pd 3/9/06 E-19600

LAWS REQUIRING THIS ACTION: MANUAL OF POLICIES AND PROCEDURES SECT: 11-420, 1 AND 11-420, 2

Non Res. Atmeedable

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pulae	Date 2/22/04
	Pin# 130009
You are hereby authorized and instructed, subject t	to your rules and regulations, to inter the remains
or <u>Gwendolyn</u>	1/2 /1/
in a USAVAULT Funer	ral, date, time Mourch 3. PV4. 1132
Church, Chapel, Graveside	Family Mortuary
All Funeral cars must arrive before 3:00 p.m. of reg	ular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division Mas Section B Blk/Row	v Lot <u>28</u> Grave <u>3</u>
Grave space & Care Fund	0-
Overtime/Late Arrival Fees AID	
Opening/Closing & Setup	199,00
Burial Container FEB Z Z ZUUb	100,00
	114.00
Flower vases – Marker setting fee	T14.00
Recording/Filing/Transfer Fees) 85, 00 + 0	(5.00 150.00
	8110
Sales taxes	575 M
	Total Due 575.00
Paid receip	ot number fracting Storage
doughto	Balance due
I hereby certify I am the and this is your authority to make disposition of re	of the above named decadent emains as above indicated. I certify and represent
that I have the right to make this authorization and any liability on account of said authorization and int	l agree to hold Mt. Hope Cemetery harmless from 1300/0
A	Gina Knopps
I hereby authorize the interment in lot I hold under deed.	Presi Native O CONTO OPPO D
Alla Cagus	A BOOK BOOK ON COST
Spale	CHYCOCO TOO COLUMN TO THE TOO IS
a latte	Telephone 192-8 29 1
Paulitta	(see reverse ->)
Work Order # E-19607	Invoice#
Work Order # L-17007	Acct.#

I hereby grant future internment rights to my son Ryan John Rogers.

gialagus.

E-19607

DAN CALIFORNIA DAN

DRIVER LICENSE

CLASS: C



GINA CHERIE ROGERS 1849 CERRO VEROE OR SOLANA BEACH CA 92075



RSTR: CORR LENS



MT HOPE CEMETERY E19607

GRAVE BLIND CHECK FORM

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

		6 G	rd				1
	forde	Charry					1
	Hat	Putman	х	Burch			1
							-
						189	
Interme	heck Initiatent space for the Date:	Gwend 3/3/06	Fru.	Time:	11:30		
	MAS Sect:					Gr: 3	-
Grave I	Laid out by:	noop	on te	rquen			
	with Legal						
Agrees	with Map:	Ø Yes	.,0	No			
Blind C	heck & Ve	rified By:	Varid	Noise	Date	e: <u>2-27</u> -	05



E-19607

MT. HOPE CEMETERY- CITY OF SAN DIEGO DECLARATION OF RIGHT TO INTER

I dec	lare under penalty of perjury:
1.	I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division Nas Section Lot 28 Grave 2 £ 3
2.	My legal authority to the above property is based on the following facts: ESSA Putnam was my materno Grandmother. My mother Gwendol Putnam Bohannan was Essas Only Child I am Gwendolyns onl Child
3.	I have presented the following evidence to support the above facts. I have provided a California Oriver's License as evidence

E-19607

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 2/22/06 in San Dugo (City)	_
Signature Grad C Roger	215
To have deed sent to you, fill in your mailing address here: Full Name Ging C. Rogers	
City, State & Zip Code Solana Beach, CA 920	15
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 bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Dieg 92102. 	
(3) Enclose a check or money order for (\$130) for Transfer fee (\$65) and Deed Re-iss (\$65). These monies will be returned if transfer not allowed.	sue
5. Notarization: Use only if you do NOT file the declaration with Mt. Hope St	aff
State ofss. County of	
On this day of in the year, before me	- 10
personally appeared, personally ki	nown to
me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrume acknowledged that they executed it.	nt, and
Notary Public	

FOR OFFICE USE ONLY

Transfer fee paid (\$65.00) ____/

E19607

Witnessed: Signed on 2-22-06 _ in San Diego Signed on _______ (Date) (City)

Signature M. David Lago **Documents Presented:** Sworn Statement / CA DL # CO171995 Processed by: David Luce Approved by Cemetery Manager: Transfer allowed: Yes No If no, reason:

New Deed Issuance Paid (\$65.00)

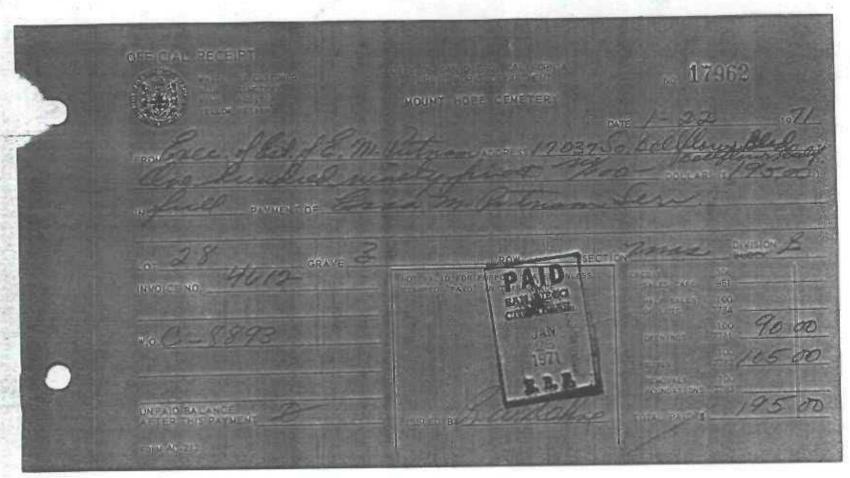
ORDER E- 19607MT. HOPE CENETERY CITY OF SAN DIEGO, CALIFORNIA 7-20- 1970 NAME OF DECEASED _ Essa M. OWNER ADDRESS MORTUARY armstrong mart, 1201 S. Hope, L. A. ROW_ SEC MAS DIV B DAY 7-22-70 90 00 Laura SIZE # 5 REMOVAL OR FOUNDATION VET. PAID RECEIPT NUMBER _ BALANCE E. S. Reada for daugh THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY. AUTHORIZED EN PERSON Diven &

INVOICE NO.

8893

FORM PR-974 REV.

E-14607



CITY OF SAN DIEGO, CALIFORNIA

INVOICE

CUSTOMER. PINK AUD ORIG DEFT. BLUE - RETAIN

DATE

3/22/1970

0016 4612

DERT.

Wemstery

DEPT. REF. NO. YOUR ORDER NO.

Oven Bohannan F.O. Box 558 Emono Santa Fe, California

92067

MAKE REMITTANCE PAYABLE TO CITY TREASURER, CITY ADMINISTRATION BUILDING, COMMUNITY CONCOURSE ACH AND FORWARD WITH REMITTA

THIS INVOICE IS DUE AND PAYABLE 8/22/70 AND BECOMES DELINQUENT THEREAFTER

DESCRIPTION OF CHARGE

AMOUNT

Sa Maun Petnam Services

16: 28 1 3 Sec MASONIO DIV B

Speniga

Jarkiusn Yault

JAN 26 1911

FUND	REVENUE	AMOUNT		
4-0	DE FIELDERS	1991	3G.00	100000
400	THE PERSON NAMED IN	Sall	105.008	Parket P
AW/est	- Spall succession	ACTUAL TO	ETHORNESS SEE	

NY, PREPARED BY

1956 012

CITY OF SAN DIEGO, CALIFORNIA

FORM AC- 22

87898

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ABM 958

USE BLACK INK ONLY -- MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) THE MIDDLE 1C. LAST (FAMILY) 3. DATE OF DEATH 2. DATE OF BIRTH PUTNAM 1929 GWENDOLYN BOHANNAN 5B. COUNTY OF DEATH - OUTSIDE CAUE | 8. NAME SA CITY OF DEATH RELATIONSHIP FULL MAKING ADDRESS AND ZIP CODE ENTER STATE CTNX ROGERS - DAUGHTER ENCINITAS SAN DIEGO
TA TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 75 CALIF LICENSE NUMBER 1049 CERRO VERDE DR - IF APPLICABLE EL CAMINO MEMORIAL ENCINITAS CHAPEL 340 SOLANA BEACH CA 92075 MELROSE AVE ENCINITAS CA 92024 FD857 SA. SIGNATURE OF APPLICANT - Perint tring permit (SB. DATE SIGNED) Thereby acknowledge as applicant that the proposed dispression states) herein is pre-of the dispositions authorized by Section 1000to 02/24/2006 ACKNOWLED GENERAL OF APPLICANT of the Pearth and Sellery Code, and was sufficient pursuent to Section 7100 of the Health and Sallery Code SA. AMOUNT OF FEE PAID OCAL-REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AUTHORIZATION OF HOTE. THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA \$11,00 E GALVEZ LOCAL REGISTRAH HE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO CA 92186-5222 FOR CORONOR'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS X A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVALIDMENT I. DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) X E CREMATION E DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A, NAME AND ADDRESS OF CALIFORNIA CEMETERY THR. DATE BURIED TIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT HOPE CEMETERY 3751 MARKET ST BUBBLAL SAN DIEGO CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED: 12C. SIGNATURE OPPERSO ARGE OF CREMATION CYPRESS VIEW CREMATORY 3953 IMPERIAL CREMATION AVE SAN DIEGO CA 92113 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS DATE RECEIVED SIGNATURE OF PERSON IN CHARGE OF FACILIT SCHENTIFIC LISE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A ADDRESS NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION 15C. SIGNATURE OF PERSON IN 15B DATE OF 18D. LICENSE NUMBER OF CREMATED REMAINS DIS SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION SCATTERING/BURIAL DISPOSITION CHARGE OF DISPOSITION POSER - IF APPLICABLE AT SEA OR IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A CEMETERS 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

STATE OF CALIFORNIA DEPARTMENT 2006 TH SERVICES, OFFICE OF VITAL RECORDS

OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL

OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ATO RESIDUAL MICE	Date 2/23/0(0
	bject to your rules and regulations, to inter the remains
OF FAYE NASH	230001
ina Liner	Funeral, date, time Thurs. Mar. 2 1001
Church Chapel Graveside Dayview	Bodist ROOSCIOLE 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.	
	lk/RowLot_69_Grave
	22/11/10
Grave space & Care Fund	
Overtime/Late Arrival Fees	522 00
Opening/Closing & Setup	
Burial Container	
Handling Fees	2 51 00
Flower vases - Marker setting fee	1.5 71
Recording/Filing/Transfer Fees	65.~
Sales taxes	47.77.7V 20.93
MOUNT HOTE CE	Total Due #3,424, 64
Paid	receipt number R-59444 3,424.64
	Balance due
I hereby certify I am the & Durch	ter of the above named decedent
and this is your authority to make disposition	of remains as above indicated. I certify and represent
any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery harmless from and interment.
	V. Danis Nad
I hereby authorize the interment in lot I hold under deed.	Print Narge
x Devis. Nach	x 5354 Bonita Drive
Signature	San Diego 92114
	619. 263. 5281
The state of the s	Telaphone
	Invoice #
Work Order # E-19608	Acct #

De heart of check w/ nearly from D. Lung AM on Frading 24th Sel works



E19608

MT HOPE CEMETERY E 19608

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	
ISARC NASH	
Blind Check Initiated By: Date:	
Interment space for: Tury Mash	
Interment Space for: Tuye Mash Interment Date: 3/2/06 Thus Time: 1:00 Chi	ueh
Div: 7 Sect: 14 Blk/Row: Lot: 69 Gr. /	
Grave Laid out by: Account Face	
Agrees with Legal Card: Yes No	
Agrees with Map: Yes O No	
Blind Check & Verified By: Navid Mariega Date: 2-2	4-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

			USE BLACK INK ONLY - MAI	KE NO EHASUHES, WI	HI EOU IS ON O	THEH ALIEHATIONS		
A	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF D	
54	CITY OF DEATH			58. COUNTY OF DEATH	- OUTBIDE CALIF.	6. NAME, RELATIONSHIP, FUL		
	SAN DIEGO				N DIEGO	DESTREE L. NAS!	I: DAUGHT	TER
7.8	ANDERSON-I	RAGSDALE MO	RTUARY SAN DIEGO, CA 921	— IF AP	PUGABLE D-1329	SAN DECOT CAR	92114	88. DATE SIGNED
	ACKNOWLEDGEMENT OF A	PPLICANT I harnly who	owinities as applicant that the proposed disposition sta and Safety Code, and was authorized pursuent to So	sted herein is one of the dispositions aut don't 100 of the Health and Safety Colle	numeral by Seamon 103656	wonnum.	thyor	02/27/2006
	P CONTROL OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- N SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$11.00 O	2 / 27 / 1		STATE OF STREET	example amount
A	COLUMN TO SERVICE DE LA COLUMN	P.O. BOX 8	GISTRAN OF DISTRICT OF DEATH 5222 CA 92186-5222			OF DISTRICT OF DISPOSITION — IN ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR	CORONOR'S USE	ONLY
Control of the last	B CHEMATION C DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CHEMATED PEMAINS	OTHER C	E. TEMPORARY ENVAULTM F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE O	•	T DISPOSITION (Name and Addr	PENDING — REMAI	INS LOCATED AT
	BURIAL		CEMETERY: 3751 MAR CA 92102		3-2-06	HIC SIGNATURE OF PE	RSON IN CHARG	GE OF BURIAL
LE ITEME	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA CREMATO	DRY	12B DATE CREMA	ATED 12C. SIGNATURE OF DE	ASON IN CHARG	SE OF CREMATION
LL APPLICAB	SCIENTIFIC USE	13A. NAME AND AL	DEFIESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEI	VED 13C, SIGNATURE OF PE	RSON IN CHARG	SE OF FACILITY
COMPLETE A	THANSIT		ODRESS IN RECEIVING STATE OR C CREMATED REMAINS ARE TO BE		14B, DATE SHIPPI	ED 14C ADDRESS AND SIG OF PLACING WITH		RSON IN CHARGE
	SCATTERING/BURNAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, OR DIDENTIFY FINAL PLACE AND GAID EA, ONLY ENTER LATITUDE AND LO	ISTRICT OF DISPOSITION.	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	DISTION CHE	LICENSE NUMBER OF EMATED REMAINS DIS- SER — IF APPLICABLE

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

A+ need

MT. HOPE CEMETERY

INTERMENT ORDER

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WI	ท	INTAR	4	~	lost cite
	U				LATE

City of San Diego

Johnson

D. 1.7.

Date 2 27 00

You are hereby authorized and ins	tructed, subject to your rule		o inter the remains
1 Trans	Funeral, date, t	me Mon. Wa	r6 10.00
Church, Chapel Graveside		Raasdale	Mortuary.
All Funeral cars must arrive before	3:00 p m. of regular work	day or an extra char	ge of \$
will be applied and billed to unders	igned		
Division 11 Section 1	Blk/Row	Lot 67	Grave 10
Grave space & Care Fund			
Overtime/Late Arrival Fees			
Opening/Closing & Setup			533.00
Burial Container	The state of the s	E land	
Handling Fees			
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees			
Sales taxes	MODINITIONS	. VERRETCHT	2093
		Total Due	1094.93
	Paid receipt number	R-59454	1094.93
		Balance	due
I hereby certify I am the / and this is your authority to make that I have the right to make this a any liability on account of said authority.	disposition of remains as uthorization and I agree to	above indicated. I c	we named decedent ertify and represent etery harmless from
I hereby authorize the interment in hold under deed.	10(1	0.00 9	Control of the last of the las
Signiture	Fully Telephone	-466-90	510 Ze Code
teruette	Invoice #		
Work Order # E- 19609	Acct.#_		

MT HOPE CEMETERY = 19609

GRAVE BLIND CHECK FORM

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

		CIARAMI	TARO		
Blind Check Initiated By: Pull Date: 3 Interment space for: MAHC Christon Interment Date: Time: Div: Sect: Blk/Row: Lot: O7 G Grave Laid out by: Norman Yenguen Agrees with Legal Card: GYes O No	05				
		DENNIS	ON		
Blind Check Initia	ated By: Pu	ukte		Date: 3	-306
				The second secon	
Interment Date:		T	ime:		
Div: Sect	: BI	K/Row: =	Lot:(07 G	r. 10
Grave Laid out b	y: Norm	an Te	rque.	_	
Agrees with Map	: 1 Yes	ON	10	20	2/
Blind Check & V	erified By:_	Kennes	Callen	Date:	3/3/06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

03275

IN DATE OF DEATH

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

		- rasa masa	MONICA	JOHN	SON			MONTH, DAY YEAR MONTH, B 12/04/1930 02/26/	AY, YEAR	F
	THE RESERVE OF THE PARTY OF THE			SE COUNTY ENTER STATE SAN D	TE	OUTSIDE CALIF.	OF IN	RELATIONSHIP FULL MAILING ADDRESS AND MANY MA JONES, DAUGHT		PCODE
A	NDERSON -	RAGSDALE	MORTUARY, 5050 FED 02		78. CALIF. LIC - IF APPL FD132	ENSE NUMBER IGABLE 9	SAL	DEEROCK PLACE N DIEGO, CA 92114 IATURE OF APPLICANT - PARMY SHAPE		TE SIGNED
M	KNOW ENGEWENT OF AP	PLICANT of the Health of	wiedge as applicant that the proposed stated here no Safety Code, and was authorized pursuant to	ak) is on of the displ Section 7100 of the	ortions authoriz Health and Salt	erf by Section 193066 dy Code	-		03/4	01/2006
	PERMIT	HE CALIFORNIA HEALT TY FOR THE DISPOSITION	IN ACCORDANCE WITH PROVISIONS OF IN AND SAFETY CODE AND IS THE AUTHOR- WE SPECIFIED IN THIS PERMIT O BIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11 00	OF PEE PAID	03/02/20		NANCY L BOWEN, A		PERMIT
ANDERSON - R BLVD SAN DIEC ACKNOWN FOGEWENT OF APPL PERMIT AUTHORIZATION OF LOCAL REGISTRAN ANY CHANGE IN DISPOSITION REGULARS A NEW PENMIT OF APPL TO AUTHORIZED DISPOSITION TO AUTHORIZED DISPOSITION TO AUTHORIZED DISPOSITION TO SECURITIFIC USE TRANSIT SCIENTIFIC USE TRANSIT BEATTERING/BURIAL AT SEA OR DISPOSITION OTHER BIRTHAL SON BEATTERING/BURIAL AT SEA OR DISPOSITION OTHER	D. ADDRESS OF REG	STRAR OF DISTRICT OF DEATH - FORATH	OCCUPANT IN CALPUM	M 9E ADDE	IESS OF REGISTRAL	OF DIST	RICT OF DISPOSITION - PERMANEURS	COLUMN A WOOL	EN DEFINET IN CALFORNA	
10	OW REQUIRES A NEW CHAIT TO SHOW FINAL	3851 ROSE	COUNTY VITAL RECO CRANS ST), CA 92110	RDS	-					
10	AUTHORIZED DISPO	OSITION(S)			FOR	ORONER'S U	SE ON	LY		
B	BURIAL					200				
	BURIAL	MT. HOPE	ADDRESS OF CALIFORNIA CEMETERY CEMETERY, 3751 MAR SAN DIEGO, CA 92102			3-6-0		10. SIGNATURE OF PERSON IN CH	HARGE OF B	BURIAL
SAN A PRODUCTION OF THE PRODUC	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B DATE CREMA	ATED 1	PC SIGNATURE OF PERSONIN CH	WIBSE OF C	REMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13B. DATE RECEI	VED 1	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
OMPLETE A	TRANSIT		ADDRESS OF RECEIVING STATE OR C CREMATED REMAINS ARE TO BE SHI		RE	14B, DATE SHIPP	ED 1	4C. ADDRESS AND SIGNATURE OF OF PLACING WITH THE CARRI		N CHARGE
0	SCATTERING/BURIAL AT SEA OR	SUFFICIENT IF BURIAL A	NEAREST POINT ON SHORELINE, OR O TO IDENTIFY FINAL PLACE AND CA D T SEA. <u>ONLY</u> ENTER LATITUDE AND L	ISTRICT OF DE		15B. DATE OF DISPOSITION		HARGE OF DISPOSITION C	REMATED REDSER - IF AP	MAINS DIS-

MT. HOPE CEMETERY

INTERMENT ORDER

Mortvary

City of San Diego

Date 3/1/06
230011 and regulations, to inter the remains
toward unds
3/8/06 1:00pm
Ragsdale Mortuary
v or an extra charge of \$ 2/3.00
y or an extra charge of \$ 2/3.00
Lot 129 Grave 10
7 2/4 06
110
533,00
6 2006 270
270
PE CEMETER 206.
LE OFWIE
65.00

You are hereby authorized and instructed, subject to your rules Funeral, date, tim Church Chapel, Graveside All Funeral cars must arrive before 3.00 p.m. of regular work da will be applied and billed to undersigned. Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container..... Handling Fees.... Recording/Filing/Transfer Fees Sales taxes Total Due Paid receipt number Balance due . I hereby certify I am the_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Invoice # E-19610

Acct. #

MT HOPE CEMETERYE- 19610

GRAVE BLIND CHECK FORM

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

			- 10		
Interment space for: Curtis X. Howard Interment Date: 3 - 2-06 Time: 100 Div: 12 Sect: 1 BIK/Row: Lot: 29 Gr: 1	Hunter				
	ted By: Paulette Date: 3 [Cor: Curtis X. Howard 3-2-06 Time: 100 1 BIK/Row: Lot: 129 Gr: 10 1 Card: 1 Yes 1 No May	Dean			
Blind Check Initiated By: Paulette Date: 3 Continuent Space for: Curtis X. Howard Interment Date: 3 - 2 - 0 G Time: 1 - 00 Div: 12 Sect: 1 Blk/Row: Lot: 29 Gr: 10 Grave Laid out by: 1 Curtis X Agrees with Legal Card: 1 Yes 1 No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Blind Check Initiate	ed By: Po	autett	٧	Date:	3/6
				ard	
Interment Date: 3	-8-00	0 T	ime: 1	00	
				29	Gr: 10
Grave Laid out by:	(1)	Sau	re-		
Agrees with Legal	Card:	Yes [J No	6	108
The state of the s		4 4 4	1011	, ,	
Blind Check & Ver	rified By:_	Warrey	Md-Ta	Maat	e:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS OF TO THE BLACK INK ONLY - MAYS NO TO

1A. NAME OF DECEDENT - FIRST (SIVEN) IB MIDDLE 3. DATE OF DEATH 4. SEX 2. DATE OF BIRTH CURTIS XAVIAR HOWARD 10/17/1985 02/26/2006 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT 5A. CITY OF DEATH SB. COUNTY OF DEATH - OUTSIDE CALIF. SAN DIEGO SAN DIEGO DWIGHT HAYES HOWARD, FATHER 7B. CALIF. LICENSE NUMBER 7A, TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 1756 WINNETT STREET

11.00

ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL FD1329 BLVD SAN DIEGO, CA 92102 ACCOMMEDITATION APPLICANT of APPLICANT of the Health and Safety Code, and was authorized pursuent to Section 7100 of the Health and Safety Code.

SAN DIEGO, CA 92114 BA SIGNATURE OF APPLICANT - Pamper taking partial 88 DATE SIGNED 03/02/2006

PERMIT

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CAUFORNIA HEALTH AND BAFETY CODE AND IS THE AUTHOR. ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GAVE NO BIGHT OF DISPOSAL OUTSIDE OF CAUFORNIA.

A AMOUNT OF FEE PAID HIS DATE PERMIT ISSUED. SC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 03/06/2006

NANCY L BOWEN, MD

AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW MERMIT TO SHOW FINAL DISPOSITION

10: AUTHORIZED DISPOSITION(S)

90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # DAME OF THE OWN HOLD THE OWN HAVE BEEN THE REGISTRAR OF DISTRICT OF DISPOSITION - F DEATH OF THE OWN HAVE DESTRICT OF DISPOSITION - F DEATH OF THE OWN HAVE DESTRICT OF THE SAN DIEGO COUNTY VITAL RECORDS

3851 ROSECRANS ST SAN DIEGO, CA 92110

FOR CORONER'S USE ONLY

BURIAL

BURIAL	MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	3 - 8' 06	TO SIGNATURE OF PERSONAL	LA Tambo
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	138 DATE RECEIVED	13C SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B, DATE SHIPPED	14C ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAM IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B DATE OF DISPOSITION	19C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER - IF APPLICABLE

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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT NOED RES

MT. HOPE CEMETERY

INTERMENT ORDER

D. I. P (1980)

ina Lines	MCFadde Funeral, date, ti	Mon. Marle	101
Church, Chapel, Graveside		Roostale	Mortuary
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extra charge of \$	
will be applied and billed to undersigned			
Division 10 Section	Blk/Row	Lot 566 Grave	
Grave space & Care Fund	= - 1614		0
Overtime/Late Arrival Fees			-
Opening/Closing & Setup.	16		_
Bunal Container			_
Handling Fees	- 11		_
Flower vases - Marker setting fee	NIA		_
Recording/Filing/Transfer Fees	· W		_
Sales taxes	1t		
		Total Due	0_
	Paid receipt number		_
		Balance due	0
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorized any liability on account of said authorized	rization and I agree to	of the above name above indicated. I certify an hold Mt. Hope Cemetery ha	d represent
I hereby authorize the interment in lot I hold under deed.	Priori Name		1
Bignara	Address	101	• 1
Paulette .	Cay Feliginone	De ox och	Zip Code
	Invoice #	De st	
Work Order # E-19611	Acct. #	1 0	

MT HOPE CEMETERY E-19611

GRAVE BLIND CHECK FORM

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

,	perdue	x	shaw		
		Pearson			
Nind Objects In	litiated By: Par			Date:	-2

Blind Check Initiated By: 1441		Date:
Interment space for: Castella	Mc Fadde	n (DIR)
Interment Date: 3-6	Time:	10:00
Div: Sect: Blk/Rd	Lot:	566 Gr:
Grave Laid out by:	Kengran	
Agrees with Legal Card: XYes	□ No	Flag
Agrees with Map: X Yes	□ No	P
Blind Check & Verified By: DA	RREY!	_ Date: 3-2-00

E19611 95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

100		-	IB. MODLE	The state of the s	THE RESERVE OF THE PARTY OF THE	The same in the same of	EOUIS ON O	HER AL	2. DATE OF BIRTH	3. DATE OF DE	ATIA	4. 5EX
	ASTELLA				MCFA	DDEN			MONTH DAY YEAR 12/08/1922	MONTH, DAY, 02/27/20	/EAR	F
	ATIONAL CI	TY		1	SAN DI	E	UTSIDE CALIF.	EUC	RELATIONSHIP FULL MA ORMANT SENE HACKNE	Y, NEPH		DE
A		RAGSDA	ENIA - FUNERAL DIRECTOR OR PERSON AC LE MORTUARY, 5050 F 92102			FD1329	ABLE	TUL	3 W. VIRGIN S SA, OK 74127 ATURE OF APPLICANT -		88. DATE SI	GNED
	OVERNOODEMENT OF A	Denty	acknowledge as applicant that the proposed ats saith and Salety Code, and was authorized pure	and herein is used to Section	on of the dispo on 7100 of the I	elfore adherized leath and Safety	by Section 103055 Code	-			03/06/	2006
	THE PROPERTY OF	THE CALIFORNIA H	BUED IN ACCORDANCE WITH PROVISIONS O BALTH AND BAFETY CODE AND IS THE AUT DISTRICK SPECIFIED IN THIS PERMIT. BYE NO RIGHT OF DISPOSAL OUTSIDE OF CALI	HON	11.00	OF THE PAID	03/06/20	D. STATE OF THE PARTY OF THE PA	NANCY L BOY		TOTAL PROPERTY.	MIT E
PERMIT		SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110				W SE. ADDRE	SS OF REGISTRA	R OF DIST	PICT OF DISPOSITION -	окроитки в то осо	TO ROMONIA NU	THE REQUIPMENT
						-						
10.	AUTHORIZED DISP	OS/TION(S)	THE RESERVE OF THE PERSON NAMED IN			FOR CO	RONER'S U	SE ONL	Y			W N
В	URIAL				M.		**					
	BURIAL	мт. но	AND ADDRESS OF CALIFORNIA CEMB PE CEMETERY, 3751 N T, SAN DIEGO, CA 9210	MARKE	ET		3 -6-0	33	SIGNATURE OF PER	SON IN CHAR	SE OF BURN	L.
LEITEMS	CREMATION	12A. NAME	AND ADDRESS OF CAUFORNIA CREA	ADDRESS OF CAUFORNIA CREMATORY			28. DATE CREMA	ATED 1	C SIGNATURE OF PER	SOM IN CHAR	SE OF CREW	MATION
J. APPLICAB	SCIENTIFIC USE	13A. NAME	E AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			AINS 1	3B. DATE RECEI	VED 1	13C SIGNATURE OF PERSON IN CHARGE OF FACILITY			ЛУ
CREMATION CREMATION SCIENTIFIC USE TRANSIT TRANSIT		14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED			E !	4B. DATE SHIPP	ED 1	4C ADDRESS AND SIGN OF PLACING WITH T				
0	SCATTERING/BURD AT SEA DR DISPOSITION OTHE THAN IN CEMETER	SUFFIC IF BUR	SS, NEAREST POINT ON SHORELINE HENT TO IDENTIFY FINAL PLACE AND AL AT SEA, <u>ONLY</u> ENTER LATITUDE A	CA DIST	RICT OF DIS		5B. DATE OF DISPOSITION		C. SIGNATURE OF PER HARGE OF DISPOSITION	CREM	CENSE NUM ATED REMAIN R - IF APPLIC	VS DIS-

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 OF 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-set 10:30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

need	Date 3 1	ole
Pint	E 130014	
You are hereby authorized and instructed, subject to your rule		er the remains
of GRACE L. MITTEN		-
in a Double Depth A Funeral, date, to	ime Thurs Ma	r 9 1100
Church, Chapel, Graveside ;	HEATHER GIL	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work	day or an extra charge of	of \$
will be applied and billed to undersigned.		
	The same of the	
Division 12 Section 2 Bik/Row	_ Lot 188 Grav	e_0_
Grave space & Care Fund		2264.00
Continue of the Associations		
Opening/Closing & Setup. 8 2 533.		1066,00
Burial Container		539.00
Handling Fees. PAID	***************************************	454.00
Flower vases - Marker setting fee		
Recording/Filing/Transfer FeMAR -27906 65. 6	S	130.00
Sales taxes		41.77
MOUNT HOPE CEMETERY	Total Due	4494,77
	R CAUCI	4494.77
Paid receipt number		7
14 chand	Balance due	~
I hereby certify I am the	sbove indicated. I certif	amed decedent y and represent
that I have the right to make this authorization and I agree to any liability on account of said authorization and interment.		y harmless from
/ tEn	· // /-	1er
I hereby authorize the interment in lot I hold ander deed Print Name	nill .	0/
1 1 / 11 / 187	7 Hitamird	
SO CA 92103 Tolerson	u Diego (8	92103
CA CAMIRA VEY	olg) 297-	3655
Paulette SD CA 92103 Tologo	11.	
T +0.412 invoice#		
Work Order # E-19612 Acct. #_		-



UMPAHADU

Blind Check & Verified By:



Date:-

MT HOPE CEMETERY E- 19612

COLUBETE

GRAVE BLIND CHECK FORM

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

FAM SUB

			x	ALVALEZ		
			COOMAN	TONES		
Blind Che	eck Initiate	ed By:	KEUIN		Date:	3/7/06
Interment	space for	G	race 1	- MHI	emeye	y DDCn
Interment	Date: 3	9/06	Mursay	Firme:	100 6	S. 11 A
			Ik/Row: _		88 G	r. 4
Grave La	id out by:	DA	prex1	DAU	id_	
Agrees w	ith Legal	Card: 2	Yes [ON C		
Agrees w	rith Map:	Z Yes	-01	No		
			All la			200

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS MITTEMEYER 2. DATE OF BIRTH 1A. NAME OF DECEDENT - FIRST JOINEND B. MIDDLE 3. DATE OF DEATH 4: BEX 03/02/2006 GRACE LAUREL 05/03/1937 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SA. CITY OF DEATH SB. COUNTY OF DEATH - OUTSIDE CALIF., LA JOLLA SAN DIEGO ERNIE MITTEMEYER, SPOUSE 78. CALIF LICENSE NUMBER TA. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 1877 ALTAMIRA PL FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON SAN DIEGO, CA 92103 FD1083 BLVD SAN DIEGO, CA 92115 88. DATE SIGNED A. SIGNATURE OF APPLICANT - Person binary parties m. Dony 03/06/2006 ACKNOWLEDGEMENT OF APPLICANT

If the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISBUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA FEALTH AND BAFETY CODE AND IS THE AUTHOR-TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE, THIS PERMIT GIVE NO RIGHT OF BISPOSIAL OUTSIDE OF CALIFORNIA 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9A. AMOUNT OF PEE PAID OH DATE PERMIT ISSUED NANCY L BOWEN, MD \$11.00 03/06/2006 PERMIT AUTHORIZATION OF LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF DISPOSITION - FEATHOCOUNTED BUILDINGS BE ADDRESS OF REGISTRAR OF BUILDINGS BE ADDRESS OF BUILDINGS BE ADDRESS BE ADDRES ANY CHANGE IN DISPOS-TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B, DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY: 3751 MARKET ST., BURIAL 3-9-06 SAN DIEGO, CA 92102 12B. DATE CREMATED 12 MIGNATURE OF PERSON IN CHARGE OF REMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY **TEMS** CREMATION COMPLETE ALL APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B, DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER - IF APPLICABLE 15B. DATE OF SCATTERING/BURIAL DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN CEMETERY 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

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

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CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

. Nelso	City of San Diego		1. 1
t Notes		Date_3	1100
	13		
You are hereby authorized and instruct			, to inter the remains
of ELMA MI	ARIE HIGH	THE RESERVE AND ADDRESS OF THE PARTY OF THE	
in a Type of Burnal Container	Funeral, date, t	IME MON N	iapon 6 lo
Church, Chapel, Graveside		RAGGDAU	6 Mortuary
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extra ch	
will be applied and billed to undersigne	The state of the state of the state of		
Division 12 Section 2	Blk/Row	Lot 1195	Grave 10
Grave space & Care Fund			
Overtime/Late Arrival Fees	The Party of the P		
			522 ns
Opening/Closing & Setup			THEORIES
Burial Container	MAR - 1 2006		106 00
Handling Fees			206.00
Flower vases - Marker setting fee NOUN	LICHER	TERY	
Recording/Filing/Transfer Fees			
Sales taxes			2093
		Total Due	2358.45
	Paid receipt number	1/180	3,3589
	AP	08 544 Balance	be due
I hereby certify I am the			bove named decedent
and this is your authority to make disp that I have the right to make this author	rization and I agree to		
any liability on account of said authoriza	ation and interment.		
I hereby authorize the interment in lot I	Y		
hold under deed.	Frint Name		hed
<u> </u>	Address	CA	ia
Parlette	CRY	1	Justed
les inte	Telephone	Me	
Vallen		Au	
Work Order # E- 19613	Invoice #		10000
Work Order # L 17013	Acct. #_		

Mount Hope Cemetary E-19613

CALIFORNIA WAND COMPTON COMPTO

EXPIRES 05-17-57

ELMA MARIE HIGHTOHER \$371 CHURCHMARD ST \$84 DIEGO DA 92114 SEX:F HOIR: BRN EYES: 8RN HT: \$-07 NT: 148 DOA 05-17-32

And Marin Rightion

105-4

MT. HOPE GEMETERY

INTERMENT ORDER

At noed

City of San Diego

DOW 3/1/10/0

17 - Life of Manage Carrier at	Funeral, date	DAGSAN A	r.
musc) Chapel Cravasides		- DIRECTOR	6 Murturary
a Funeral caru must arrive before 3:00 p.m.	of regular work	day or an entra of	mide at \$
fill be applied and billed to undersigner			
Musica 12 section 2 s	NUTROW	_ cor_1195_	grave 10
inve space & Core Fund	with the state of		23104.00
vertime/Lata Arrival Fees	····a·····	the requirement of	536.00
Powning/Closing & Sistus		m memorina and	
butis) Container			7.70.00
unding Foot	- 10 mg mg - 10	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	206.00
Tower visco - Merker swrong rele			and the same of th
expring/Filing/Transfer Foes	an members		(05,00
Seles taxes	and the same		20.93
		July Corp	2350.45
19,3115	receipt number	1/130	335893
	AP	०४ हमप्र	es cus D
nemby certify I am that LPF UC inc this is your authority to make the disposition at I have the right to make this authorization by admitty on account of sold authorization	on which I done to	of the a	bove named depetient Loanify and represent
Perebu supported the interment in let I	X X	adan 1	PARALES!
Dela Dance	*	3D_1	a DITT
Positette	Kaner		
1.11		a	

Si Prime to writter size-

MT HOPE CEMETERY = 19613

GRAVE BLIND CHECK FORM

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

200	Balking	misa	-t X			
Leto.		Miso		4 Hanlon		
				Neabor		
Intermen	t space fo	n_ 81	MA	ta hahtau Time:	e(3-2
Div: 12		2 BI	k/Row:_	Lot: _		r: 10
Agrees v Agrees v	vith Legal vith Map:	Card: Ø	Ýes 🗆	□ No	Flore Date:	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

ELMA	NT - FIRST (GIVEN)	MARIE	HIGI	HTOWER			2. DATE OF BIRTH MONTH, DAY, YEAR 05/17/1932	3. DATE OF DEA MONTH, DAY, Y 02/26/200	EAR	F SEX
A CITY OF DEATH PERRIS			ENTERS	TY OF DEATH - OF TATE RSIDE	UTSIDE CALIF	OF IN	RELATIONSHIP, FULL A FORMANT VERLY SHAW			DE
	- RAGSDALE	MORTUARY, 5050 J		79. CAUF. LICE - IF APPLIC FD1329	ABLE	PE	1 OAKLEAF L RRIS, CA 9257	1	ISB DATE SI	ONED
ACKNOWLEDGEMENT OF	I hereby ackno	owledge as applicant that the proposed str and Salety Code, and was authorized puri	stad herein is on of the di start to Section 7100 of t	apostions authorized for Health and Safety	by Section 183065 Code	-	toransial as sounds.	THE STATE OF THE S	03/01/	CONTRACTOR OF STREET
PERMIT	THE CALIFORNIA HEALT ITY FOR THE DISPOSITION	IN ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTON SPECIFIED IN THIS PERMIT. NO RIGHT OF BENGSAL OUTSIDE OF CALL	HOR.	OF FILE PAID	03/03/20	A CONTRACTOR OF THE PARTY OF TH	GARY M FEL			MIT E
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOS- TION REQUIRES A NEW PERMIT TO SHOW THAN EMPORITION	RIVERSIDE 4065 COUN	SISTRAR OF DISTRICT OF DEATH— E HEALTH DEPARTN NTY CIRCLE DR E, CA 92503		SAN 385		OUNT			s naunerus	ec nuclean
10 AUTHORIZED DIS	POSITION(S)	MALE	BER	FOR CO	PRONER'S U	SE ON	LY			

BURIAL	MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	3-6-06	► Caved	Pories a
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B DATE CREMATED	190 SIGNATURE OF PERSON II	CHARGE OF PREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	138, DATE RECEIVED	15C. SIGNATURE OF PERSON U	N CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS IT CREMATED REMAINS ARE TO BE SHIPPED.	14B, DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE	15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, LICENSE NUMBER OF CREMATED REMAINS DIS- POSER – IF APPLICABLE

MORT 2 Pany INTERMENT ORDER A+ need City of San Diagram

	2	1-01
Date	9	1-00

	1 Unite
	PIN# 207727
You are hereby authorized and instruct	ted, subject to your rules and regulations, to inter the remains
of CLABIC	ON EDWARDS
ina Liner	Funeral, date, time TUES. Mar 7 100
Church Chapel Graveside	: KCOS dale Mortuary
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ed
Division Section	Blk/Row Lot 30 Grave
Grave space & Care Fund	0-608
	533.
Burial Container	ED 0 == 0.70 -
Handling Fees.	120/0-
Flower vases - Marker setting fee	MAD C 2000
Recording/Filing/Transfer Fees	1000
Sales taxes	MOUNT HONE OF 2093
	Total Due 1094
	Paid receipt number R-594% T0149
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disc	position of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz	eation and interment.
I brought and barbar the first and in fact to	X Opt
I hereby authorize the interment in lot I hold under deed.	Print Name
	Miness 01 H
Signature	Prid Name Cey Telliphone Invoice #
	Trisiphone Ser And
Paulette	1 800
A STATE OF THE PARTY OF THE PAR	Invoice #
Work Order# E-19614	Acct. #

MT HOPE CEMETERY

INTERMENT ORDER

A+ need

City of San Diego

Date 3-1-06

You are they exthorized and instructed wholest to your rules sho requirements, to inter the remains of LINES OF A BUILDY Extrement calls have been controlled to the controlle	and the second of the second o	to your rules and regulators, to inter the remains
Church C load Graveside All Kurkers Care must entire before \$100 p in. of regular work ally or an extra charge of \$ will be applicated to undersigned Division B section B section County of County County of County o	10 1 2 1 2 1 1 1 1 1	
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	This inform	Dispute to statistical to recommend the property of the state of the s

MT HOPE CEMETERY

E-19614

GRAVE BLIND CHECK FORM

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

			Alban			
		Car 150	x	King	Winkler	John
		Marrana	115 7	Hamilto		
		ed By:				3-2-06
Interment	Date:	3-3	1	ime:	1000	>
Div: 8	_ Sect:_	BII	k/Row:	Lot:		
Grave La	id out by	Norman	Ferge	-		
		Card:			A	
		Yes Yes			100	
Blind Che	eck & Ver	rified By:	DAKE	6/1	Date;	3-1-06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 86

LABION	CEDENT	- FIRST (GIMEN)	18. MIDDLE		EDWAR				2 DATE OF BIRTH MONTH DAY, YEAR 12/13/1919	MONTH	OF DEATH I, DAY, YEAR 5/2006	4 BEX M
AN DIE	30				SAN DIE		DUTSIDE CALIF	JUD	RELATIONSHIP, FULL DRMANT Y SELLERS,	DAUG		CODE
NDERSO	- NC		ORTUARY, 50		RAI	- IF APPLIO		SAN	FEDERAL I DIEGO, CA NTURE OF APPLICANT	92102	opporer 88 DA	E SIGNED
KNOWLEDGEMEN	NT OF APP	TUCART of the Health and	edge as applicant that the prop Safety Code, and was nuther	rosed stated herein bized pursuant to Sect	is on of the dispositi dan 7100 of the He	ons authorized with and Salish	d by Seitton 103066 y Code	>			03/0	01/2006
PERMIT	TI-	HE CAUFORNIA HEALTH /	ACCORDANCE WITH PROVI AND SAFETY CODE AND IS 1 SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE	THE AUTHOR-	9A AMOUNT O	F FEIL PAID	99. DATE PERMIT	Haratta II	NANCY L B			PERMIT E
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	D DISPO	OSITION(S)		A GEMETERY.	DVET OT		ORONER'S US		Y C SIGNATURE OF F	PERSON IN	CHARGE OF B	URIAL
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BURIAL	AL TION	11A NAME AND ALL MT. HOPE SAN DIEGO 12A NAME AND ALL 13A NAME AND ALL 14A NAME AND ALL	CEMETERY, O, CA 92102 DORESS OF CALIFORNIA	A CREMATORY A FAGILITY REC	DEIVING REMAIN	REET	118 DATE BURIEC 3-7-04 128 DATE CREMA) 11 NTED 12 VED 13	C SIGNATURE OF F	PERSON IN	CHARGE OF F	REMATION

COPY 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

VS8e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

At need

REA-104 (3-04)

City of San Diego

Date 3/2/06

	he remains
or Alton Oilbert 130007	
in a Liner Funeral, date, time FR . mar . 3	12.0
Type of Burief Cortainer Church, Chapel, Graveside Raccale	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned	Da
	10,
Division 12 Section 2 Bik/Row Lot 241 Grave	126
Grave space & Care Fund	264.00
*Overtime/Late Arrival Fees	_
Opening/Closing & Setup.	533.00
Burial Container	-
Handling Fees FAID	206.00
Flower vases - Marker setting fax = 3" 2006"	-
Recording/Filing/Transfer Fees.	65.00
Sales taxes MOUNT HOPE CEMETERY	2013
Total Due	3 57.93
Paid receipt number K-59452 3	358.93
Balance due	0_
I hereby certify I am the Solution of remains as above indicated. I certify are that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery has any liability on account of said authorization and interment. PIA# 130008 I hereby authorize the interment in lot I hold under deed. Pint Name Andrews Saw Diego Cro City City Talaphane Invoice#	represent similess from the automotion of the au
Work Order # E-19615 Acct. #	

& Primed on recorded paper

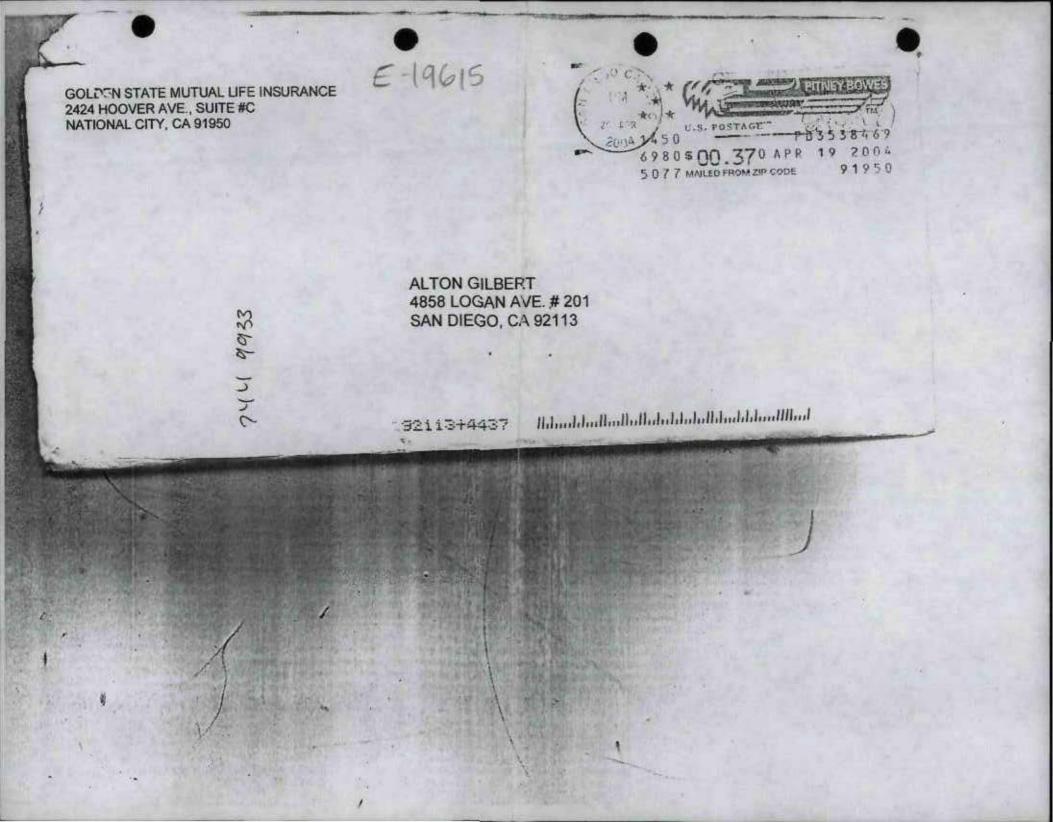
This information is available in alternative formats upon request.

MT HOPE CEMETERY E-19615

GRAVE BLIND CHECK FORM

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

ne bunai	space.	*				
4	**					
			Harris			
	Milians	Lewis	х	Jedy		
		1	GIMMA"			
Blind Che	eck Initiate	d By:	Paule	He	_ Date:	3-2
Intermen	t space for	ALHO	Gilbert	+		
Intermen	t Date: Fr	i Mar	3_7	Time:		
	_ Sect:_				241_ G	ir. 106
Grave La	aid out by:	Josma	m fren	gleen		
	vith Legal					
Agrees v	vith Map: .	of Yes	,01	No	pro	
Blind Ch	eck & Ver	ified By:	Varid	Mories	Date:	V 3-2-06
		/	198011	1		



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

		WILLIAM	GILBERT	GILBERT		DO DATE OF DEATH MONTH, DAY, YEAR 02/25/2006	4 SEX M
SAN DIEGO			SE COUNTY OF DEATH- ENTER STATE SAN DIEGO	OUTSIDE CALIF., 8.	NAME, RELATIONSHIP, FULL OF INFORMANT MARY CARMICH		CODE
	RAGSDALE	FUNERAL DIRECTOR OR PERSON ACTING AS 1 MORTUARY, 5050 FEDE 02		9	4842 LOGAN AN SAN DIEGO, CA A SIGNATURE OF APPLICANT	92113	E SIGNED
ACKNOWLED GENERIT OF APP	LICART hereby asknow	riedge as applicant that the proposed stated herein d Safety Gode, and was authorized pursuant to Se	is on of the dispositions authors clion 7100 of the Health and Sah	ed by Section 103065 rty Code.	>	03/0	2/2006
PERMIT	HE CALIFORNIA HEALT? Y FOR THE DISPOSITIO	N ACCOMDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	03/03/200		OCAL REGISTRAR ISSUING OWEN, MD	PERMIT
AUTHORIZATION OF LOCAL REGISTRAN UNIVERSITY OF THE INCOME SEASON THAN DISPOSITION				RESS OF REGISTRAR O	P DISTRICT OF DISPOSITION	- # GIBPOSHTON NITOCOCUM NANOTHIC	A DISTRICT IN CAUPOR
BURIAL	OSITION(S)		FOR	CORONER'S USE	ONLY	No.	
BURIAL	MT. HOPE	ODRESS OF CALIFORNIA CEMETERY CEMETERY, 3751 MARK AN DIEGOK, CA 92102	ET	3 3 OL	11C SIGNATURE OF E	PERSON IN CHARGE OF BL	MIAL
CREMATION 3	12A. NAME AND A	ODRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATI	ED 12C SIGNATURE OF F	PERSONAN CHAPIGE OF CA	REMATION
GREMATION GREMATION SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAIN			138. DATE RECEIVE	D 13C SIGNATURE OF P	FERSON IN CHARGE OF FA	OILTY PAR
TRANSIT TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED.			148. DATE SHIPPED	146. DATE SHIPPED 14C. ADDRESS AND SI OF PLACING WITH		CHARGE
SCATTERING/BURIAL AT SEA OR	SUFFICIENT	EAREST POINT ON SHORELINE, OR OT TO IDENTIFY FINAL PLACE AND CA DIS SEA, ONLY ENTER LATITUDE AND LO	TRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C SIGNATURE OF P CHARGE OF DISPOSIT		AINS DIS-

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

VS8e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 3/2/06

			71	
You are hereby authorized and instructed, sub		ooo7	itions, to inte	or the remains
ina Liner	Funeral, date, ti	meffei.	mar.	3 12:0
Type of Buriel Container Church, Chapel, Graveside		Rags	dale	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work	day or an ex	tra charge of	·s
will be applied and billed to undersigned			-	-PC-
Division 12 Section 2 Bit	VRow	_ Lot 2	41 Grave	THE RESERVE THE PARTY OF THE PA
Grave space & Care Fund				2264.00
Overtime/Late Arrival Fees				
Opening/Closing & Setup				<u>533.00</u>
Burial Container	}		**********	
Handling Fees.	9			206.00
Flower vases - Marker setting AR - 3 200	16	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		=
Recording/Filing/Transfer Fees				65.00
Sales taxes MOUNT HOPE CE	METERN			2013
	MEICHY	Total Due		33 57.93
Pald	receipt number	K-59	427	3358.93
10	-	E	lalance due	0_
I hereby certify I am the SOAN and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a FINT 130008 will hereby authorize the interment in lot I hold-under deed	and I agree to	above indice hold Mt. Hop Lary C Come	cernetery Crou	cheal oe
X Jerone Crown	± 5	62 1	Aine	LAC 92114
Faulette	Todaphore	1912	55-07	DeCode
	Involce #			
Work Order # E- 19615	Acct. #_			

REA-104 (8-04)

This information is available in alternative formats upon request.

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT 59452 AT-NEED PURCHASE WHITE .. TO CUSTOMER CANARY ... CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 From: Jerome Crowel Address: 5162 Trinidan SD Thousand three hundred fifty - Enaht 93/00 4 Dollars (\$ 3.358.93) Alton Gilbert services of Payment of A+ need in Full Blk/ Row 241 Div Sec Grave 19615 Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. 67007 77184 CREDIT 811. 20 Acct. No. 20% Sales Care 80 80% Sales 100 W.O. of Lots 77184 00 Opening/ 100 BALANCE DUE Closing 77181 27/100 Buriel 100 Containers 77182 706 W MAR - 3 2006 100 65 00 Money Order Handling Fee 77185 Charge UA 038 Recording & 100 Misc. Fees 77183 MOUNT HO Sales Tax 60101 20 97 Check 78390 ISSUED BY Dawlit 3358.93 AC-212A (11-05) TOTAL PAID This information is evallable in alternative form

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MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date_ 3-2-06

You are hereby authorized and instructed, s		r the remains
or Herman	S. HANLEY	mil to
ina <u>Liner</u>	Funeral, date, time Tues Mar	71 12:0
Church, Chapel, Graveside	- Preferred	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of	\$
will be applied and billed to undersigned		
Division Section E	Blk/Row Lot 79 Grave	5
Grave space & Care Fund		3011
Overtime/Late Arrival Fees		
Opening/Closing & Setup.	Market State Control of the Control	The State of the S
Busin! Container		350 -
Handling Fees. Cally Vase 33.09 (2) Flower vases – Marker setting fee		275-
Galv. vase 33.09/0	es, (payer)	33.00
Recording/Filing/Transfer Fees	^	95.0
Sales taxes		- 0
1 10 1	Total Due	
7	Balance due	
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in lot I hold under deed.	Print Name	
	Address	
Signature	City	Zip Code
Vaulette	Telephone	
	Invoice #	
Work Order # E- 19616	Acct, #	

non-res. AT Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

		Date	2-00
	P	In # 23008	31
You are hereby authorized and instructe	d. subject to your rule		
of	ni ticno		iva
ina Liner	Funeral, date, t	ime March 1	706 11:00
Church, Chapel Graveside		CABUR	IAL Mortuary
All Funeral cars must arrive before 3:00	p.m. of regular work	day or an extra charg	e of \$
will be applied and billed to undersigned			
		10000	~
1Division 12 Section }	BIMROW	_ LOI 244 G	rave
Grave space & Care Fund		~~~~~	3011.
Övertime/Late Arrival Fees		e	
Opening/Closing & Setup	PA	M)	708,-
Burial Container	M. 18	The Body	359
Handling Fees	MAR 2	4 2006	275
Flower vases - Marker setting fee	***************************************		
Recording/Filing/Transfer Fees	MOUNT HOP	ECEMETICA	85
Sales taxes			27.8
		Total Due	44658
	Paid receipt number	R-59488	84, 465.8
		Balance d	lue
I hereby certify I am the		of the abov	e named decedent
and this is your authority to make disport that I have the right to make this authori any liability on account of said authoriza	zation and I agree to	above indicated. I ce hold Mt. Hope Ceme	rtify and represent tery harmless from
I hereby authorize the interment in lot I	X		
hold under deed.	Print Name		
<u>X</u>	Address	- 10-	
	ORY		Zip Code
ulette	Telephone		
	Invoice #		
Work Order # E-19617	Acct.#		

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-2-06

na Linex		men!	
Type of Bridge California	Funtral date time	C O COLOR	250 11.180
Church Chapel Gravesida		CA BURIT	The North
All Furieral cars must arrive before 3:00 p	m of requier work day	or an eutra charge of	\$
will be stopled and billed to undersigned		-	
Division 12 Section 1	EIN/ROWL	244 and	7
Stave space & Care Ford			3011-
Overtime/Late Arrival Fees			
Opening/Closing & Setup	\$0.0		700,-
Buffal Container	9 2 2 2 2 2		359
	MAR 24 7	S-1	275-
Flower - race - Marker setting fire		***	+++
(ecording/Filling/Transfer Fees	ny .		35-
ales taxes			27.8
		i Duo	44668
p	pie receipt number R	57488 5	4 465.8
		Belence due	0
hereby certify i am the X DIS	ter	of the above na	med decadent
nd this is your authority to make disposi- bit I have the right to make this authoriza	tion of ternains as above	ndicated I contry	and represent
py mainty on account of said authorization	o and Interment.	0	10
nereby authorize the integrant in lot I	Xlast	致日十四	利什
ad under doeb.	- 27	PRO 1.75	P
V TOO A TON	Pon	饭入管	N 601
	3000	- 202	22 mm
wiett<	Temperate	se los	
	Invoice #		
DER CYSE # E-19617			

O negrate main age

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 70

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

+ 4	NAME OF DECEDE	NT FIRST CONTRA	18. MIDDLE	1C. LAST (FAMILY)		CONTRACTOR DESCRIPTION		TE OF DEATH 4. SEX
1.04		NI-FINST (GIVEN)	IB, MIDDLE	Heyward				01/2006 F
	Jon1 CHY OF DEATH Vacaville		A FUNERAL DIRECTOR OR PERSO	5B. COUNTY OF DEAT ENTER STATE Solano		6 NAME RELATE OF INFORMAN Eleta Jar	onship full Mailing the Cook, DPO	ADDRESS AND ZIP CODE
			ne, Inc. 2590 N. 'Fairfield, Ca.	Texas StFA	PPLICABLE		ty, Ca. 945	B5 Ing jernel 88, DATE SIGNED IN
	ACKNOWLEDGEMENT OF A	PPLICANT I Hereby acknowledge of the Health a	oxjedge so applicant that the proposed disposition and Salety Code, and was authorized pursuant to	n stated heren's one of the depositions a Section 7100 of the Health and Selvity Co	di.	▶ Mich	il R. Veg	03/96/2006
	AUTHORIZATION OF	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHO IN SPECIFIED IN THIS PERMIT. PRIGHT OF DISPOSAL OUTBIDE OF CALIFOR	The same of the sa	98. DATE PERMIT	MON	ATURE OF LOCAL REC	THAN ISSUING PERMIT
15	LOCAL REGISTRAR NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	BD ADDRESS OF RE F DEATH OCCURR 355 Tuolur Vallejo, Ca	mrie St.	TH 9E ADD	HESS OF REGISTRAN CORPORATION IS TO OCCUPA D. Box 8522 Diego, Ca.	OF DISTRICT OF DIST IN ANOTHER DISTRIC 22		THE PARTY NAMED
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLICA	20110000000	1 2 2			FOR CORONO	R'S USE ONLY
LIL	A BURIAL (INCLUDE B. CREMATION C. DISPOSITION OF THAN IN A CEME D. SCIENTIFIC USE	CREMATED REMAINS C	отнея 510	E TEMPORARY BAYAULT F. DIS-N7ERMENT G. SHIP IN TO CALIFORNI D. THANSIT TO OUTSIDE			DISPOSITION PENDING (Name and Address)	- REMAINS LOCATED AT
	BURIAL	Mt. Hope	Cometery Ca. 92102	ERY	3-27-0	11C. SIGNA	COD A Y	CHARGE OF BURIAL
LE ITEMS	CHEMATION	12A. NAME AND AC	ODRESS OF CALIFORNIA CREM	ATORY	12B. DATE CREMA	TED 120 SIGNA	TURE OF PERSON IN	CHARGE OF CREMATION
LL APPLICAB	SCIENTIFIC USE	13A. NAME AND AD	DIRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C. SIGNA	TURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STATE O CREMATED RÉMAINS ARE TO E		14B. DATE SHIPPE	TO WOOD SHOWING	ESS AND SIGNATURE ACING WITH THE CAP	OF PERSON IN CHARGE RIER
The last of the la	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELINE, O DIDENTIFY FINAL PLACE AND C EA, ONLY ENTER LATITUDE AND	A DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	A DESCRIPTION OF THE PARTY OF T	TURE OF PERSON IN GE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE
Ш								

COPY 2 IS RETAINED BY 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

A+ need			206
You are hereby authorized and inst	ructed, subject to your rules	and regulations, to in	ter the remains
or Herma	in J. Hanley	23000	05
in a Liner	Funeral, date, tim	Tues. Mar	7th 12:0
Church Chapel, Graveside		Weterre	Mortuary.
All Funeral cars must arrive before	3:00 p.m. of regular work de	ay or an extra charge	of \$
will be applied and billed to underst	gned.		
Division 11 Section 1	Blk/Row	Lot 79 Gran	ve_5_
Grave space & Care Fund			2264.0
Overtime/Late Arrival Fees			
Opening/Closing & Setup			
Burial Container	LVI		270.00
Handling Fees	MAD = 2 2008		_ 500 as
Handling Fees GALV. VASE 3 3 09 Flower vases – Marker setting fee	WONTING		33.09
Recording/Filing/Transfer Fees	INT HOPE CEMET	ERY	65.00
Sales taxes			22020
	Paid receipt number	Total Due	
	Paid receipt number		(A)
	1-1-0	Balance due	-22
hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said authority.	disposition of remains as at athorization and I agree to he	oove indicated. I certi old Mt. Hope Cemeter	named decedent fy and represent ry harmless from L3000(
hereby authorize the interment in hold under deed.	lot I GA	dys Pek	KINS
Hours and	Address	5. 308	7
Blody perki	XSAH.	Diego CA 18-1750	92113 Zp Code
Pawette	Telephone	0 170 0	FAU
E 10(10	Invoice # _		
Mork Order # E- 19618	Acct.#		
REA-104 (3-04)	his information is available	in alternative format	s upon request.

O Present on manufact paper



PO Box 598001 Orlando, FL 32859-8001

Address Service Requested

A STATE OF THE PARTY OF THE PAR

· 00-794.4492

FIRST-CLASS MAIL U.S. POSTAGE PAID CINGULAR WIRELESS

(current address)
not the same as
address on ID



MT HOPE CEMETERY E-19618

GRAVE BLIND CHECK FORM

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

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	*	1	Levi V			
		mekinsey	х	CEAR		
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E-19618

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK IN ... NLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

13C SIGNATURE OF PERSON IN CHARGE OF FACILITY

14C ADDITESS AND SIGNATURE OF PERSON IN CHARGE

15C SIGNA 'URE OF PERSON IN 15D LICENSE NUMBER OF CHARGE OF DISPOSITION CREMATED REMAINS DIS-POSER - IF APPLICABLE

OF PLACING WITH THE CARRIER

4: SEX 1A. NAME OF DECEDENT - FIRST (SIVEN. 2 DATE F BRTH I DATE OF DEATH HERMAN SYLVESTER M HANLEY 07/30/1943 02/28/2006 SA CITY OF DEATH SB. COUNTY OF DEATH - DUTS CAUF 5 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SAN DIEGO SAN DIEGO GLADYS PERKINS, MOTHER - PUNERAL DIRECTOR OR P 303 SOUTH 35TH STREET D NAME AND ADDRESS OF CALIFO B CALIF LICENBE - IF APPLICABLE IN ACTING AS SUCH MBER FERRED CREMATION AND BURIAL 63 SAN DIEGO, CA 92113 FD-1746 UNIVERSITY AVENUE AN DIEGO. CA ! 15 BB. DATE SIGNED RECY PLICANT - IN endesign or applicatiflat the and Safety Code, or large au is stated herein to be of the documentors, authorized by Separauent to Section 7105 of the clienth and Setuin Code. ACKNOWLEDGEMENT OF APPLICANT OF the V 11.103045 4006 Ø. THIS PERMIT IS IS THE CALIFORNIA ITY FOR THE DISP NOTE: THIS PERMIT THARD SWIETY CODE AND ON SPECIFICATION OF DISTRIBUTE OF DISTRIBUTE OF THE PERSON OF TH 90 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT NS OF AUTHOR AMOUNT OF THE PAID OTE PERMIT ISSUED NANCY L BOWEN, MD 11.00 07/06/2006 PERMIT ALFORNIA AUTHORIZATION OF LOCAL REGISTRAY 9D. ADDRESS OF COSTRAR OF DISTRICT OF H- # DEAM-DOCUMENT OF THE HE ADDRESS OF EGISTRAR OF DISTRICT OF LISPOSITION -- POWDERS TO DOCUMEN APPROXIMATION OF THE PROPERTY OF THE P ANY CHANGE IN DISTOS-THON REQUIRES A VIEW PERMIT TO SHOW THAN DISPOSITION P.O. BO 85222 SAN DIEGO, CA 92186-52 10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BURIAL ADDRESS OF CALIFOR 11A NAME EMETERY THE PARTY BY 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY 3 MARKET STREET BURIAL 3-7-06 120 SIGN. TURE OF PERSON IN CHARGE OF CREMATION SAN DIEGO, CALIFORNI 2102 D'ADDRESS OF CALIFOR 128. CHITE CHEMATED REMATORY CREMATION

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

ACRUTY RECEIVING READONS

ATE OR COUNTRY WHERE

INE, OR OTHER DESCRIPTION

AND CA DISTRICT OF DISPOSITION.

TO BE SHIPPED

JE AND LONGITUDE

COPY 1

SCIENTIFIC: USE

TRANSIT

SCATTERINGHURIAL

AT SEA OR OSITION OTHER

IN IN CEMETERY

APPLICABLE

COMPLETE

STATE OF A FORMA DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

SAFE TY CODE SECTIONS 70- 7116, 7117, AND 103060.

TRA NAME PADDRESS OF CALIFOR

14A, NAME AD ADDRESS OF RECENTARING

15A, ADDRESS NEAREST POINT ON SE SUFFICIENT TO IDENTIFY FOLAL P.

IF BUT AT SEA, CHILY ENTER L

THE FOLLOWING STATUTE PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A METERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND

188 DATE RECEIVED

14H DATE SHIPPED

DISPOSITION

15B: DATE OF

WITH N ANY CALENDAR YES

NO FERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A GREMATED F MAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS AFTICLE SHALL NOT APP TO ANY PERSON, F TNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMITERY, CREMATORY I NSE, CEMETERY BROKER'S LICENSE CEMETERY SALESMAN'S LICENSE, OR FUN RAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CON ROL THE DISPOSITION THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CHEMATED REMAINS HAS OBTAINED WRITTEN FERMISSION OF THE PROPERTY OWNE OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY DE SECTION 7116.)

Sheo

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-2-06

You are hereby authorized and instruct	ted, subject to your rule	s and regulations,	to inter the remains
of Yau wash	ling ton	2300	13
in a DI) CRYPT "B"	Funeral, date, to	me Weds	Mar. 8 K
Church, Chapel, Graveside		Rapsco	UC_ Mortuary
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extra ch	arge of \$
will be applied and billed to undersigne	ed		
72 2		200	0
Division 12 Section 2	Blk/Row	_ Lot <u>(03</u>	Grave 0
Grave space & Care Fund	E - 0308)	
Overtime/Late Arrival Fees	1 7 20-		
Opening/Closing & Setup	MAR - 6 20	06	533
Burial Container			
Handling Fees	OUNT HOPE CI	METERY	
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees			65-
Sales taxes			
		Total Due	500
	Paid receipt number	11- 2140	270
Y		Balanc	e due
I hereby certify I am the and this is your authority to make disp	position of remains as		ove named decedent
that I have the right to make this authorized any liability on account of said authorized	rization and I agree to	hold Mt. Hope Car	metery harmless from
	V		
I hereby authorize the interment in lot I hold under deed.	And Name	100	
	Address		
Dignature	City	×	Zip Code
0	Telephone		
faultte	Invoice #		
Work Order # E-19619	Acct.#		
WORK ORDER - IZZUIZZ			

MT HOPE CEMETERY E 19619

	GR	AVE BLI	ND CH	ECK FOR	RM	
block mai	ne name o ked with " narker's in space.	X". Place the appro	the name priate spa	e's, lot # a	nd grave I are adja	# of all cent to
. #	8					
		Poundes		Dunley		
	third som	Williams	х			
			Hart	1		
Blind Ch	eck Initiate	ed By:	Pauk	He.	Date:	3-6
Intermen	t space fo	r_ Pa	ul Wa	ishingt	ന	
Intermen	t Date: N	larch 8	1	Γime:	10	OD Am
	Sect:_					Gr:_8_
Grave La	aid out by:	Norm	ant	enger	m	
	vith Legal	-				708
Agrees	with Map:	Yes	001		1	
Blind Ch	eck & Ve	rified By:	DAK	15/1	Date	3-60

E-19619

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TAL NAME OF DECEDENT - FIRST (GIVEN) 2. DATE OF BIRTH MONTH, DAY, YEA WASHINGTON DATE OF DEATH 4 BEX PAUL EZRA M 07/01/1920 03/02/2006 SAL CITY OF DEATH SB. COLVETY OF DEATH - OUTSIDE CALIF .. R NAME RELATIONSHIP FIX.) MAN MG ADDRESS AND THE CODE SAN DIEGO SAN DIEGO TERRILL WASHINGTON, SON 74, TYPED NAME AND ADDRESS OF CALFORMA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL 78. CALIF. LICENSE NUMBER -IF APPLICABLE FD 1329 3324-C HAMPTON POINT DRIVE SILVER SPRINGS, MD 20904 BLVD SAN DIEGO, CA 92102 8A SIGNATURE OF APPLICANT -Person taking or DATE SIGNED 03/03/2006 ACCHOWLEDGEMENT OF APPLICANT In foreby scknowledge as applicant that the proposed stated harms a on of the displacation sufficiency Code.

In foreby scknowledge as applicant that the proposed stated harms as not the displacement sufficiency Code.

In foreby scknowledge as applicant that the proposed stated harms as not the displacement sufficiency Code. THIS PERMIT IS SISUED IN ACCORDANCE WITH PROVISIONS OF THE CAUFCHINA HUAL THIAND SAFETY GODE AND IS THE AUTHOR-ITY FOR THE CASPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF HISPOSAL OUTSIDE OF CALIFORNIA 98 DATE PERMIT ISSUED 19C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9A. AMOUNT OF FEE PAID PERMIT 11.00 03/03/2006 NANCY L BOWEN, MD AUTHORIZATION OF LOCAL REGISTRAIN ID. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # UNICHOODINASE IN DILFORNIA BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -- PROPORTIONAL TO DESCRIPTION AND REGISTRATE OF DISTRICT HOME ANY CHANCE IN DISPOS-TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED 110 SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY, 3751 MARKET BURGAL STREET, SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B, DATE CREMATED APPLICABLE ITEMS CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13G. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE COMPLETE ALL 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED. 14B DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 19C. SIGNATURE OF PERSON IN 16D LICENSE NUMBER OF CHARGE OF DISPOSITION CREMATED REMAINS OR POSER - IF APPLICABLE 158 DATE OF SCATTERING/BURIAL DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN CEMETERY COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, GREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF

DISPOSING OF THE CREMATED REMAINS

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS8e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSONS DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

(NON-RES)

MT. HOPE CEMETERY

INTERMENT ORDER

AT NECC	City of San Diego		
71		Date 3 - 3	06
- Total of	12 Chairs		
You are hereby authorized and instruct	ted, subject to your rule	s and regulations, to in	iter the remains
of Dorothy	Mangels	23001	
ina T.S. Vaul+	Funeral date ti	methurs ma	19th 110
		Boham BK	O. Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work of	tay of an extra charge	of \$ 1678
will be applied and billed to undersigne	ed.		
	100		
Division & Section 1	Blk/Row	101 1043 Gra	
	O reverse	_ LOI _ LO C C C C C C C C C	A
Grave space & Care Fund	C 30 43	<i></i>	
Overtime/Late Arrival Fees			
Opening/Closing & Setup	MAR - 7 20	06	A STATE OF THE PARTY OF THE PAR
Burial Container	1711417400007117477604444604444	**********************	472.00
Handling Fees	DUNT HOPE CE	INFO P	
Flower vases Marker setting fee	Granite Fl		
Recording/Filing/Transfer Fees			9 5 M
a laboration and the second			2,50
Sales taxes	***************************************		155150
		Total Due	1,88858
	Paid receipt number .	N-3 1763	
10	2 12	Balance du	e
I hereby certify I am the 6 trans	laughter	of the above	named decadent
and this is your authority to make disp that I have the right to make this autho	rization and I agree to	hold Mt. Hope Cemete	ry harmless from
any liability on account of said authoriz	ation and interment.		
I hereby authorize the interment in lot I	X A	raie Morlan	
hold under deed.	Port Name	To North 6	1
Lange Mak	Address	mona CA	82005
Ggrafire /	Se.		Zip Code
	K 760	-788-8380	20000000
1141	(mepupal)		
aller -	Invoice #		
Work Order # E-19620	Acct. #		
BEA-104 (3-04) This	information is available	le in alternative forma	te unon motieet

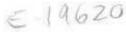
Bondam Mortuary 321 12th Sheet Lamona, Ca. 92065 FD 568 760-789-1878 1678

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR CRADULEY S CHECK DARK TO LIGHT WITH 2007-4002-809 OTH TOP AND BOTTOM UNION BANK OF CALIFORNIA, N.A. SAN FRANCISCO, CALIFORNIA UNION 800-238-4496 BANK OF CALIFORNIA 46076 127 One Thousand Six Hundred Fifty-One and 58/100ths Dollars March 06, 2006 MOUNT HOPE CEMETERY *****1,651.58 PAY TO THE INTERNMENT ORDER FOR DOROTHY MANGELS # E-19620 ORDER OF CITY OF SAN DIEGO, CA. CHARAN L. CREWS REMITTER: FORM 90258-T3 (08/23/2003) Overtay IO 00247-T3 (06/14/2904 "0074002895" ::121000497: O566000006" IS MULTI TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUAL TAND EVEN DARK TO LIGHT WITH 90740028930TH TOR AND BOTTOM T UNION BANK OF CALIFORNIA, N.A. SAN FRANCISCO, CALIFORNIA UNION 800-238-4486 BANK OF 46076 127 CALIFORNIA March 06, 2006 Two Hundred and 00/100ths Dollars ******200.00 PAY TO THE MT. HOPE CEMETARY FOR DOROTHY MANGELS ORDER OF LOT 1043 SECTION/ DIVISION 8 - DOC 3615 CHARAN L CREWS REMITTER: Overtay ID 00247-T3 (06/14/2) RM 00255-T3 (00/23/2003) :121000197: 0566000006# "*0074002893II* CHARAN L CREWS 2116 4135 CORDOBA AVE SPRING VALLEY, CA 91977 Pay to Dollars ustomer Since

16.05765.048031

: F550000EP7:57

MT HOPE CEMETERY



GRAVE BLIND CHECK FORM

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

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	=	Mco	4	BLOWN		
			1			

	HARFOLL	NANGELS	Х		BRANGEN	
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Blind Ch	neck Initiate	ed By: <u>{</u> or: DO	EUIN VOTV	ly ma	Date: 3/7	16
Interme	nt Date: 1	hurs, Mo	urgth	Time: 1	1:00 Chur	ch
Div: 8_	Sect:	BI	k/Row:	Lot	043 Gr	
Grave L	aid out by	Mormo	- F.	m		
Agrees	with Legal	Card: 3	Yes	ON D		
Agrees	with Map;	☐ Yes		No 11 7 M		

Blind Check & Verified By: Kenneth (Allers Date: 3/8/0

E-19620 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

							TEOUTS OR OT				
OROTHY	ENT - FIR	ST (CIVEN)	18 MIDDLE		MANO				2. DATE OF BIRTH MONTH, DAY, YEAR 02/07/1920	3 DATE OF DEATH MONTH, DAY, YEAR 03/02/2006	4 SEX
A MESA					SAN D	YE	OUTSIDE CALIF.	OF INFO	DRMANT	MAILING ADDRESS AND Z	
	ROS.	& STEWA	RT MORTUAR			78. CALIF LIGI - IF APPLIC FD568		1655 RAN	O DARTOLO IONA, CA 92 TURE OF APPLICANT	ROAD 065	ATE SIGNED
OWNERS OF THE PROPERTY OF	FAPPLICAN		edge as applicant that the pro Salety Code, and was suffice					S	& Brugge		03/2006
PERMIT	THE CA	LIFORNIA HEALTH	ACCORDANCE WITH PROV AND SAPETY CODE AND IS I SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSID	THE AUTHOR-	11.00	COA FEE PAID	98 DATE PERMET		NANCY L BO	OCAL RESISTRAA ISSUM OWEN, MD	S PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	90. AD	DRESS OF REGIS	TRAR OF DISTRICT OF D	DEATH #15541600	cometi w cauron	HA BE ADDRI	† ESS OF REGISTRAR	OF DISTR	ICT OF DISPOSITION	— У БИРОЕТВИ В ТО ОСОЦИ И АНТ	HER DRIVELL OF DIFFERENCE
OV CHANGE IN DISPOS TON REQUIRES A NEW ERMIT TO SHOW FINA DISPOSITION	38	51 ROSE	COUNTY VITA CRANS ST CA 92110	AL RECOR	RDS	-					
The state of the s	-	- course									
AUTHORIZED D	11/ M	A. NAME AND A. THOPE C	DDRESS OF CALIFORN		ET STRE	3+2	ORONER'S US) [11]		ERSON IN CHARGE OF	BURIAL C
BURIAL	117 M Sz	A NAME AND A T HOPE O AN DIEGO		51 MARKE		ET) 11 	SIGNATURE OF P	ERSON IN CHARGE OF	•
BURIAL	117 M S ₂ 127	A NAME AND A T HOPE C AN DIEGO A NAME AND A	EMETERY 37: CA 92102	51 MARKE		ET	3 - 9 - 0 (1110 M	SIGNATURE OF P	lamas	CREMATION
BURIAL CREMATION SCIENTIFIC	112/ M S) 12/ -	A NAME AND A T HOPE C AN DIEGC A NAME AND A A NAME AND A	EMETERY 375 CA 92102 DDRESS OF CALIFORN	51 MARKE	CEIVING REM	ET	118. DATE BURIED 3 - 9 - 00 128. DATE CREMA	1110 P	C. SIGNATURE OF PL	ERSON IN CHARGE OF	CREMATION

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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS96 (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054 8, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOUSING A CERTIFICATE OF AUTHORITY OF A CEMETERY CREMATORY LICENSE. CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

Arnerd

City of San Diego

Date 3/6/04

ina Slab modares	_ Funeral, date, t	me 3/7/06 Tu	ies. 200
Church, Chapel Graveside		Greenwood	Mortuary
All Funeral cars must arrive before 3:00 p	m of regular work	day or an extra charge	e of \$
will be applied and billed to undersigned.			
Division Muslim Section	Blk/Row	Lot 149 Gr	rave
Grave space & Care Fund			
Overtime/Late Arrival Fees			
Opening/Closing & Setup	891	n-minumm(i/m.:n4	
Burial Container			
Handling Fees			
Flower vases – Marker setting fee			
Recording/Filing/Transfer Fees	and the same of th		
Sales taxes			
50.0 50 - 0.0 40 - 0.0 40 - 0.0 10 10 10 10 10 10 10 10 10 10 10 10 10		Total Due	===
Pa	aid receipt number		-
		Balance di	ue
hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization is ability on account of said authorization.	tion and I agree to	above indicated. I cer	e named decedent tify and represent ery harmless from
hereby authorize the interment in lot I	Proof Name		
noid under deed.	Address		
Signature	×		
	Eny		Zφ Code
- U:	Talephone		
Pawelle_	Invoice #		
Work Order # E- 19621	Acct. #		

MT HOPE CEMETERY = 19621

GRAVE BLIND CHECK FORM

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

* · ·					
SAMIEI		х			
			b .		
	D	/ # 14		1	01 ×
Blind Check Initiated Interment space for	Mary o	im 8	adug	Date:	3-60
Interment Date: TW	5 3 7		Γime:	2:00 p	m
Div: Must Sect: _	Blk/	Row:	Lot	149	Gr:
Grave Laid out by	ocmen	ten	<u> </u>		
Agrees with Legal (Card: Y	es (□ No		
Agrees with Map: [J Yes		No		
Blind Check & Veri	find Dun			Date	

F-19621

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	E OF DECEDENT	- FIRST (GNEW)	1B MIDDLE	MODARE	ES SA	DEGHI		MONTH DAY, YEAR MONTH	E OF DEATH H. DAY, YEAR 04/2006	F SEX
/IST	200			SAN DIEC	30		STE	RELATIONSHEP FULL MAILING AF DRIMANT VE DAROUIE, SON	V	P CODE
GRE	ENWOOD	MEMORIAL	MERAL OFFICTOR OF PERSON ACTING A PARK & MORTUARY, SAN DIEGO, CA 92112	4300	D843	1	SAN	CONCORD PLACE I MARCOS, CA 920 TURE OF APPLICANT - PERSONAL	69	YE SIGNED
akkov	VLEDGEMENT OF APP	HIGHET IS hereby acknowle	adge as applicant that the proposent stated her Serety Code, and was authorized pursuent to	neitr is on of the disposition Section 7100 of the Health	s authorized h and Salety	o by Section 103055 y Code	· Sec	aha King	03/	04/2006
P	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CAUFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR: TYPEOR THE DEPOSITION SPECIFIC IN THIS PERMIT WITH THIS PERMIT GIVE NO BIGHT OF DISPOSAL QUITIBLE OF CALIFORNIA.		5A. AMOUNT OF 1	FEE PAID	98. DATE PERMIT D3/06/200		BE SIGNATURE OF LOCAL REGI NANCY L BOWEN		PERMIT ES	
ALTH	CRIZATION OF SECRETIFIANT SE	ADDRESS OF REGIS	TRAR OF DISTRICT OF DEATH - FORAN	H DOCUMENT IN DAUFORNA	€. ADDRE	ESS OF REGISTRAR	OF DISTH	: NCT OF DISPOSITION * IMPRINTER	H IS TO OCCUP H WAS	MEN DOLLHOLD HITM SON
ERMIT	ANGE IN DISPOS- EQUITIES A NEW TO SHOW FINAL SPOSITION	SAN DIEGO 3851 ROSEC SAN DIEGO,		ORDS	9:22					
		AND			FOR CO	ORONER'S US	E ONL	v		
	THORIZED DISPO	SITE(N(S)				ORDNER & CS	15,010175	3):		
		11A. NAME AND AC	DRESS OF CALIFORNIA CEMETER PE CEMETERY, 3751 AN DIEGO, CA 92102			118. DATE BURIED	150	C. SIGNATURE OF PERSON IN	I CHARGE OF	aurial
BUF	RIAL	11A NAME AND AL MOUNT HOI STREET, SA	PE CEMETERY, 3751	, MARKET		118, DATE BURIED	0 >	on:	langer	
BUF	RIAL	11A. NAME AND AD MOUNT HOI STREET, SA 12A. NAME AND AD	PE CEMETERY, 3751 AN DIEGO, CA 92102	y MARKET RY		118. DATE BURIED	ED 120	C. SIGNATURE OF PERSON IN	CONTRIGE OF	CREMATION
BUF	RIAL BURIAL CREMATION SCIENTIFIC	11A. NAME AND AD MOUNT HOLD STREET, SA 12A. NAME AND AD 13A. NAME AND AD 14A. NAME AND 1	PE CEMETERY, 3751 I AN DIEGO, CA 92102 IDRESS OF CALIFORNIA CREMATO	Y MARKET RY RECEIVING REMAINS COUNTRY WHERE	5	118, DATE BURIED 3 - 7 - 04 128, DATE CREMAT	ED 121	C. SIGNATURE OF PERSON IN	CHARGE OF I	CREMATION FACILITY

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59e (REV. 12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054,6, 7116, 7117, AND 103060.

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d

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

+ need Date 3-La	-06
You are hereby authorized and instructed, subject to your rules and regulations, to int	0
	er the remains
or Bernard Mutry Mukenge	W 514 - 095
in a D.D. Crupt A Funeral, date, time FY, day Mark	ch 10 10-0
Church Chapel Graveside SD Mcmoria	/ Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of	of \$
will be applied and billed to undersigned.	
Division 12 Section 1 Blk/Row Lot 83 Grav	e_1/
Grave space & Care Fund	2264.
Overtime/Late Arrival Fees	-5
Opening/Closing & Setup	233 -
Burial Container	539 -
Handling Fees. MAR - 6 2008	454
Flower vases – Marker setting fee	
Recording/Filing/Transfer F65UNT HOPE OF METERY	65
Sales taxes	4177
Total Due	3,896 77
Paid receipt number R- 59461	3,896.77
Balance due	EX
I hereby certify I am the X Son of the above n	amed decedent
and this is your authority to make disposition of remains as above indicated. I certifithat I have the right to make this authorization and I agree to hold Mt. Hope Cemeters	y and represent
any liability on account of said authorization and interment.	
I hereby authorize the interment in lot I	longe
hold under deed) X 4006 (owlstand	State
Suprature Sandica o C	a 92104
2619, 2208975	Zan Cook
Paylette	
paytette Invoice#	
Work Order # E-19622 Acct #	

DRIVER LICENSE
EXPLRES 11-10-86 B4460946

CLASS: C

BERNARD MUTAY MUKENGE 4121 1/2 ILLINGIS ST SAN DIEGO CA 92184



SEX:M HAIR:BLK HT:5-07 WT: 150

EYES:BRN DOB: 11-10-65

82/18/2883 586 85 FD/86

MT HOPE CEMETERY E-19622

GRAVE BLIND CHECK FORM

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

	700					
68 E	WILSON				JONES	
*	2015EY		x	HARRIS	HARRIS	
- 2		LAUSON	KRENTH			
			,			

		LAUSON	KRENTH			
Blind Che	eck Initia	ted By:	EUIN		Date:	3/1/06
nterment	t space f	or: her	nard M		enger	
Div: 12	_ Sect	B	Ik/Row:	Lot:	83 (0
		r: Worm Il Card: Ø		erque J No	~_	
Agrees v	vith Map:	18 Yes		No		

Blind Check & Verified By:

ARREN Date:3

E-19622 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOR CORONER'S USE ONLY

TA: NAME OF DECEDENT - FIRST (GIVEN)
BERNARD MUTRY TC: LAST WANT 2 DATE OF BIRTH MONTH, DAY, YEAR 3. DATE OF DEATH 4. SEX MUKENGE 11/10/1954 02/28/2006 CITY OF DEATH 58 COUNTY OF DEATH - OUTSIDE CALIF. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SAN DIEGO OF INFORMANT SAN DIEGO GULLEN MUKENGE, SON 74, TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DRESTOR OR PERSON ACTING AS BUCH WMS SAN DIEGO MEMORIAL CHAPEL, 2441 7B. CALIF. LICENSE NUMBER -- IF APPLICABLE 4006 LOUISIANA STREET #4 SAN DIEGO, CA 92104 FD1575 UNIVERSITY AVENUE SAN DIEGO, CA 92104 BA. SIGNATURE OF APPLICANT Person willing permit. 8B. DATE SIGNED. ACKNOWLEDGEMENT OF APPLICANT INTO BY DICKNOWLEDGE OF APPLICANT OF THE Health Was Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALFORNIA HEALTH AND SAFETY DODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT DIVE NO RIGHT OF INSPOSAL DUTSION OF CALIF 24 AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 19C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT \$11.00 03/03/2006 NANCY L BOWEN, MD AL/THORIZATION OF LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # DISTRICT OF DEATH - # DISTRICT OF DISTRICT OF DISPOSITION - # DISPOSITION - ANY CHANGE IN DISPOS-ITION REQUIRES A NEW PERMIT TO SHOW FINAL DESPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10. AUTHORIZED DISPOSITION(S).

11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY, 3751 MARKET 03/10/2006 BURIAL ST., SAN DIEGO, CA 92102 SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED TEMS CREMATION COMPLETE ALL APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC UB9# NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 158. DATE OF 15C. SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF SCATTERING/BURGAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE CREMATED REMAINS DIS POSER - IF APPLICABLE DISPOSITION CHARGE OF DISPOSITION AT SEA GR DISPOSITION OTHER THAN IN CEMETERY

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 WAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

BU

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS8e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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MT. HOPE CEMETERY

INTERMENT ORDER



City of San Diego

Date_ 3 /6 / 06

Draind		Date	
CATC.		Pin#	
You are hereby authorized and instruc			er the remains
or Kendra N		230017	
na Liner	Funeral, date,	time 3/9/0	6
Type of Burul Container Church, Chapel, Graveside		Ca. Buri	a Fanelle
		134-3177	
All Funeral cars must arrive before 3:0		bay or an extra charge t	n 5
will be applied and billed to undersign	ed		
Division 17 Section 1	BIK/Row	Lot 8 9 _ Grav	
Grave space & Care Fund		\mathcal{B}	2, 164.00
Overtime/Late Arrival Fees			
Opening/Closing & Setup			533,00
Burial Container			
fandling Fees	1.73		206.00
Handling FeesFlower vases – Marker setting fee	MAD 0 9	2006	0
Recording/Filing/Transfer Fees	MMission		65.00
	The state of the s	E CENE	20.93
Sales taxes	Market Commencer	Francisco de la constitución de la	
		TOTAL PROFILE CONTRACTOR	3,358.93
	Paid receipt number	pd by VISA #	3, 358.93
97	1	, Balance due	0
hereby certify I am the Moth	or/sister	bro of the above n	anned described
and this is your authority to make dis-	position of remains as	above indicated. I certif	y and represent
hat I have the right to make this authors any liability on account of said authors	prization and I agree to	hold Mt. Hope Cemeter	y harmless from
my hability on account of said authoriz	audi promenien.	73000 L 16	from Lonn
hereby authorize the interment in lot	Katt	leen Baker	Buffer I Nels
add upder deed 7	Print Name	an ch.	#70
Mari 1/ bell	Address	1 Spring ST 1	720
sprature V - Freque	- LA	MESA LICA	91941
I Oster)	984 (01)	110001	Zip Gode
1 313/11	(417)	303-5742	
	helephone		
evid 40	Invoice #	#	
F-19623			
Nork Order # L- 19023	Acct. #		

E-19623

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 34

CENDRA	T - FIRST IGNENI		A SHE	LE	NELS				MONTH DAY YEAR 04/18/1972	MONTH	E OF DEATH 1, DAY, YEAR 3/2006	F SEX
CHULA VISTA				WASSING	SAN D	ATE	OUTSIDE CALIF	OF INF	RELATIONSHIP, FULL ORMANT THLEEN BAK			CODE
CALIFORNIA CAJON BLVD	CREMATI	ON & E	URIAL (CHAPEL, 58	880 EL	78. CALIF LII - IF APPL FD135	7	427 LA I	9 SPRING S MESA, CA 91 ATURE OF APPLICANT	T. 941		TE SIGNED
CKNOWLEDGEMENT OF A	PLICANT I hereby:	icknowledge ith and Safe	is applicant that y Code, and we	the proposed stated he withoused pursuant to	rein is on of the dis Section 7100 of th	positions authoriz e Mealth and Safe	and by Senting 103055	-4	Mille	2000	1 4	3/09/0
70001 S00070 AV-11	THIS PERMIT IS ISS THE CALIFORNIA HI TY FOR THE DISPO NOTE: THIS PERMIT G	ALTH AND S	AFETY CODE /	PROVIDIONS OF AND IS THE AUTHOR- SERMIT UTSIDE OF CALIFORNIA		NT OF FEE PAID	03/09/200		NANCY L B			PERMIT E
	90, ADDRESS OF	REGISTRAF	OF DISTRICT	OF DEATH - FOSK	HOCCUTRES IN SALES	MA SE ADD	RESS OF REGISTRAR (DF DISTR	RICT OF DISPOSITION	- eneesone	COLD OCD A VONCP	extramect and an extramer
AY CHANGE IN DISPOS- TION REGULARS A NEW SERVIT TO SHOW FINAL DISPOSITION	3851 RO	SECR	UNTY V NS ST V 92110	ITAL RECO	ORDS							
	SAN DIE											
AUTHORIZED DISP						FOR C	CORONER'S USE	E ONL	Y			
AUTHORIZED DISP BU BURIAL	OSITION(S)	ND ADDRE	ETERY	ORNIA CEMETER 3751 MAR			ORONER'S USE	111	SIGNATURE OF P	PERSON IN G	CHARGE OF B	URIAL
BURIAL	11A NAME A MT HOP SAN DIE	ND ADDRE E CEN GO CA	ETERY 92102		KET ST.		118 DATE BURIED	j 11		16	riec.	_ (
BURIAL	11A NAME A MT HOP SAN DIE 12A NAME A	ND ADDRE E CEM GO CA NO ADORE	ETERY A 92102 SS OF CALIF	3751 MAR	KET ST.	100000	118 DATE BURIED	2 P EU 19	C SIGNATURE OF P	ERSON IN C	OLIEC CHARGE OF C	REMATION
BURIAL CREMATION SCIENTIFIC	11A NAME A MT HOP SAN DIE 12A NAME A -	ND ADDRE E CEM GO CA NO ADDRE ND ADDRE	ETERY A 92102 SS OF CALIF	3751 MAR	KET ST.	MAINS	118 DATE BURIED 3 - 9 - 06 128 DATE CREMATI	2 PEU 17	C SIGNATURE OF PI	ERSON IN C	CHARGE OF F	REMATION ACILITY

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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES. OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	subject to your rules and regulations, to inter	the remains
or Johanna Kra	inenburg & 2300	15
in a NA	Funeral, date, time AYJ	>
	y Only. Feathering III	
	glk/RowLot 270 Grave	0
	and the second s	
Opening/Closing & Setup	PAID :	149
Burial Container	DAID	
	[# K1 RE	
Flower vases - Marker setting fee	AR - 6 2006 -	
THE ASSESSMENT OF THE PROPERTY OF THE PARTY		65,-
Sales taxes MOLINT	HOPE CEMETERY .	
AND ANALYSIA (AND SECTION AND	Total Due	214-
	Balance due	05
I hereby certify I am the X 56N and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization.	01/00/04/1940/05/06/06/06/06/06/06/06/06/06/06/06/06/06/	armless from
I hereby authorize the interment in lot I	X Hendrik Kranen	
hold/under deed	X 12 Hawthorne	Ps.
Signature	Chy 914 393 7936	
Philippe	Invoice#	
Work Order # E-19624	Acct. #	
	making to a surfact to the making formation	

MT HOPE CEMETERY E-19624

GRAVE BLIND CHECK FORM

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

+	35				
		30000	fus		
			X	Jours	
-		Cornell	jenkin	\$	
		ANUTSP	†		

Interment space for:	Johanna	ckran	enbur	g & _
Interment Date: Joh	annoc.	Time:_	AYD	0
Div: 8 Sect: 4	Blk/Row:	L	ot: <u>27</u> 0)_ Gr:

Date:

Grave Laid out by: Norman Leque

Blind Check Initiated By: 100481

Blind Check & Verified By: Navid / louisa Date: 3-21-0

C-19624 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

2. DATE OF BIRTH 4 SEX 3: DATE OF DEATH FRANCISKA KRANENBURG 03/20/1921 03/06/2006 5B. COUNTY OF DEATH - OUTSIDE CALIF.. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SAN DIEGO HENDRIK J. KRANENBURG, SON

73. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER. -- IF APPLICABLE 12 HAWTHORNE RD FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON FD1083 BLVD SAN DIEGO, CA 92115

BRONXVILLE, NY 10708 BA. SIGNATURE OF APPLICANT - Person taking plannil 6B DATE SIGNED 03/14/2006

James (9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

PERMIT

JOHANNA

TY OF DEATH

MESA

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9A. AMOUNT OF FEE PAID \$11.00

03/14/2006

NANCY L BOWEN, MD

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

ID, ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - FINANCIONAL ORDER SECTION OF REGISTRAR OF DISTRICT OF DISPOSITION OF REPORTER AT OCCUR NANOTHER PRINCIPLE.

ACKNOWLEDGEMENT OF APPLICANT

I hereby extrawwedge as applicant that the proposed stated herein is on of the discoulting authorized by Section 103055 of the Health and Safety Code.

ACKNOWLEDGEMENT OF APPLICANT

I hereby extrawwedge as applicant that the proposed stated herein is on of the discoulting authorized pursuant to Section 7100 of the Health and Safety Code.

SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10 AUTHORIZED DISPOSITION(S)

1A; NAME OF DECEDENT - FIRST (GIVEN)

FOR CORONER'S USE ONLY

CR/BU

11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY: 3751 MARKET ST., BURIAL Meman Ferman 12C. SIGNATURE OF PERSON NI CHARGE OF CREMATION SAN DIEGO, CA 92102 3-21-06 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED APPLICABLE ITEMS SO, CA CREMATORY 601 D CRANE CREMATION 15-06 ST., LAKE ELSINORE, CA 92530 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS UR DATE RECEIVED. 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC LISE COMPLETEALL 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B DATE SHIPPED REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 158. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION CREMATED REMAINS DIS-AT SEA OR DISPOSITION OTHER IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE OSER - IF APPLICABLE THAN IN CEMETERY

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

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS. WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At	need
res	need verified

216/01

res, verifical		Date 3/0/	-
You are hereby authorized and ins	structed, subject to your rules	s and regulations, to inte	er the remains
or Michael	Witherspoon	23003	上
ina biner	Funeral, date, tir	ne Friday Mo	irlo llo
Church Chapel Graveside	United the section of	CA Burias	Mortuary.
All Funeral cars must arrive before	e 3:00 p.m. of regular work d	ay or an extra charge o	f \$
will be applied and billed to under	signed.		
Division 12 Section	BIK/Row	Lot 69 Grav	5
Grave space & Care Fund			2264
Overtime/Late Arrival Fees			
Opening/Closing & Setup			
Burial Container	PAID_		270-
Handling Fees	· PIL		206.
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	65_
Sales taxes	UNT HOPE OF ME	YFD	2093
	Paid receipt number	Total Due	2228.4
The second section of the second section of the second section		3309/ Balance due	8
I hereby certify I am the and this is your authority to make that I have the right to make this a any liability on account of said aut	disposition of remains as a authorization and I agree to f	bove indicated. I certify	amed decedent and represent harmless from
I hereby authorize the interment in hold under deed.	Print Name	DRES SWAN	
* Dolores Swaneg	X San	4 HARDING ! Diego 1 262-352	92/18
Paulette Lout	a-15 Invoice #		
Work Order # E-19625			

3704 Harding Ave SD CA 92113 € 19625

CALIFORNIA DAY

COMMERCIAL DRIVER LICENSE EXPIRES 84-15-09

N6361930

CLASS: A ENDORS: TX

MICHAEL DEWAYNE WITHERSPOON SAN DIEGO CA 92113

SEX:M HT:5-09

HAIR: BLK WT: 150

EYES:BRN DOB: 04-15-58

85/18/2004 \$86 B3/A8 FD/89

MT HOPE CEMETERY E 19625

GRAVE BLIND CHECK FORM

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

		Galler	Smit	u	-	
*	Magge	11 Coper	х		Sel	
			Wrig	i.t	-	
Interme		3/10/06		Time:_	ip w	
Interm		3/10/06		Time:_	ip w	Chaper Gr:5
	Laid out by		ſ	5	~	
Agree:	s with Lega	al Card; 🛘	Yes	D No	T	(ay
	14				1	1
Agrees	s with Map	☐ Yes		No	į.	

F-19625

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 300 48

						HITEOUTS OR OT					
A. NAME OF DECE MICHAEL	ENT - FIRST (GIV	ENO	DEWAYNE	VIT	HERSPC	ON		2: DATE OF BIRTH MONTH, DAY, YEAR 04/15/1958	3 DATE OF MONTH, DAY 03/01/2	Y YEAR	4 SEX
SAN DIEGO		SAN DIEGO DO		DOL	RELATIONSHIP FULL DRES SWAN	NEGAN, N		OE .			
CALIFORNI	A CREMA	TION &	ERAL SIRECTOR OR PERSON ACTINI BURIAL CHAPE, 22 VAL CITY, CA 91950	200		ICENSE NUMBER LICABLE 39	SAN	HARDING , DIEGO, CA TURE OF APPLICANT	92113	WE DATE S	IGNED
ACKNOWLEDGEMENT	FAPPLICANT I he at d	reby soknowled te Health and S	ge as applicant that the proposed stated slety Code, and was authorized pursuant	herein is on of the d to Section 7100 of	lepositions author the Neeth and Se	red by Section 103055 fety Code	NO	Helel	000	03/06/	2006
PERMIT	THE CALIFORN	IA HEALTH AN ISPOSITION S	CCORDANGE WITH PROVISIONS OF ID SAFETY CODE AND IS THE AUTHOR PECHTED IN THIS PERMIT GHT OF DISPOSAL OUTSIDE OF GALIFOR	R	OF FEE PAI	03/06/20		NANCY L BO			EQ
AUTHORIZATION OF LOCAL REGISTRAR	90 ADDRESS	OF REGISTR	RAR OF DISTRICT OF DEATH - FO	EATH OCCUPANCE IN CITIES	ORM BE ADD	RESS OF REGISTRAR	OF DISTR	CT OF DISPOSITION -	v percentanie fa:	Popular mobile de	THE HEALFORN
ANY CHANGE IN DISPO ITION REQUIRES A NEV PERMIT TO SHOW FINA DISPOSITION	3851 F	ROSECI	COUNTY VITAL REC RANS ST CA 92110	ORDS	-						
					FOR	CORONER'S US	SE ONLY	1			
0 AUTHORIZED D BU	ISPOSITION(S)										
	MT HO	OPE CE	RESS OF CALIFORNIA CEMETE METERY 3751 MAR CA 92102			3-10-0	28	SIGNATURE OF PE	ERSON IN CHAI		AL.
BU BURIAL	MT HO SAN E	OPE CE	METERY 3751 MAI	RKET ST.		116 DATE BURIED	6 >	24	120	ries	-
BU BURIAL	11A NAM MT HO SAN E 12A NAM	OPE CE DIEGO (IE AND ADD	METERY 3751 MAI CA 92102	RKET ST.		3-10-0	6 N TED 128	SIGNATURE OF PE	PSON IN CHAI	rieg	ATION
BURIAL CREMATION SCIENTIFIC	11A NAM MT HO SAN E 12A NAM -	OPE CE DIEGO (RE AND ADD	METERY 3751 MAP CA 92102 RESS OF CALIFORNIA CREMAT	RKET ST.	MAINS	3-10-0 128 DATE CREMA	6 P TED 128	SIGNATURE OF PE	ERSON IN CHAI	RIGE OF FACIL	ATION

SPECIAL INSTRUCTIONS REGARDING CREMATION

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At-nued. TRANSFER (NON-RES)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/7/06

ina	Funeral, date, time	23000
Type of Burial Container Church, Chapel, Graveside	Control Society and Control	Mortuary
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned	ed.	
Division 5 Section 1	Blk/Row Lot Grave	
Grave space & Care Fund		
Overtime/Late Arrival Fees		
Opening/Closing & Setup	PAID _	_
Burial Container		
Handling Fees	MAR = 7 2006	
Flower vases - Marker setting fee	_	_
Recording/Filing/Transfer Fees	MOUNT HOPE CEMETER	85
and Property of the Control of the C		
Sales taxes		
Sales taxes	Total Due	85-
Sales taxes		85
Sales taxes	Total Due	85- 85-
hereby certify I am the and this is your authority to make disp	Paid receipt number R-59463 Balance due of the above name position of remains as above indicated. I certify an	d represen
hereby certify I am the and this is your authority to make dispond to have the right to make this authority.	Paid receipt number R-59463 Balance due of the above name position of remains as above indicated. I certify an	d represen
hereby certify I am the and this is your authority to make display I have the right to make this authorize the line authorize the interment in lot I hold under deed.	Paid receipt number R-59463 Balance due of the above name position of remains as above indicated. I certify an	d represen
hereby certify I am the and this is your authority to make displant I have the right to make this authorized in the authorized in the authorized hereby authorized the interment in lot I	Paid receipt number R-59463 Balance due of the above name position of remains as above indicated. I certify an	d represen
hereby certify I am the and this is your authority to make display I have the right to make this authorize the line authorize the interment in lot I hold under deed.	Paid receipt number R-59462 Balance due of the above name position of remains as above indicated. I certify an orization and I agree to hold Mt. Hope Cernetery has cation and interment.	d represen

POWER OF ATTORNEY E-19626

	nken	
The undersigned (jointly and severally it and appoints GENE E. WHATLEY, a listate of California or, in his absence, Gethe cemetery broker, his true and lawful stead and for his use and benefit to perform pertaining to the sale, disposal, use, or to parties to that certain parcel of cemetery Division 5, Section	censed and bonded ene K. Whatley, a la attorney for him a orm and sign in his o give burial rights y property describe	I cemetery broker in the icensed representative of and his name, place and place in all matters to any other party or as follows:
at Mt. Hope Ce	metery	
perform all and every act and thing what be done in and about the premises as ful could do if personally present, hereby ra- do or cause to be done by virtue of these Wherever the context so requires, the m	lly to all intents and atifying all that his presents.	d purposes as he might or said attorney shall lawfull
		cludes the feminine and/or
wester, and the singular includes the plus	ıral.	Sie alien
State of Colifornia	County ofbefore me, the unc	Sze zlujo Iersigned, a Notary Public
neuter, and the singular includes the plus of Signature State of Colifornia On January 14, 2025	County of _	Sze zlujo Iersigned, a Notary Public
State of Colifornia	County ofbefore me, the unc	Sze zlujo Iersigned, a Notary Public

COUNTY OF SAN DIEGO 49626

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	CAUCASTAN 12. GOCUPATION HOMEMAKER	18 AND OF BUSINESS OWN HOME		X No	THE STATE OF STREET	MPLOYED FRANK IN OUR 52	usation .
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	26 NAME OF BUSINESS SPECIAL STREET	PETER -		FRENKEN	A 7866; SBUDDO, MODELE L.		
SPOUSE AND PARENT INFORMATION	JAMES 38 NAME OF THE PROPERTY LILLIAN	R: Pe. WIDOLE M.		XENNEDY TO LAST (MAINAM) ANDREA			OH OH
narosmans)	05/16/2002 RL CAMINO	MEMORIAL PARK			N-RD, SAN		
PUNERAL DIRECTOR AND LOCAL DEGISERAR	AN, YET OF DISCOSTIONES BU AN NAME OF CONTRACTORS CONTRACTOR EL CAMINO MORTUARY	35 DEEVSE NO	MATTHE . TO	LOCK MANIETAN	- mp m		. M / D D / C C Y Y
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795316

County of Sin Diego: Department of Health Services, 3851 Rosections Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEREDIPARTMENT OF HEALTH SERVICES EXIBOSSED SEAL, this was true copy of the ORIGINAL DOCUMENT FIELD. Required fee paid.

DATE ISSUED: May 16,2002

Nancy. L Bourse ME

NANCY L BOWEN, M'D) REGISTRAR OF VITAL RECORDS County of San Diego

This copy not valid intess prepared on engraved border displaying seal and signature of Registrar



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HORE JOHNEY

思,公正是

E-19626

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY



OWNERSHIP AND INTERMENT PRIVILEGES

E-15718

TO MARCELLA M. FREDERN [for the sum of \$ [DOLLARS]

LEGAL DESCRIPTION DIVISION 5 - SECTION 1 - ROW 13 - LOT 13

AS DESCRIBED ON PURCHASE ORDER NUMBER E-1571

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burnal 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 agress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be reflicquished 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 Cometery Division does not undertake or agree to make any repairs to any monument, need atone, vanilts 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 Cometery Division be responsible for damage, malicious mischief, vanidalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cometery. The following type of memorial will be permitted:

Cemetery Manager

The information is evolution in alternative tombate upon request

27 - 27 - 504 (Per + 03)

Venue and



THE CITY OF SAN DIEGO

€-19626

MOUNT HOPE CEMETERY CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: February 16, 2006					
INVe William Fren	ken_				
DO HEREBY REMISE, RELEASE	, AND QUIT	CLAIM	THE IN	TERMENT I	RIGHTS
TO Viola Hicks		2_0			
Street Address: P.O. Box 20.				pt/Unit#:_	
	T: CA	Z	ip-Code.	92021	
Telephone #: (619) 390-9408			# C		
all the cemetery property interment of San Diego, County of San Diego,					said City
Division: 5	Section:	1		Blk / Row:	13
Lot(s): 13	The state of the	Grave(s):	05-48-510-510-7105	
TO HAVE AND HOLD THE above interment rights owners, its successor WITNESS my/our hand this16st EXECUTED IN THE PRESENNCE	ors and assign	ns foreve		unto the abov	ve said
THE FOLLOWING WITNESS:	2000/4800				
Suchlattry fr.			Lamiriana	Reprehensive Sugnatur	
			- The state of the		052)
WITNESS			Lagal Owner	7 Republica V& Signatur	ré -
David Lugo					
COMETERN HORSEHEN SIVE NAME	0.00	17 23 5	Cemokary	Ropreliedsivé Sypaties	0



MT. HOPE CEMETERY

[NON] INTERMENT ORDER

Res , ci	ty of San Diego
AT- peed 15 Char	Date_3 - 8 - 06
IN grave with 1	valler schumacher pint +30041
	subject to your rules and regulations, to inter the remains
a mariann sch	umacher Mc Donald 10
Ina ASK VaulT	Funeral, date, time FRICA 17,06 11:00
Church, Chapel, Graveside	: Family Deliver Mortuary.
All Funeral cars must arrive before 3:00 p.n	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	ok Veritied per phone call DL) 3/41
Division	Bik/Row Lot 13 Grave 1
Grave space & Care Fund D#/	377 FAIL
Overtime/Late Arrival Fees	
Osening/Closing & Setup	MAR 1 4 2006 #199.00
Burial Container Ask	Vaul \$ 104.00
Handling Fees.	OUNT HOPE CEMETERY \$ 114.00
Flower vases - Marker setting fee 237	00)WOW137 8 137.00
Recording/Filing/Transfer Fees. 85.00) 4 85,00 K/F \$ 170.00
Sales taxes	#8.06
camily will bring	Total Due #832.06
urial permit with Pai	d receipt number R - 59471 \$832.06
tre mains	Balance due _O_
	TV - room recommendation
	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I	* see attach
hold under deed.	+ Las signature
X. Signisture	Address
Transfer ownership	City Zip Code
From! . attack	Telephone
To ; set ander	Invision #
Work Order # E- 19627	Invoice #
VVORK Order # L 1702/	Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Doughter

Jayre Fraser

Fax

909 824-2412

Home# also

23059 Hampton Ct.

Grand Jenace, Ca. 92313

MT. HOPE CEMETERY

Res

INTERMENT ORDER

City of San Diego

= ===	Deta 3-8-06
AT- peed IN grove with h	valTer Schumacher
	subject to your rules and regulations, to inter the remain
	unacher Mc Dowald D
ina ASA VALIT	Funeral, date, time hack 17,06 110
Church, Chepel (Graveside)	Family Del Mortua
All Funeral cars must errive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned. LOCATION Verified of	k y
Division 3 Section 1 B	Sik/Row Lot 13 Grave 1
Grave space & Care Fund D. # /	
Overtime/Late Arrivel Fees	TATE AT ASSES
Opening/Closing & Setup	MAR 14 2006 #195.00
Burial Container	\$104.00
Handing Fees	OUNT HOPE CEMEL # 114.00
Flower wases Marker setting fee 237.	00) 8 137.00
Recording/Filing/Transfer Fees 8.5.00) 4 85.00 K/F \$ 170.00
Sales toles	B 8.06
amily will bring	Total Dub #831.06
	receipt number R-59471 \$ 832.0
remains	Balance due _O
1 11	X of the above named deceder
I hereby certify I am the daugh le and this is your authority to make disposition	n of remains as above indicated 1 certify and represen
any liability on account of sale authorization a	an end lagree to hold Mr. Plope Cemetery harmless from and interment. p.n # 130047
	& Jayne on Frages
I hereby authorize the interstant in lot I hold under deed.	Ford stame
deening my sisex	23059 Hampton G
transfer ownership	Crand Tenaco CA
From ! AlFred, Bess. Gertned	19098242412 900
	at .
i vicque Traser	Invoice #
Work Order s E-19627	Acct. #
This inform	nution is nutribble in ellemation formats upon request





MT HOPE CEMETERY E- 19627

GRAVE BLIND CHECK FORM

•	Write in the	name of th	e deceased	for which t	he grave i	s for in the
	block market	d with "X"	Place the n	ame's lot	# and gray	e # of all

existing marker's in the appropriate space(s) that are adjacent to the burial space. IN Grave with Schumacher

					18
# 4 park	#3 Alfred	# X Waster Schumach	Emil Schumack	en	
-		Schumuch	er		
			-		

Blind Check Initiated By: Sancher Date: 3-14-06
Interment space for: Mariann Schunacher
Interment Date: March 17,06 Time: 11,00
Div: 3 Sect: / Blk/Row: Lot: 13 Gr: 1
Grave Laid out by: Moreman Fergus
Agrees with Legal Card: Yes
Agrees with Map: Yes
3lind Check & Verified Byr DARKEY Date: 3150

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

04459

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

age 87

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		1C. LAST (FAMILY)	1C. LAST (FAMILY)			OF DEATH DAY, YEAR	4. SEX		
MARIANN C.		McDONALD		03/17/19	23 12/1	3/2005	F		
Al	FFORDABLE (CKERATION,	AEL NIA FUNERAL DIRECTOR OR PER BURIAL & CASKET GACRAMENTO. CA	SON ACTING AS SUCH 78 CAL	CRAKENTO OF LICENSE NUMBER APPLICABLE	6 NAME RELATIONSHIP OF INFORMANT MADINE NEUFE 22432 LAKE V SONORA, CA 9	LD - DAUG IEW HEIGH 5370	HTER	
0,	ACKNOWLEDGEMENT OF A		enowador as applicant that the proposed dispose in set Safety Code, and was authorized personn		I-1655 authorized by Section 103055 Desc.	BA. SIGNATURE OF APPLI	CANT—Pesor tiling	DATE	SIGNED
	THE PERSON OF TH	THIS PERMIT IS ISSUED THE CALIFORNIA HEALT BY FOR THE DISPOSITION	IN ACCORDANCE WITH PROVISIONS O H AND SAFETY CODE AND IS THE AUTH IN SPECIFIED IN THIS PERMIT. ID RIGHT OF DISPOSAL OUTLINE OF CALIFO	PA: AMOUNT OF FEE PAI	CONTRACTOR IN CONTRACTOR	ISSUED BO SIGNATURE O	A W. Teers	LA A	
Ti	ON REQUIRES A NEW	OOT EAST"	EGISTRAR OF DISTRICT OF DE RED IN CALFDRAIN PARKWAY 650 , CA 95826			OF DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CALI			
10.	AUTHORIZED DISPOS	ITION(S) CHECK APPLI	CABLE ITEMS		Sanga Film		FOR CORONOR'S	S USE ONLY	
	A BURIAL INCLUDES IL CREMATION C DISPOSITION OF THAN IN A CEMET D SCIENTIFIC USE	CREMATED REMAINS TERY	OTHER DORESS OF CALIFORNIA CEME CEMETRRY, 3751 H	E. TEMPORARY ENVAUL F. DISINTERMENT G. SHIP IN TO CALIFORI H. TRANSIT TO OUTSIDE	JIA.	Channe ur	OF PERSON IN C		
	donial	SAN DIEGO	, CA 92102		3-17-0	- Leva 1	K-/ sken	~	
CREMATION 12A NAME AND ADDRESS OF CALIFORNIA CREMATOR SCIENTIFIC USE 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RE 14A NAME AND ADDRESS IN RECEIVING STATE OR CO REMAINS OR CREMATED REMAINS ARE TO BE SH			REMATORY, 8231 A	LPINE AVE. #8	12/22/04	ATED 12C SIGNATURE	SAN INC	HARGE OF CE	REMATION
			ITY RECEIVING REMAINS	13B DATE PECEI	VED 13C SIGNATURE	DE PERSON IN C	HARGE OF FA	GILITY	
	SCATTERING/BURIAL AT SEA OF POSITION OTHER IN A CEMETERY	SUFFICIENT 1	EAREST POINT ON SHORELINE TO IDENTIFY FINAL PLACE AND SEA, ONLY ENTER LATITUDE AN	CA DISTRICT OF DISPOSITIO	158. DATE OF DISPOSITION	15C SIGNATURE OF CHARGE OF	OF PERSON IN DISPOSITION	150 LICENSE CREMATED R POSER — IF /	

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

STATE OF CALIFORNI

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

December 23, 2005

DATE ISSUED:

Slemmah & Tracket is O LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.



CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATE OF CALIFORNIA COUNTY OF SACRAMENTO

438042

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: March

March 19, 2002

MALE THE PART ON OR ERASURE VOIDS THIS CERTIFICATE

Should S Truly M. O.

This copy not valid onless prepared on engraved border displaying date and signature of Registrar.

	PAL NAMES	CERTIFICATE OF	MENT OF PUBLIC HEALTH CEPTIFICATE NA		
	IN HEART OF CHILD-FURTH HARE	No Property states	for same man		
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I hereby certify that this is true copy of the record if the seal of this office is impressed in purple int

JUN 1 0 1986

BEROL A. MACREUM Auditor-Recorder

San Bernardino County, Calif.



E-19627

MT. HOPE CEMETERY- CITY OF SAN DIEGO DECLARATION OF RIGHT TO INTER

I declare under	penalty	of	perjury	r.
-----------------	---------	----	---------	----

- 1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 3 Section / Lot 23 Grave 2
- My legal authority to the above property is based on the following

facts: 2nd and 3rd Cousens of Altred H,
Corlbert, Bess below and Gertrude
Corlbert - no Children and no living
Theirs. Ewil F Schumacher was
Augusta E Gelberts Brother and
I wed in their home until his
death 9-01-1902. (Sherman-Gibert
Thouse in Hentage Park San Diego).
Emd F. Schumacher was my great
grand father.

3. I have presented the following evidence to support the above facts.

Death Centrificates of Walter A.

Schumacher, Mariann Schumacher

McDonald, and Cencus of 1930

Showing relationship. Jayne McDonald
Fasers buth Centificate (Copy)

on marion Schumbecher changed REW 08/05 Spelling of first name to preferred feminine form-1981 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 03-13-2006 in Grand Tervace CA
(Date) (City)

Signature gayno M Passe Print Full Name Jayne M Frager

To have deed sent to you, fill in your mailing address here:

Address 23059 Hampton Ct

City, State & Zip Code Grand Terrace CA 9 2313

- 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. Notari	ization: Use o	nly if you	do <u>NOT</u> file th	he declara	tion with N	At. Hope Staff
State of _ * C	A.	<u> </u>				
County of San	Besnard	ino si				
on this 13th da	y of March	1	the year 2006	_, before me _	Jasp	rect Kaur
personally appeared	Jayne	M.	Fraser		7	_, personally known to
pe (or proved to me	on the basis of satisf	actory eviden	ca) to be the persons	whose names	are subscribed	to this instrument, and
acknowledged that the	hey executed it.					

JASPREET KAUR
COMM. #1370004
NOTARY PUBLIC - CALIFORNIA G
SAN BERNARDINO COUNTY

Jayreet Kour

13/108/2006 13:40 30 m. Turk Surament . .

FOR OFFICE USE ONLY E-19627 Witnessed: Signed on (Date) (City) Signature Print Full Name **Documents Presented:** Sworn Statement, Federal Records, Death & Birth Certificate. Processed by: ____ Approved by Cemetery Manager:_ Transfer allowed: Yes No_ If no, reason: , Resident Fee Resident Fee Transfer fee paid (\$65.00) _____ New Deed Issuance Paid (\$65.00)_

Transfer Fee Non-Resident (\$85.00) New Deed Issuance Paid Non-Resident (\$85.00)

9627

DEPARTMENT OF COMMERCE-ROWEAU OF THE CHROUS

then No.

eration District No. 14-11

Diele FIFTEERTE CERSUS OF THE UNITED STATES: 1930 / B POPULATION SCHEDULE Conner Set Bleve B. OCCUPATION AND INDUSTRIES PLACE OF BRICE PLACE OF ARGIN BELLEVIOR 1 STATE OF STREET STREET, STREET AND DESCRIPTION OF Classon There we say a man bed and Rome n. Danill Ven nou 7 8 10 12 5 10 10 366 Ortes min - Eina 12 17 Blanc Saha 8 F W LA E TUN W Charm ches Ortens me M M AZ M MIN THE THE TELEFORE In Course Ecane Head France Minus Wife " Bell W W a la la la France Lu Planteres 20 12 Int Water Fact VE W WE M ZO W TO SELECT Luce - Wallas Wife 88 3 8781 W -Cu Plaiterne Jen - Marsen Katal he home - Paul I San V F - 12 2 1 10 10 10 1000 Kentered Canhter - Mus 41 San Kerthick - Haces A 190 A 14 149 14 TE Se (14) 3 we Farmer Kinterle 0 14 15 Butwell Ches F Head n a le le in - Agues Wife and the CA SO IS & THE WAY THOUSE Kanana - Wane See Se a se le a se le le 78 in VVVVo we Vermer W. tak 16 16 Hames - Hoters 0 Head 67 Tellens You march 1 5 W 50 10 20 30 100 10 100 100 Intend Mefa Sed . c el 10 W 25 5 2 2 2 4 3/4 7 Son 8 - 8 W 67 8 W 10 - 5 VVVV 14 00 opio ol Mead I I W SI M SE DE JU TONI Jenney State Halun Wife. Minne 600 Henry 0 171 22 20.9 - Acoust Whated thate Hintel Sette Desert Will. FATHER Ly farmer VWWol 24 on Il Schupenher Lothit Head 0 76 Elato - Allen 1 5 m 1 1 m - 200 m to 75 94 Idale Astre 76 Schools - Alue Banner 11 TEW SELE WE TOOK Helako - vean Despite 28 78 80 THE FACTOR 1 1 11 18 6 44 44 March Musteres. 94 17 hedear Canada - Com Action dans P was a w St on It we get there Hatrale Al of Ralley George W to the 1/ 1/F W 60 10 20 20 140 15 Chie dis idete. 15 81 This Indiana Farmer VVVV eg se Cress Bar 11 Ly Zeone 2 2-1-2 - HANG 83 The Prist Price Bear Creaman - Marie 1 204 to exter! 7 -W Escore VVVVe 13 8 70 M W 62 A 31 20 WW Jan Chie es st Porene : Care the Zens - Georges 80 9/1: 94 wite " 70 Toma Freest 211 35 11 SYM Veca -1 F W 6 5 W 96 40 Shock Sugar hela Ma Dangligar Rhindsheet 9494 10 no Tracker 1 M W 23 5 30 30 76 Men - Albert 2441 A Printer In the last to be no less Deines Soveresen Cost 1 2/ 25 Milian hu zoce 92 VF way a read we When Helan torfe Sur Laborer VIVV Mine Reich 04 eten of Each C Ver Truck Verice Blodice Co. 4 × 90 W 200 0.5 200 At W 37 At 21 m us arkansas Mercoure 24 Clark malter Hind 95 VF W II S go go Galgon no none melid State Oregon Evelyn To. Well H in Tione augen Ackanges Generation BETTARD AND REQUIRED IN THE

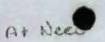
INTERMENT ORDER

At Need Res See (Verified)

City of San Diego

Date 3-8-06

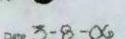
of Mary Ann Bec	kett Pin# 230	0033
ina Liner	Funeral, date, time Weds	3/15 11:00
Church, Chapel, Graveside	: Preferr	
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra	charge of \$
will be applied and billed to undersigned.		
Division 12 Section 2 B	IIVRow Lot 135	9
15-1	19397 (remaining ba)	N .
Grave space & Care Fund	I I terrating pa	1) 492.78
Overtime/Late Arrival Fees		1522
Opening/Closing & Setup	THE ME	532.00
Burial Container	AIL	270,00
Handling Fees	- 4 2	206.00
Flower vases – Marker setting fee	R 13 2006	
Recording/Filing/Transfer Fees		65.00
Sales taxes MOUNT	HOPE CEMETERY	20.93
	Total Due	1597.71
Paid	receipt number R-59 40	67 \$4587.71
	Bala	ance due
I hereby certify I am the		above named decedent
and this is your authority to make dispositio that I have the right to make this authorization	n and I agree to hold Mt. Hope	 I certify and represent Cemetery harmless from
any liability on account of said authorization		
I hereby authorize the interment in lot I	X	WHOOhed
hold under deed.	Prest Name	a Hilloway
Senature	Ansen COO	Bacan
	Cay Dec	Zip Code
	for I	
	Taliphone Taliphone	
Paulette		



NEA-104 (2-04)

MI. HOPE CEMETERY

City of San Diago

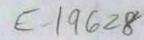


Mary Ann Be	-	-	
in a Lines	Funeral	enter simulated s	3/15 11:00
Church Chapsi, Graveside		Preferre	d Mortuery
As Funeral care must entire before 3:00 p	ini of regular	work day of an expre ch	arge of 5
entipe applied and billied to undersigned	-		
Division 12 section of	Blackow	(#135	Grave 9
	-1939	1 kensing hall	
Inside space & Chie Fund	12.	. Generalized har	_ 437.78
VarbrevLara Arrive: Fees	-		-
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lonal Consumer.		- 100 100	270.00
enging Fees			206.00
lower years - Mirrian Airting fee			
ocording/Frang/Trensfel Fees		The American	65.00
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P	ud receipt nu	mper	
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haveby tentily I will the not their a your authority to make disposit at I have the right to make this authorize by liebnity on account of sale authorizetic	tide and I so	the as above indicated. I see to note Mt. Hops Car ett.	ove names decedent centry and represent notery hermites from
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lamette		reference at	
Brit Ontara E-19628		glos #	
york Order # 5 12060	Ao	2.0	-

This information is excitable in atternative formats uson is quest.

12/00/2006 00:56

G-LB/B4 00185



Colonial Penn Life Insurance Company * 199 Market Steer * Philadelphia, Pennsylvania 19181

PREMIUM NOTICE

PAYOR STATEMENT ENCLOSED

MRS MARY A BECKETT

CHRIS BECKETT

S45 SEARS AVE

SAN DIEGO, CA 92114-4937

Illumbandanlinifoldallibranifoldallibranifi

DATE DUE October 27, 2004 BILLING CASE NUMBER 150308 COVERAGE LIFE INSURANCE

Please note that there is NO PREMIL payment due this month.

Mowever, if you would like to pay your premium in advance, please use the payment slip below. All premium payments must be made in full monthly increments of: \$50.29

If you ever have a question regarding your bill, please call us TOLL-FREE at 1-800-523-9100. ¿

the state of the s	the same of the sa
CURRENT DUE	.00
PAST DUE	.00
CREDIT	.00
TOTAL DUE	.00

DETACH AND RETURN THE PORTION

LB25561-100

PREMIUM PAYMENT

DATE PREPARED

-00

BILLING CASE NO 150308 DATE DUE 10/27/04

PREMIUM DUE

Non

OPTIONAL ADVANCE PREMIUM

\$50.29

Mail with your payment in the enclosed envelope

PLEASE FILL IN AMOUNT PAID:

Make your check or money order payable to. CPLIC

COLONIAL PENN LIFE INSURANCE COMPANY P.O. BOX 13962 PHILADELPHIA PA 19101-3962

CHECK HERE IF YOUR ADDRESS
HAS CHANGED, SEE REVERSE SIDE

MT HOPE CEMETERY 6-19628

GRAVE BLIND CHECK FORM

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

	MEYER		HORTON		
		х			
	DBINA				
Blind C	heck Initiated By	:		Date:	
Interme	ent space for: N	ary-Ann F	be ckell		
Interme	ent space for: Ned	mar. 15	Time:	W.00	
Div:	2 Sect: 2	_ Blk/Row: _	Lot: _	135 Gr: 9	
Grave I	Laid out by:	man to	queen		
	with Legal Card		1		
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E 19628 0.00 =

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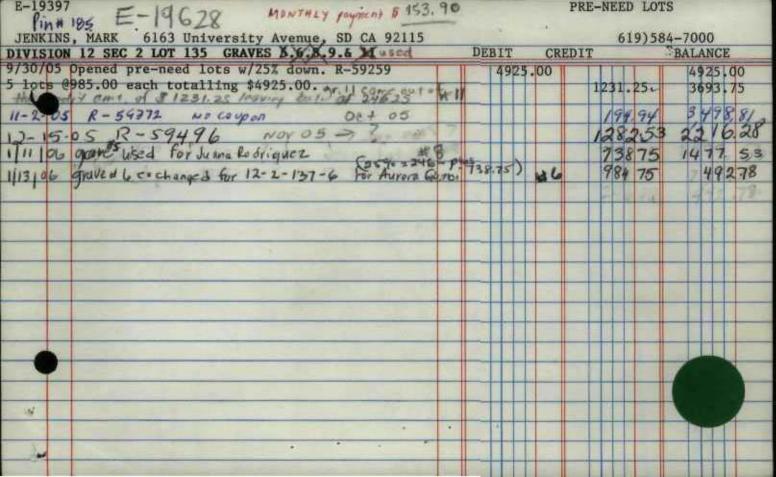
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payment - 194.94 +
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gr. 12 1,282.53 +
gr. 138.75 +
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4,925-00 + 4,432-22 -492-78 -

0-0

To use the next grave he must pay 19628



DIVISION 1	2 ' SEC 2 LOT 147 GRAVES 2.8.	1	EBIT	CREDIT	BALANCE
9/30/05 Ope	ened pre-need lots account w/25% down. R-59259	7	2955.00		2955.00
3 lots @ \$9	85.00 each totaling \$2955.00. gr # 2 the hal.	1	11111	738.75	2216.25
of 248 25	is needed to pay for on				
11-30/05 1	permaria used Grave 8 FOR E-19487 R-59	1443		18 1,231.25	\$ 985,00
ISIS DE K	1-59496 NO Coupon	-	1111	103.00	1
	PAID	1			
	DEC 1 5 2005				
	MOUNT HOPE CEMETERY				
-0-		-			
					E-1
		1			
> 11	E-19628	1			TITLE

E-19628 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 18 MIDDLE BECKETT 4. SEX 1A. NAME OF DECEDENT - FIRST (GNEW) 2. DATE OF BIRTH 3. DATE OF DEATH MARY ANN 03/03/2006 06/28/1934 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DEATH SB. COUNTY OF DEATH - OUTSIDE CALIF., SAN DIEGO SAN DIEGO CHRISTOPHER BECKETT, SON 7A. TYPED HAVE AND ADDRESS OF CALIFORNIA - PUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78 CALIF LICENSE NUMBER 645 SEARS AVENUE PREFERRED CREMATION AND BURIAL, 6163 FD1745 SAN DIEGO, CA 92114 UNIVERSITY AVE. SAN DIEGO, CA 92115 **BB. DATE SIGNED** 03/11/2006 ACKNOWLEDGEMENT OF APPLICANT
I hereby accrowledge as applicant that the processed extent herein is on of the dispusionis authorized by Section 103055 of the Health and Safety Code. and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERBIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-TY FOR THE DISPOSITION SPECIFIED IN THIS PERBIT. NOTE: THIS PERBIT SIZE NO RIGHT OF DISPOSAL OUTHIDE OF CALIFORNIA C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT A. AMOUNT OF FEE PAID BIL DATE PERMIT ISSUED \$11.00 03/13/2006 NANCY L BOWEN, MD PERMIT AUTHORIZATION OF LOCAL REGISTRAR BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # (NAS) OCCUMENT CALFORNA SE, ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - HILLIES THAN YOU DISPOSITION AND THE PROPERTY IN TALLYDIS ANY CHANGE IN DISPOS-ITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10 AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY 3751 MARKET STREET BURIAL Kenneth allem 15/06 SAN DIEGO, CALIFORNIA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B DATE CREMATED CREMATION APPLICABLE 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 139 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 里里 REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT COMP 15A ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CREMATED REMAINS OIS-POSER—IF APPLICABLE 15B DATE OF SCATTERING/BURIAL DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

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

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Pre-Need

MT. HOPE CEMETERY

INTERMENT ORDER

RES LOT ONLY

City of San Diego

Date 3-9-06

of	y authorized and instructed	Lee moor			ins
100					
	Type of Burial Container	Funefal, date, tin	ne	The state of the s	
Church, Chape		i-		Mortu	uary.
All Funeral car	rs must arrive before 3:00	p.m. of regular work da	ay or an extra ch	arge of \$	-
will be applied	and billed to undersigned				_
Division/	Section 2	_ Blk/Row	Lot_115	Grave 5	_
Grave space &	Care Fund	ot only		42,264	00
Overtime/Late	Arrival Fees				-
Opening/Closi	ng & Setup				_
Burial Contains	er.,,,,,,	interferencia			388
Handling Fees					
Flower vases -	- Marker setting fee				
Recording/Filir	ng/Transfer Fees				_
Sales taxes					-
				#2, 264.	
		Paid receipt number	d by Pho.	Ne 453.	00
		,	UISA Balani	se due 1, 8 11.	00
that I have the	r I am the famular authority to make disporting to make this authorizate account of said authorizate.	gion of remains as al zation and I agree to h ion and interment.	✓ of the a bove indicated. old Mt. Hope Ce	bove named deced certify and repre- metery harmless f	dent sent from
hold under dee	rize the interment in lot I ad.	Print Name	RTAL 2 SUNS	MOORE WEPT S 0, CA, 92	57
Signature		+ SAI	V DIEG	0, CA. 92	114
	hur N. Delaney	JR. 4619	-479-1	254	0000
purchase	r rm# 13008	16	V - W		
	F 40500	Invoice # _			
Work Order #	E-19629	Acct. #			-

Brother clo Purchaser

Arthur N. Delaney JR.

1329 Lantz LN.

Schererville, Indiana

46375-3029

(219) 864-1102

E-19629

DAN CALIFORNIA DANS

EXPIRES 09-29-08



DRIVER LICENSE P0265678

> VERTA LEE MOORE 382 SUNSHEPT ST SAN DIEGO CA 92114

SEX:F HAIR:BLK HT:5-02 WT: 135 EYES:BRN

CLASS: C

HSTR: CORR LENS

97/86/2883 235 RB Fb/88

INTERMENT ORDER

Jogo	City of San Diego	CONTRACTOR OF THE PARTY OF THE
At Need	Date_3[10]	de
You are hereby suthorized and instruc	Pin # 12-9/18 ted, subject to your rules and regulations, to into	or the remains
EPAKO O AL	Len Akvander	or the ternains
of Burgeri	000121	FO: 17
in a N/A	Funeral, date, time TVII Q1	1 41 10
Church, Chapel, Graveside	1	Nary.
All Funeral cars must arrive before 3:0	Op.m. of regular work day or an extra charge of	5
will be applied and billed to undersigne	ed	
Division 8 Section 4	Blk/Row Lot 306 Grave	
Grave space & Care Fund	-19206 (remaining bal.)	422.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	PAID	
Burial Container N/A		
Handling Fees.	MAR 1 4 2006	
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	HOPE CEMETERY	
Sales taxes	PC	
	Total Due P-00176	427 00
	P.ODITIC	477 1
	Paid receipt number 1 10	-100
V 0:	Balance due	-
I hereby certify I am the	position of remains as above indicated. I certify	amed decedent
that I have the right to make this author	rization and I agree to hold Mt. Hope Cemetery	harmless from
any liability on account of said authoriz	ration and interment. PM # 12911	7
I hereby authorize the interment in lot I	Y DORA Collins	
hold under deed	Y 11502 CANYON Tro	Lil Da
Signature	Y HOUSTON TX 7	7066 2000
- F	City Tibos Turo P	2 Zip Code
	Felephone 81-341-05	25
Paulette	taliana as	
Work Order # E- 19630	Invoice #	-
Work Order # L 17030	Acca. #	





MT HOPE CEMETERY E-19630

GRAVE BLIND CHECK FORM

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

he burial space	Э.				
		х			
	WARMON	HAIGHT			
		CALE			
Interment space	ce for: <u>Geo</u>	roce A	IICNA ime: 1	lexan	ders
	ect: 4 BI			30e (Gr:L_
	egal Card:	1 1			
Agrees with N	lap: © Yes	DN	lo		
3lind Check	& Verified By:_	ava	ur	Date	:4-13

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			USE BLACK INK ONLY	- MAKE NO EHASUI	nes. WhiteGuis C	H OTHER AL	TERATIONS	8		
10	GEORGE	GEORGE - AL			KANDER		2 DATE OF BIRTH 67768/1952	10271	DAY 2006	4. SEX
54	OF DEATH COLORADO SPRINGS			ENTER STA	CO	OF IN	RELATIONSHIP FULL FORMANT BORA	COLLIN	S-SISTI	ZIP CODE
77	HMS SAN 1	DIEGO MEHOR	A-FUNERAL DIRECTOR OR P LAL CHAPEL , SAN DIEGO,		7B. CALIF LICENSE NUME — IF APPLICABLE FD-1575	BEH HOUSTON, IX 7706		7066	66	
	ACKNOWLEDGEMENT OF	APPLICANT I Peretty schin	petedge as applicant that the proposed dis and Salety Code, and was authorised pure	position stood hersin is one of the di user to Section 7100 of the Health ar	grostions sufflurited by Eachin 10 d Safety Code.	2055	////	-	04/0	6/2006
	PERMIT AUTHORIZATION OF LUCAL REGISTRAR	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISION MIO SAFETY CODE AND IS THE A SPECIFIED IN THIS PERMIT. HIGHT OF DISPOSAL OUTSIDE OF CAL	THOR-	04/06 C. SH	FIMITISSUED 5/2006 IIELDS	© SIGNATURE OF LOCA ▶ 2604085	KL REGISTRA	AA ISSUING PEI	AMIT
A	NY CHANGE IN DISPOSI- TION REQUIRES A NEW HEIMIT TO SHOW PINAL DISPOSITION	90. ADDRESS OF RE	GISTRAR OF DISTRICT OF ED IN CALIFORNIA	DEATH —	9E ADDRESS OF REGIST P DISPOSITION IS TO C VITAL REC SAN DIEGO	ORDS, 3	851 ROSECRAN		IEGO CO	UNTY
10	AUTHORIZED DISPO	ISITION(S) CHECK APPLIC	ABLE ITEMS				FOR CO	ORONOR'S	USE ONLY	
	B CREMATION C DISPOSITION O THAN IN A CEME D. SCIENTIFIC USE	11A, NAME AND AD	ORESS OF CALIFORNIA CE	METERY	ALIFORNIA BUTSIDE OF CALIFORNIA 1118, DATE BI	URIED 11	DISPOSITION PI			
	BURIAL	SAN DIEG	PE CEMETERY, 3 D, CA 92102	/31 HARRET S.	. 4545	of 1	be le	mile		
ILE ITEMS	CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CI	HEMATORY	12B. DATE C	REMATED	C. SIGNATURE OF PER	SON IN CH	HARGE OF CR	EMATION
LL APPLICAR	SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FA	CILITY RECEIVING REM	AINS 13B, DATE AI	ECEIVED 13	C. SIGNATURE OF PER	SON IN CH	ARGE OF FA	CILITY
COMPLETE A	THANSIT		DRESS IN RECEIVING STA CREMATED REMAINS ARE		E 14B DATE S	HIPPED 14	C. ADDRESS AND SIGN OF PLACING WITH T			CHARGE
-	SCATTERING BLIRIAL AT SEA OFI POSITION OTHER IN A CEMETER	SUFFICIENT TO IF BURIAL AT S	AREST POINT ON SHORELIE DIDENTIFY FINAL PLACE AN EA. ONLY ENTER LATITUDE	D CA DISTRICT OF DISP		Control of the contro	C SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE OREMATED RI POSER — IF A	MAINS DIS

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

INTERMENT ORDER

Non-Res.

City of San Diego

Date 3 10 06

You are hereby authorized and instru	cted, subject to your rules and regulations, to	
ofMinh	Nguyen Pin# 1300.	54 18 00
ina T.S. Vault	Funeral, date, time Unurs 3	3/16/06
Church, Chapel Graveside	tness McClayd	ESCONCIDO Mortuary
All Funeral cars must arrive before 3	:00 p.m. of regular work day or an extra charp	ge of \$
will be applied and billed to undersig	ned.	
Division 10 Section		irave
Grave space & Care Fund	E-8039	A
		7-0
		1/72 -
Burial Container	PAID	350
	PAID	
Flower vases - Marker setting fee	AR 1 3 2006	000
Recording/Filing/Transfer Fees	IAR 13 ZUUD	80.
Sales taxes		36.50
MICON	HOPE CEMETER Vital Due	1651.58
1944300	Paid receipt number VISA COLD	1651.58
Fax 760-294-428	Balance of	due
I hereby certify I am the		ve named decedent
that I have the right to make this auti any liability on account of said author	sposition of remains as above indicated. I ca norization and I agree to hold Mt. Hope Ceme ization and interment.	etery harmless from
	1	
I hereby authorize the interment in lo hold under deed.	Print Name	
	Autores	
Signature	- +	
	✓ CRY	Zip Code
Daulette	Vellephone	The state of
Wood	Invoice #	
Work Order # E-19631	Acct.#	

Non-Re

INTERMENTIONER

City of San Diego

Dete 3/10/010

:02

You are hareby authorized and instruct	vou yen	the and regulations, I	churren ech remu o
ine T.S. Vault		time Jhus.	3/16/06
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Ak i uneral care must errore before 3 to	xo p.m. of regular work	day or an estra tha	rgs of 3
will an applied and billed to unpersign		The state of the s	
Esvelan 10 Section	BALAROW	Lor 4904	Grave
Grave spece & Caro Fund	E-8039	-	0
OvernmeAlate Annual Fees			
OpenharClosing & Setup			703
Bunai Corteiner		VIII	472.
Yianding Feet	- 10		350
Flower values Merker untiling fee		1 min - 10	
Proceeding/Filling/Trumefor Fees		ESS MATE	25 -
Swes times			360.58
Ear 760-244-4798	Pera morphism number	Visa Cord	1651.58
		Batanoa	due
I hereby cently I am the and this is your authority to make distingt I have the right to make this authority on account of said authority that any listality on account of said authority.	orization and I agree to totion and interment	above indicated I o	letery harmies from
I havenly authorize the interment in let			
hold underduse	+ 25	ery car co	LINE DE
	- to	104 14 Co 31.	12027
	- to		12027

GRAVE BLIND CHECK FORM

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

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		Trans	X x			
	MITTER	CAGUA	Mosle	y Kun	ye	
	9					
			anet		Date: 3	113
Intermen	t space fo	r. Minh	ngu	yen		
Intermen	t Date:31	16/06		Time:	19:0	00 9.
			lk/Row: _			
Grave La	aid out by:	Norma	m ter			
Agrees v	vith Legal	Card: 19	Yes I	D No		
Agrees v	vith Map:	9 Yes	0	No	F	100
3lind Ch	eck & Ve	rified By:	Kennel	hallin	Date:	3/14/00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F-1963

H	- FIRST (GIVEN)	DUC DUC	NGUYE	N		t.	12/25/1925	3 DATE OF MONTH, D/ 03/10/	AY YEAR	M SEX
SCONDIDO			SAN DIE	GO		TAM	MY VU, DAUG	GHTER		CODE
	TUARY, 1919	PE. VALLEY PARKWAY	7	- IF APPLIC FD299	Court of	ESC	SU SIEMPRI ONDIDO, CA TURE OF APPLICANT	92025	me BE DAT	E SIGNED
KNOWLEDGEMENT OF ARR	LICAVIT of the Health and	edge as applicant that the proposed stated herein Safety Code, and was authorized pursuant to Sec	is on of the disposit ction 7100 of the He	tions authorized noth and Safety	by Section 103055 Code	>	mpm		03/1	3/2006
PERMIT IT	E CALIFORNIA HEALTH: V FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF IND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMAT. RIGHT OF DISPOSAL OUTRIDE OF CALIFORNIA	\$11.00	JE FEE PAID	98 DATE PERMIT 03/16/200		NANCY L BO			PERMIT
ALTHORIZATION OF LOCAL REGISTANT STOCK OF REGISTANT OF REGISTANT TO SHOW PINAL DISPOSITION				SE ADDRE	SS OF REGISTRAR	OF DISTRIC	OT OF DISAOSITION	# DISPOSITION IS TO	O OCCUPIEN ANCTO	R JUST THE THE CALL STORMS
					DRONER'S US	E ONLY				
AUTHORIZED DISPO	SITION(S)			FORCE	JRUNER 3 03					
	11A NAME AND AI MOUNT HO	DRESS OF CALIFORNIA CEMETERY PE CEMETERY 3751 MA N DIEGO, CA 92102	ARKET		18 DATE SURIED 3 -16-06	110	SIGNATURE OF PE	RSON IN CH	IARGE OF B	IRIAL
BURIAL	11A NAME AND AI MOUNT HO STREET SA		10125-21		18 DATE BURIED	110		- ka	mpe	AND THE REAL PROPERTY.
BURIAL	11A NAME AND AI MOUNT HO STREET SA 12A NAME AND AI	PE CEMETERY 3751 MA N DIEGO, CA 92102		1	18 DATE BURIED	1100 FED 126	SIGNATURE OF PE	ERBON IN CH	ARGE OF C	REMATION
BURIAL CREMATION SCIENTIFIC	11A NAME AND AI MOUNT HO STREET SA 12A NAME AND AI 13A NAME AND AI 14A NAME AND AI	PE CEMETERY 3751 MA N DIEGO, CA 92102 DORESS OF CALIFORNIA CREMATORY	CEIVING REMAI	INS 1	18 DATE BURIED 3 -16-06 28 DATE CREMAT	1100 red 1200 ep 1300	SIGNATURE OF PE	ERSON IN CH	ARGE OF C	REMATION AGILITY

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-STERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS. WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

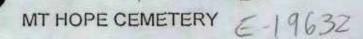
INTERMENT ORDER

At Needfees

City of San Diego

Date 3/10/00

Non-Res. Tees	Date_2[10	tar_
You are hereby authorized and instructed, su		nter the remains
of EDITH THOP	MAS 130045	
ina T.S. Vault	Funeral, date, time FR i MARO	4174 20
Church, Chapel Graveside	: Humphrei	Montuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge	of surgerie
will be applied and billed to undersigned		
Division TOOF Section - CR	MRow 10 Lot 54 Gra	_
	1-207	A
Grave space & Care Fund Overtime/Late Arrival Fees		
		7000 -
Opening/Closing & Setup		1179 -
Burial Container		912
Handling Fees MAR	I E BOOK	350-
Flower vases - Marker setting fee	1 3 2008	
Recording/Filing/Transfer FOS UNT HO		85.
Sales taxes	E GERRETERY	36.58
	Total Due	1651.58
Daid	receipt number B-5 9475	1031.5
Palu	Balance du	110
		The state of the s
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorizatio any liability on account of said authorization a	n of remains as above indicated. I cert in and I agree to hold Mt. Hope Camete	named decedent ify and represent ry harmless from
I hereby authorize the interment in lot I hold under deed.	Price Name	
X	Address	
Signature	X	Ziyi Code
	2	
Paulette	Telephone	
THE STATE OF THE S	Invoice#	
Work Order # E-19632	Acct. #	



GRAVE BLIND CHECK FORM

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

-	х	Thomas	
D/1150		thout !	
		70	

Blind Check Initiated By Puul the Date: 3/15/04
Interment space for: EDITH THOMAS
Interment Date: 3 - 17-0Le Time: 2:00
Div: 100F Sect: BIK/Row: 10 Lot: 54 Gr:
Grave Laid out by: Norman Fequer
Agrees with Legal Card: ☐ Yes ☐ No
Agrees with Map: BYes D No Hay
3lind Check & Verified By: Xennett Collins Date: 3/16/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 49-89

			USE BLACK INK UNLI	- MAKE NO EHASUNE	es, will	I EUU I O O O I	HER ALL	ENATIONS			
A. NAME OF DECEDENT—FIRST (GIVEN)				1			DATE OF BIRTH		OF DEATH	4. SEX	
	EDITH		J.	THOMAS	ACCUPATION OF THE	The state of the s	6771371916 6371672			F	
S.A	CITY OF DEATH					- OUTSIDE CALIF.	6 NAME, F	RELATIONSHIP FULL	MAILING	ADDRESS AND	ZIP CODE
111	WEST CO		and the same	SOUTH				HOHAS (SON			
7.8	TYPED NAME AND AL	ORESS OF CALIFORNI EHULA VISTA	A - FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 78	E CALIF 1	CHUARLE		IPER RD. LO			
			ISTA, CA 9191	0	Wh.			TON, SC 29			
_		Harrie arte		Seposition stated florein is one of the dispo	-		BA. SIGNAL	URE OF APPLICANT	Pirrien UNIO	03/16	
	ACIONOMI EDGEMENT OF A	OF THE HOSTE	and Salety Code, and was sufferned po	recent to Section 7100 of the Health and S	Salely Exte					The state of the s	
	PERMIT		N ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE		E PAID	757 BS	BSUED	O-SIGNATURE OF ISS		IAR ISSUING PE	RMIT
		ITY FOR THE DISPOSITION	N SPECIFIED IN THIS PERMIT.	11 00		SANDRA P					-
	LOCAL REDISTRAR	nicht alle in der State besteht wie der State	O RIGHT OF DISPOSAL OUTSIDE OF C	Market Committee		SS OF REGISTIVAN O	A STREET	ne rugorismou			
	Y CHANGE IN DISPOSI-		EGISTRAR OF DISTRICT OF		IF DISP	DISTION IS TO OCCUR	IN ANOTHER I	DISTRICT IN CALIFORNIA			
	FIGHT TO SHOW FINAL			4.77		IEGO CO:		90X 85222			
	DISPOSITION			S	IAN D	IEGO, CA	92186			THE SHIP	
		SITION(S) CHECK APPLICA	ABLE ITEMS					FORG	UNUNUN	S USE ONLY	
į	A. BURIAL (INCLUDE	S ENTOMBMENT)		LE TEMPORARY EN	VAULTME	HT		DISPOSITION P		REMAINS LOCAT	TED AT
ļ	B. CREMATION	CREMATED REMAINS O	OTUED:	F DISINTERMENT		333		- 1111111111111111111111111111111111111			
ļ	THAN IN A CEME		order.	G. SHIP IN TO CALL			13				
į	J D. SCIENTIPIO GGE										
			DRESS OF CALIFORNIA C			11B. DATE BURIED	110	SIGNATURE OF PER	ISON IN C	HARGE OF BU	RIAL
	BURIAL		O, CA 92102	CHURCHA DA.		3/17/08	4	n to	1-9	n.	
							DESCRIPTION OF THE PERSON NAMED IN	renner	all	we	-
B B	The same of the sa	12A. NAME AND AL	DORESS OF CALIFORNIA C	HEMAICHY		12B. DATE CREMA	1ED 12G.	SIGNATURE OF PER	ISON IN C	HARGE OF CH	REMATION
E 13	CREMATION										
ABE				ACTUTY RECEIVING REMAI		THE STOP METERS		NUMBER OF THE PARTY OF THE PART			
973	SCIENTIFIC	13A. NAME AND AL	DURESS OF CALIFORNIA P	ACILITY RECEIVING HEMAI	NS	13B. DATE RECEIV	73C	SIGNATURE OF PET	15UN IN C	HANGE UP PA	OLLI O
AP	USE										
A			ARRES W. SPORT W. S. W.				P				
E			CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED		148, DATE SHIPPE	140,	ADDRESS AND SIGN OF PLACING WITH 1			CHAHGE
CAMP	TRANSIT	A STATE OF THE STA			-						
Ö	POIS -	764 IMMERIA			4					7.000 0000	
	SCATTERING/BURIAL			INE, OR OTHER DESCRIPTION NO CA DISTRICT OF DISPO		15B. DATE OF DISPOSITION	No. of the last of	SIGNATURE OF PER CHARGE OF DISPO	150,790,000,000	CREMATED RI	EMAINS DIS-
	AT SEA OR DISPOSITION OTHER	IF BURIAL AT S	SEA, ONLY ENTER LATITUD	E AND LONGITUDE						POSER - F A	APPLICABLE
	THAN IN A CEMETERY										
	No. of the last of				11.0		100000000000000000000000000000000000000			2-1	

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

Pre-need (Res)

INTERMENT ORDER

City of San Diego

Date 3-10-06

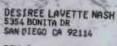
You are hereby authorized and inst	fix # 230000 tructed, subject to your rules and regulations, to inter the remains
THE CONTRACTOR OF THE PROPERTY OF THE PARTY	ee Lavette Nash
	Funeral, date, time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before	3:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to unders	
The second secon	
	4 Blk/Row Lot 68 Grave 3
Grave space & Care Fund	2,164.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	\$33.00
Burial Container	Liner \$ 270.00
	\$ 206.00
Flower vases Marker setting fee	\$ 65.71
Recording/Filing/Transfer Fees	\$ 65.00
Sales taxes	\$ 20,93
	Total Due #3, 414.64
	Paid receipt number Ad by Two \$385.00
	VISA ALCOUNTS 1, 739.6
(0)	
I hereby certify I am the 3 C and this is your authority to make	of the above named decedent disposition of remains as above indicated. I certify and represent
that I have the right to make this au any liability on account of said auth	uthorization and I agree to hold Mt. Hope Cemetery harmless from orization and interment.
	lot x Desiree Nash
I hereby authorize the interment in hold under deed.	Third Manne
Serine L. Mas	LX x 5354 Bonita Drive
Signiflure	way viego 1211
David Lugo	\$ 619.263.5287 Epicode
	Invoice#
Work Order # E-19633	Acct.#

E-19633

DMU CALIFORNIA DMU

DRIVER LICENSE N4622217

CLASS: C



SEXIF HALRIBLK



Sein L. hest

INTERMENT ORDER

City of San Diego

Tre-need trust		Date 3 10 0	
You are hereby authorized and instructe	ed, subject to your rules	and regulations, to inter t	ne remains
of			
ina T.S. Vauut	Funeral, date, tim	ne	
Church, Chapel, Graveside	1.		Mortuary
All Funeral cars must arrive before 3:00	p.m. of regular work da	ay or an extra charge of \$	
will be applied and billed to undersigned	1		2 /
Division Section	DILIDON		1
Grave space & Care Fund	13/10/14/04	7	264.
Overtime/Late Arrival Fees			
Opening/Closing & Setup			533 -
Burial Container			65-
Handling Fees.		1 / 1 =	103-
Flower vases – Marker setting fee	A STATE OF THE STA	0 1/ / / -	
Recording/Filing/Transfer Fees		11 1 1 1	65
Sales taxes		110	27.51
	\wedge	Total Due	3507.6
	Paid receipt number	20% down	701.5
	and terriffer ranners -	Balance due	1060
I hereby certify I amythe	1	11	ad decedent
I hereby certify I am the and this is your authority to make disport that I have the right to make this authority any liability on account of said authoriza	zation and ragree to be	bove indicated. I certify an old Mt. Hope Cemetery ha	id represent imless from
\	11/		
I hereby authorize the interment in lot I hold under deed.	Print Name		
	Appress		
Signature	- A		Zip Code
auette	Telliphone		
auci	(MANAGE - 184		
Work Order # E- 19634	Invoice # _		
vvork Order# L 17034	_ Acct. #		

REA-104 (3-04)

This information is available in alternative formats upon request.

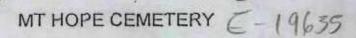
& Printed of recording paper

INTERMENT ORDER

City of San Diego

AT need	Date 3	10/06
You are hereby authorized and instru	cted, subject to your rules and regulations, to	inter the remains
	Lunn Sims Am#	130058
ina Uner	Funeral, date, time Mar 15	Weds.
Church Chapel, Graveside	and the state of t	ocal Mortuary.
All Funeral cars must arrive before 3:	00 p.m. of regular work day or an extra charge	e of \$
will be applied and billed to undersign	ned	
Division 12 Section 2	Blk/Row Lot 184 _ Gr	ave
Grave space & Care Fund	DAID	3011
Overtime/Late Arrival Fees	PAID	
Opening/Closing & Setup	MAR 1 5 2006	709 -
Burial Container	MAK 13 2000	359
Handling Fees	MOUNT HODE CENTRAL	275 -
Flower vases - Marker setting fee	MOONT HOPE CERETARY	
Recording/Filing/Transfer Fees		85
Sales taxes		27.82
- OAN	Total Due	4,460.8
MORT. TO PAY	Paid receipt number R-59 473	164, 465.8.
ليذي	Balance d	ue
I hereby certify I am the SSI	of the above sposition of remains as above indicated. I ce	e named decedent
that I have the right to make this author any liability on account of said author	orization and I agree to hold Mt. Hope Cemet	ery harmless from
	Y Volandii K	Sime
I hereby authorize the interment in lot hold under deed.	Print Name Column Column	Theat
* Talento	Manus 71-66 HOTH 3	ANY WOO
Signatury	KICH mond HILL	NY 11410
	× (619) 4(60-690 1) (9	17/5/11-1154
aulette	In other II	
Work Order # E-19635	Invoice#	
	Acct. #s information is available in alternative form.	nte unon mattest
1100	o miorination is available in alternative form	are about tocheer

O Protect on terroled paper



GRAVE BLIND CHECK FORM

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

	HANOS			
	x	150	MARTINEZ	FULLER
	WHITE	BROWN	BROOKS	MINERELL
Blind Check Initiated			Date:	
Interment space for:		1	Sims	
Div: 12 Sect: _		0		
Grave Laid out by: SAGrees with Legal C		O No	que	~
Agrees with Map: E	Yes O	No		

Blind Check & Verified By: Kenneth Colling Date: 3/14/06

E-19635

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 37

	NAME OF DECEDEN	T - FIRST (GIVEN)	LYNN	SIMS			2 DATE OF BIRTH MONTH, DAY, YEAR 06/21/1968		F
N	ATIONAL CI	TALAIL .		SAN I	DIEGO		YOLANDA K., S	SIMS-SISTER	F CODE
S	AN DIEGO N		UNERAL DIRECTOR OR PERSON ACT HAPEL, 2441 UNIVE 02104		FD157	5	8766 116TH ST. RICHMOND HIL A SIGNATURE OF APPLICAN	L, NY 11418	TE BIGNED
K	KNOWLEDGENENT OF A	PPLICANT I hereby acknow of the Houth and	tedge as applicant that the proposed state d Ballety Code, and was authorized pursu	had herwin is on of the de uunt to Section 7106 of th	positions authority he Health and Safe	ed by Section 183055 by Code.	1/1/	3/	15/200
		THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-		140#	11.00 98. DATE PERMIT IS 03/15/2006				PERMIT E
ANT	AUTHORIZATION OF LOCAL PRESENTANT TO CHANGE IN DISPOS- ION REQUIRES A NEW RMET TO SHOW FINAL EXPOSETION	CONTRACTOR DESCRIPTION			SE. ADDA	RESS OF REGISTRAR O	OF DISTRICT OF DISPOSITION	N — в эмеговатия в то оскив наиновы	EST DETNICT IN CALFOR
10.	AUTHORIZED DISP								
	SURIAL SURIAL	11A. NAME AND A MOUNT HO	DDRESS OF CALIFORNIA CEME PE CEMETERY, 379	The state of the s		118. DATE BURIED	11G. SIGNATURE OF	PERSON IN CHARGE OF B	IUHIAL
E	JURIAL	11A NAME AND A MOUNT HO ST., SAN DI		51 MARKET		118. DATE BURIED 3/15/06 128. DATE CREMATE	> Kenn	PERSON IN CHARGE OF B H Colling PERSON IN CHARGE OF C	
E	BURIAL	11A NAME AND A MOUNT HO ST., SAN DI 12A NAME AND A	PE CEMETERY, 379 EGO, CA 92102	51 MARKET		3/15/06	► Xemu ED 12C. SIGNATURE OF	At Callins	REMATION
	BURIAL BURIAL CREMATION SCIENTIFIC	11A NAME AND A MOUNT HO ST., SAN DI 12A NAME AND A	PE CEMETERY, 379 IEGO, CA 92102 DDRESS OF CALIFORNIA CREM	51 MARKET MATORY ITY RECEIVING RE OR COUNTRY WH	EMAINS	3/15/06 128. DATE CREMATE	ED 12C. SIGNATURE OF	H Collins PERSON IN CHARGE OF C	REMATION

<u>COPY</u>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

VS9s (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT- Need

INTERMENT ORDER

No	on-Res
614	cremains
You	EXISTING Grave are hereby authorized and i

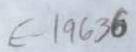
City of San Diego

NON-ICES	hairs Date 3-13-06
Add cremains 8-C	Lairs Date 3-13-06
TO EXISTING STAVE	ect to your rules and regulations, to inter the remains
of Sysan His	2ber+ @ #230176
	Juneral, date, time Thurs, April 27 e 2:30
Type of the ration to the	TI (Alas)
Church, Chape Graveside	
	regular work day or an extra charge of \$ _183.00
Location verified	ome IM. H. Jamma
Division 8 Section 3 Blk/	Row Lot /3// Grave
F 13	
Grave space & Care Fund E-/1	.26
Overtime/Late Arrival Fees	F
Opening/Closing & Setup	8 199.00
Burial Container ASA W	
Handling Fees	114.00
Flower vases - Marker setting fee	2 4 2006 per marin
Recording/Filling Transfer Fees 485.00	MFD >#
Color tower	SOE SEMETERS 8.06
MOUNT	HOPE Total Due 8 5 7 5.06
Paid re	ceipt number Pd by VIS4742506
	pd by Rec Fee Pd > (85.00)
I hereby certify I am the Brothe	of the above named decedent
and this is your authority to make disposition of that I have the right to make this authorization is	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization an	d interment.
I hereby authorize the interment in lot I	x Thomas M. La Gamma
hold under deed.	+ 1608+ Mackinew Way
Shomed M. Ja Sann	Y Grass Vally, CA 95949
AL TOM LAGAMMA	(530) 268-7372 mccom
530 268-7372	Tologramo
661 248-1537-Cell#	Invoice #
Work Order # E-19636	Acct.#
A DOMAN TO COMPANY OF THE PARTY	THE THE PERSON NAMED IN TH

MT HOPE CEMETERY E - 19636

GR	AVE BL	IND CH	ECK FOR	RM	
Write in the name of block marked with "X existing marker's in the burial space.	X". Place	the nam	e's, lot # a pace(s) that 	nd grave t are adja Grave	# of all
-	nettie Sibole	24/4/10	Anderso Hannah	v	
Blind Check Initiate Interment space for Interment Date: The	: 545	ian H	iebert	0	4-25-01
Div: 8 Sect:	The same of the sa				Sr:
Grave Laid out by:_					
Agrees with Legal (Card:	Yes	O No		
Agrees with Map: (Yes	0	No		

Blind Check & Verified By: DAKKEY Date: 425-06





MT. HOPE CEMETERY- CITY OF SAN DIEGO DECLARATION OF RIGHT TO INTER

I dec	lare under penalty of perjury:
1.	I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 8 Section 3 Lot 1311 Grave
2.	My legal authority to the above property is based on the following facts: I am the grandson of John I. Roberson and Ruth Roberson. My mother, Rosa Lee Roberson La Gamma is interned in Durisian 8, Section 3, fot 1311, Grave #1.
3.	I have presented the following evidence to support the above facts. Official receipts fa No. 28208 and Original Lot owner # B-1482 card.

E-19636.

	nents before mentioned are true and correct.
Signed	TOP AND THE PARTY OF THE PARTY
Signatu	Thomas M. La Ganner Thomas M. La Gann
	To have deed sent to you, fill in your mailing address here:
	Full Name Thomas M. La Gamme
	Address 16084 Mack: Naw Way
	City, State & Zip Code Grass Valley, CA 95949
4.	The Last Step: To finish transfer of ownership, you must EITHER:
	 File this form with the Mt. Hope Cemetery Administrative Office; OR 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 _	
County of	SS.
On this _	day of, before me
personally	y appeared, personally known to
me (or pro	oved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and
acknowler	dged that they executed it.
	Notary Public

FOR OFFICE USE ONLY

Transfer Fee Non-Resident (\$85.00)_

	E-11606
Witnessed:	
Signed on 4125 06	y Print Full Name Maria F. Dovouslay
(Magic (Date)	Marie F Danger
Signature 91 (CULL TIMENTE	Print Full Name NOVIGE TOOSTON
Documents Presented:	
	aria F. Dovousky
Processed by:V\	avia + roughsay
Approved by Cemetery Manager	
Transfer allowed: Yes	No
If no, reason:	
Resident Fee	Resident Fee
Transfer fee paid (\$65.00)	New Deed Issuance Paid (\$65.00)

New Deed Issuance Paid Non-Resident (\$85.00)

E 19636

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

SL	JSAN	T - FIRST (DVIII)	JOYCE	HIEBE			MONTH,	OF BIRTH DAY, YEAR 18/1947	03/12/2	Y YEAR	F
EL	CITY OF DEATH L CAJON		SB. COUNTY OF BEATH - DUTSIDE CALIF., ENTER STATE SAN DIEGO			OF INFORMANT	EBERT,	HUSBAN		CODE	
EL	CAJON MO		MERAL DIRECTOR OR PERSON AS REMATION SERVI CA 92020		FD1022	ABLE	8701 LAN EL CAJO BA. SIGNATURE O	N, CA 92	2021	ent :88. DATE	SIGNED
ACK	NOWLED GEMENT OF A	PPLICANT Thereby acknowled	rdge as applicant that the proposed siz Safety Code, and was authorized pure	and herein is an of the dispos suard to Section 7100 of the H	thons authorized leath and Safety	by Section 103055 Cude	Jacki	1 Tro	peca	03/16	5/2006
	PERMIT	THE CALIFORNIA HEALTH A	ACCORDANCE WITH PROVIDIONS O IND SAFETY CODE AND IS THE AUT SPECIFIED IN THIS PERMIT, HIGHT OF DISPOSAL SUTSIDE OF CALI	HOH-	OF FEE PAID	98. DATE PERMET		CY L BC			ERMIT EG
N.	JTHORIZATION OF OGAL REGISTRAR	ID ADDRESS OF REGIST	TRAR OF DISTRICT OF DEATH -	FIXATHOODING HOLFORN	9E ADDRES	SE OF REGISTRAR	OF DISTRICT OF D	HSPOSITION -	FOURDERON #10	DOZUM PLANOTHING	OWNER A UNIVERSE
ma	CHANGE IN DISPOS- N REQUIRES A NEW MIT TO SHOW FINAL DISPOSITION	SAN DIEGO 3851 ROSEO SAN DIEGO.		ECORDS	-						4.
3. 7	UTHORIZED DISP	OSITION(S)		The same	FOR CO	RONER'S US	E ONLY			517	NVIII)
	NUTHORIZED DISP	11A NAME AND AD MOUNT HOP	DRESS OF CALIFORNIA CEME PE CEMETERY, 37 CA 92102	THE RESERVE AND ADDRESS OF THE PARTY OF THE	[11	RONER'S US		ASHIRE OF PE	RSON IN CHA	ARGE OF BUR	BIAL
CI	R/BU	11A NAME AND AD MOUNT HOI SAN DIEGO 12A NAME AND AD	PE CEMETERY, 37 CA 92102 CRESS OF CALIFORNIA CREM I SERVICES INC. 2	751 MARKET S	т. "		11C SIGNA	ATURE OF PE	Jan	ya	
CI	R/BU BURIAL	11A. NAME AND AD MOUNT HOR SAN DIEGO. 12A. NAME AND AD CREMATION WAY, VISTA	PE CEMETERY, 37 CA 92102 CRESS OF CALIFORNIA CREM I SERVICES INC. 2	751 MARKET S MATORY 2570 FORTUNI	E 12	8 DATE BURIED 4-27-0	11C SIGNA 1	F	In Inch	RGE OF CRE	MATION
	BURIAL CREMATION	11A. NAME AND AD MOUNT HOR SAN DIEGO. 12A. NAME AND AD CREMATION WAY, VISTA 13A. NAME AND AD N/A	PE CEMETERY, 37 , CA 92102 ORESS OF CALIFORNIA CREA N SERVICES INC. 2 , CA 92083	751 MARKET S MATORY 2570 FORTUNI LITY RECEIVING REMA	E 12	4-27-0 9- DATE CREMAT	TED 12C SIGNA	APPRIE OF PER	PSON IN CHA	RIGE OF CRE	MATION

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

VSBe (REV. 12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103050.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

ed INTERMENT ORDER

AT- Need NON- Res

NON-Res	City of San Diego	
EN brave with Ralph	boodman	Date 3-13-06
Already DIP		and regulations, to inter the remains
		and regulations, to inter the remains
of Faye	Goodman	PIN# 7-25606
ina 75 Vault	Funeral, date, tim	ne FRI march 17,06 1:00
Church, Chapel Graveside		Conrad 460-4601 Mortuary
	00 n m. of regular work de	ay or an extra charge of \$283,000
will be applied and billed to undersign		19-1-1
Location very very	Out I	Sarwan K
Division 10 Section		Lot 240 Grave
Grave space & Care Fund	4-3001	_
Overtime/Late Arrival Fees		
Opening/Closing & Setup		
Burial Container	TS Vanit	472.00
Handling Fees	PAID	350.00
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees		85.00
Sales taxes		36.58
MOI	JNT HOPE CEME	N # 1 651 55
	Paid receipt number #	on Visa A
		Balance due
I hereby certify I am the	sposition of remains as al	of the above named decedent bove indicated. I certify and represent
that I have the right to make this auth any liability on account of said author	norization and I agree to h	old Mt. Hope Cemetery harmless from
any nability on account or said author	izadon and interment.	
I hereby authorize the interment in lo	u Du	3 metrose w.
hold under deed	x 8423	3 melhase Lu,
Signature Signature	mour E	CAjon CA 9202 Zip Conto
1	Whi a	561 1005 Zip Code
	Telaphone	001 1003
	Invoice #	
Work Order # E-19637	Acct.#	Walled Hands
VVOIX Order#		

E-19637



DRIVER LICENSE

CLASS: C



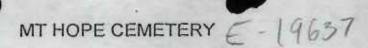
FAYE BOMAR GOODMAN 3996 YALE AVE LA MESA CA 91941

SEX:F HAIR:GRY HT:5-10 WT: 150

DOB: 94-30-26

RSTR: CORR LENS

Page 18. Marchand 13/28/2803 669 23 FD/08



GRAVE BLIND CHECK FORM

Blind Check Initiated By: Sandra Date: 3-13-0 Interment space for: Faye 600dman FRI Interment Date: MArch 1706 Time: 1.00 65 Div: 10 Sect: Bik/Row: Lot: 240 Gr:	S Vau	oace. Alr	eady	DIP	With	Ralph	Goods
Interment space for: Faye Goodman FRI Interment Date: MArch 17,06 Time: 1:00 65		心 he the	LISTING T	x X			
Interment Date: MArch 1706 Time: 1:00 65	Blind Check	k Initiated B	iy: So	india		Date:	3-13-6
0		ale: MAI	rch 17,	06 Ti	me: _ /,	00 6	
Grave Laid out by: Norman Fergus	Div:			0			

E-19637

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		USE BLACK INK ONLY - M	NUT HO FLAND	OUES ANUI	ILOUIS ON OIL	HER MET	LIMITOR		
NAME OF DECEDE	PEDECEDENT - FIRST (01YEN) 18. MIDDLE BOMAR GOODMAN			04/30/19			926 MONTH DAY YEAR 926 03/11/2006		
LA MESA			SAN D	SAN DIEGO			GHT L. GOO	MAILING ADDRESS AND DMAN, SON	
ONRAD LE		- FUNERAL DIRECTOR OR PERSON ACTING E MORTUARY, 7387 BRO 5-1533		FD941		ELC	MELROSE AJON, CA 9 TURE OF APPLICANT	2021	B. DATE SIGNED
OXOMLEDGEMENT OF	APPLICANT I hereby ackr	coviedge as applicant that the proposed stated his and Safety Code, and was authorized pursuant to	ean is no of the dispo Section 7100 of the	sitons authorized Houlth and Safet	d by Becken 103055 y Code.	0	unthlo		03/15/2006
PERMIT	THE CALIFORNIA HEAL TY FOR THE DISPOSIT	DIN ACCORDANCE WITH PROVISIONS OF TH AND SAFETY CODE AND IS THE AUTHOR- ION SPECIFIED IN THIS PERMIT NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNI	11 00	OF FEE PAID	03/15/200	Contract of	NANCY L BO	OWEN, MD	UING PERMIT
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CHANGE IN DISPOS ON REQUIRES A NEW RMT TO SHOW ITHAL DISPOSITION	3851 ROS	O COUNTY VITAL RECO ECRANS ST O, CA 92110	ORDS	-					
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AUTHORIZED DI URIAL	SPOSITION(S)				ORONER'S US				
	SPOSITION(S) 11A NAME AND MOUNT H	O ADDRESS OF CALIFORNIA CEMETER IOPE CEMETERY - 3751 SAN DIEGO, CA 92102			ORONER'S US) 110		ERSON IN CHARGE	OF BURIAL
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BURIAL	11A NAME AND MOUNT H STREET -	ADDRESS OF CALIFORNIA CEMETER IOPE CEMETERY - 3751 SAN DIEGO, CA 92102	MARKET DRY		118 DATE BURIED) 110	SIGNATURE OF P	Linux	OF CREMATION
BURIAL CREMATION SCIENTIFIC	11A NAME AND MOUNT H STREET - 12A NAME AND 13A NAME AND 14A NAME AND 1	ADDRESS OF CALIFORNIA CEMETER IOPE CEMETERY - 3751 SAN DIEGO, CA 92102 ADDRESS OF CALIFORNIA CREMATO	RECEIVING REM	AINS	118 DATE BURIED 3-17-06 128 DATE CREMA) 110)), (TED 120 ED 130	SIGNATURE OF P	ERSON IN CHARGE	OF CREMATION

APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

INTERMENT ORDER

Pre-reed to hairs	City of San Diego	106
totul of love totul of the totu	d, subject to your rules and regulations, to inte	
of Sybil E	. Say Pin # 217865	5
Church, Chapel, Graveside		S Mortuary.
All Funeral cars must arrive before 3:00 will be applied and billed to undersigned		
Division 10 Section	BIK/Royv Lot 3275 Grave	
Grave space & Care Fund	972/E-8523	
Overtime/Late Arrival Fees	VA AARTA	633.0
Burial Container	3 1,2	
Handling Fees	MAR 2 0 2006	
Flower vases - Marker setting fee	*,	
Recording/Filing/Transfer Fees MOU	T HOPE CEMETERY	65.0
Sales taxes		200 0
	Paid receipt number 12-59482	598.00
1	Balance due	
and this is your authority to make disport that I have the right to make this authoria any liability on account of said authorization	of the above na isition of remains as above indicated. I certify zation and I agree to hold Mt. Hope Cemetery tion and interment.	and represent
I hereby authorize the interment in lot I hold under deed.	X Prot Name. Albache	d"
/Signature	Andrew Seller	Zip Code
Pawette	1850 - 459-5	131
F-19638	Invoice #	

REA-104 (3-04)

This information is available in alternative formats upon request.

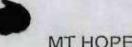
n MINOPEGEMETER!
i to INTERMENT ORDER
Pre-reed to INTERMENT ORDER City of San Diego Date 3/13/04 You are hereby authorized and instructed subject to your rules and requisitons to inter the remains
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ofSUCICITE Say
in a DU CRUPT ' 15 Funeral, date, time
Church, Chapel, Graveside
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.
Division 10 Section Blk/Row Lot 3275 Grave
Grave space & Care Fund 0-1914E-8523
Overtime/Late Arrival Fees
Opening/Closing & Setup
Burial Container
Handling Fees MAS 7 0 2008
Flower vases – Marker setting fee
Recording/Filing/Transfer Fees
Sales taxes
Total Due
Paid receipt number K - 59178 2 598 00
Balance due
I hereby certify I am the account of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment
I hereby authorize the interment in lot I North Name: JEAN CAROL SAY
hold under deed.
Cay 858 - 459 - 313 7 - Secure messes
Pawette CELL when traveling 35 8-337-37
Work Order # E-19638 Acct. #
REA-104 (3-04) This information is available in alternative formats upon request.

AT- Need

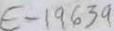
INTERMENT ORDER

N	0	N	*	R	e	5
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NON-Res	Date 3-14-06
INGrave with william	Newby PIN# 230053
You are hereby authorized and instructed, subj	ject to your rules and regulations, to inter the remains
of Beatrice	
ina DU CrypT B F	Funeral, date, time Thes 21 406 1:00
Church, Chapel Graveside	Feathingill Mortuary
All Funeral cars must arrive before 3:00 p.m. o	f regular work day or an extra charge of \$ 283.00
will be applied and billed to undersigned	natu for Y
Division MAS Section T Bik	/Row Lot _10 _ Grave _3
Grave space & Care Fund E-15.	507 1999 0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	9708.00
Burial Container	
Handling Fees	MAR 1.5. 2006
Flower vases (Marker setting fee.)	¥237.00
Recording/Filing/Transfer Fees MOU	NT HOPE CEMETERY 85.00
Color tours	1,030.00
	Total Due
Paid n	eceipt number pd by VISG \$1,030.00
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	of the above named decedent of remains as above indicated 1 certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I	x MAETY HALL
hold under deed.	7 9031 ROSEDALE DR
commander & Hall X	X SORING VALLEY
	Tolephone 19 - 461 - 6289 20 Code
	Invoice #
Work Order # E-19639	Acct. #
	VISION WARRANT WARRANT WARRANT AND A STATE OF THE STATE O



MT HOPE CEMETERY F-19639



GRAVE BLIND CHECK FORM

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

		1		Duri	41
	A L				
		#3 X	MORRISON	*1	#7 Hutter
+					

Blind Check Initiated By: Sanda Date: 3-16-06
Interment space for: Beatrice & Newby
Interment Date: Ther 1106 Time: 1:000
Div: MAS Sect: T Blk/Row: Lot: 10 Gr: 3
Grave Laid out by: Norman Fergus
Agrees with Legal Card: Tes I No
Agrees with Map: BYes D No
3lind Check & Verified By: Kennett Collins Date: 3/16/

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

IUMAN REMAINS - 19639

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS NEWBY 1A. NAME OF DECEDENT - FIRST (GIVEN) TB. MIDDLE 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX GERTRUDE BEATRICE 03/15/2006 08/24/1922 ITY OF DEATH SB. COUNTY OF DEATH - OUTSIDE CALIF., NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE CAJON SAN DIEGO MARC A. HALL, NEPHEW 7B. CALIF. LICENSE NUMBER -- IF APPLICABLE 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS BUCH 9031 ROSEDALE DR. FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON SPRING VALLEY, CA 91977 FD1083 BLVD SAN DIEGO, CA 92115 BA. SIGNATURE OF APPLICANT - Person timing purms 03/16/2006 Donne ACKNOWLEDGEMENT OF APPLICANT II hereby acknowledge as applicant that the proposed stated herein is on of the depositions authorized by Saction 103055 of the Health and Safety Code, and was authorized pursuant to Saction 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA GA. AMORDIST OF FEE PAID OB DATE PERMIT ISSUED SC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT NANCY L BOWEN, MD \$11.00 03/16/2006 PERMIT AUTHORIZATION OF ID. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - FURNISHED BY ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FURNISHED BY BUILDING BOARD BY BOARD ANY CHANGE IN DISPOS-ITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 to: AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY: 3751 MARKET ST., BURIAL 2-21-06 SAN DIEGO, CA 92102 Deman tergue 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED CREMATION ALL APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B, DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE COMPLETE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 15B, DATE OF 15C. SIGNATURE OF PERSON IN 115O, LICENSE NUMBER OF SCATTERING/BURIAL DISPOSITION CREMATED REMAINS DIS-POSER - IF APPLICABLE CHARGE OF DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

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

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKERS LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

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E-19639 GERTRUGE NAME OF DESCRIPT - FIRST (GIVEN) LAST (FAMILY) AKA, ALSO KNOWN AS-INCLUDE PULL AKA (FIRST, MIDDLE, LAST) BEATRICE NEWBU DATE OF BIRTH MINDOWY AGE YES. IF UNDER ONE YEAR 08/24/1922 TH STATE FOREIGN COUNTRY SOCIAL SECURITY NO. MARIFAL STATUS OF TIME OF DEATH) Hour (24 Hours) EVER IN U.S. ARMED FORCES? ARE NO DAKH 03/15/2006 Widowid 0520 EDUCATION-HIGHEST LEVEL/DEGREE WAS DECEDENT SPANISHHISPANIC, LATING DECEDENT'S BACE - UP TO 3 RACES MAY BE LISTED X NO GRAd USUAL OCCUPATION TYPE OF WORK FOR MOST OF LIFE DO NOT USE RETIRED YEARS IN OCCUPATION KIND OF BUSINESS ON INDUSTRY DEposit Box Clerk Clerica YEARS DECEDENT'S RESIDENCE-STREET AND NUMBER OR LOCATION STATE 92021 1580 Broadwar INFORMANT'S MAILING ADDRESS INTREET AND NUMBER INFORMANT'S NAME, RELATIONSHIP Rosidali Dr. Sp. Uallay, CA. 91977 9031 CARI HAME OF PATHER-FIRST DIRTH STATE BUIACK William WI DIRTH STATE IRSME TX FOTHER THAN HOSPITAL, SPECIFY ONE IF ENOP DOA HOSPICE HOME OTHER COUNTY FACILITY ADDRESS OR LOCATION WHERE POUND (STREET AND HUMBER OR LOCATION) BROMEWAY El CAJOR 92021 BU(X) CR() TR() RES.() SEA() DIFE DSI-only 10 M. Graveside SERVICES-DAY / USA SUC ROSARY-DAY OFFICIATING () AND WILL VERIFY () ORDERED () TO BE ORDERED BY MIN. CHURCH FEE US () FAM (X) PHONE NO. OF PROGRAMS KIND BOOK --NO IN STATE SHIP TO: CITY VIA DATE TIME ARRIVE DESTINATION: VIA DATE M. TRANSFER POINT TIME FUNERAL DIRECTIONS PHONE ADDRESS CONTACT FAX (WSPAPER SPOUSE PARENTS CHILDREN MARK DPOA. NEPARN on LAW 698 - 555 L BROTHERS AND SISTERS MARTY HALL Call 403-6229 CORONER # John Galdry 858-274-0300 EMB. UKA m NO EARSE () NO FAM. CAR ()_ ESCORTS ()__ NAME ADDRESS DRIVER PHONE DAY TIME TAKE TO) PASS. SED.) PASS. SED. PASS. SED.

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RECOMMENDED BY ANK BONG. ANK BONG. When we get Check For 4000 Fr. INS Refund Briance to Information (NO) MARKER () DETAIL () ASSIZN MINT Of Bringlin Signed NEED Claim FORM Signed NEED Claim FORM Signed WEELERY	12 do	TERMS		
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INTERMENT ORDER

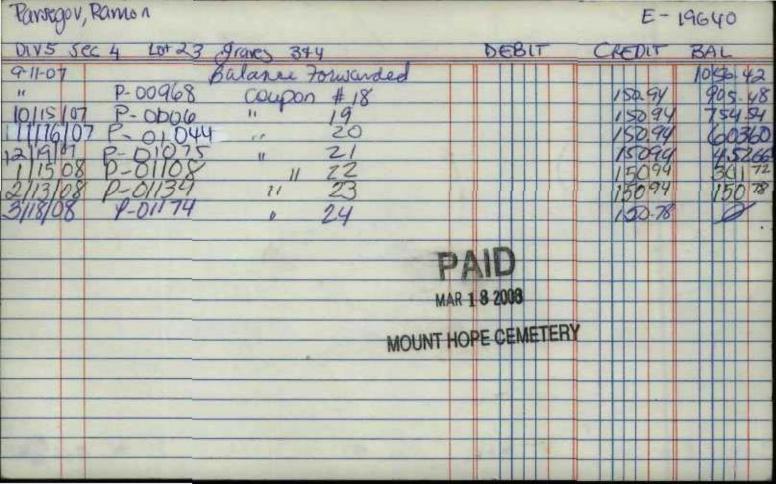
pre-need

City of San Diego

Date 3-15-06

ina		
Type of Buriel 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		
	ik/Row Lot 23 Grave	3,85
Grave space & Care Fund	7 2264	4528-
Overtime/Late Arrival Fees		
Opening/Closing & Setup	In	
Burial Container	(L.Z.	
Handling Fees. MAR 1.8	2008	
Flower vases - Marker setting fee		
Recording/Filing/Transfer Feel THOPE	CEMETERY,	
Sales taxes Faid in Full	P-01174	
	Total Due	4528
	receipt number Master capt	905
Paid	receipt number	
Paid	receipt numbers	3522 40
I hereby certify I am the	Balance due of the above na	med decedent
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	Balance due of the above na n of remains as above indicated. I certify n and I agree to hold Mt. Hope Cemetery	med decedent and represent
I hereby certify I am the_ and this is your authority to make dispositio that I have the right to make this authorizatio	Balance due of the above na n of remains as above indicated. I certify n and I agree to hold Mt. Hope Cemetery	amed decedent and represent harmless from
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	Balance due of the above no n of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery and interment. ROMAN PARSES	amed decedent and represent harmless from
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	Balance due of the above na n of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery and interment. XROMAN PARSEGO Press Name 436 Fairle Address San Delco	amed decedent and represent harmless from 38629 Ref 92128
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed. HARH Signature I'm 2300	Balance due of the above no n of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery and interment. ROMAN PARSES	amed decedent and represent harmless from 38629 Ref 92128
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed. HARH Signature I'm 2300	Balance due of the above na n of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery and interment. X ROMAN PARSEGO Press Name Audress San Delico Teléphorie	amed decedent and represent harmless from 38629 Ref 92128
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	Balance due of the above na n of remains as above indicated. I certify and I agree to hold Mt. Hope Cemetery and interment. XROMAN PARSEGO Press Name 436 Fairle Address San Delco	amed decedent and represent harmless from 38629 Ref 92128

E-19640 Pre-need Lots monthly \$150.94 BUE 15th of each month Pin#228629 & Pin#230034 Parsegov, Roman and Parsegov, Marat (brothers) 17436 Fairlie Rd., SD CA92128 619-203-4801 **GRAVE 3 & 4** Debit Credit Balance DIVISION 5 SECTION 4 LOT 23 2264.00 2264.00 3/15/06 Pd dwn on pre-need lots. Two @ \$2264 each by MC 2264.00 4528.00 Down payment by master card. 905.60 3522.40 4-14-06 1-00230 2006 1-00291 2006 5-15-06 lune 2006 9-00 333 6-13-66 2006 7-14-06 ua 2006 -15-06 no Coupon -06 00523 2000 -00152 2007 Mar 2007 MOUNT HOPE CEMETERS alyo



	OFFICIAL RECEIPT WHITE		P U11/4
	From: Roman L. Parsequ	(619) 527-3400	3/18 20 08
	One Hundred fifty	and 78/00	Dollars (\$ 150.78)
	in Wart Payment of _	We need (0 to paid in) 4 Bik/ Row Lot	23 Grave 34 4
	Acct. No		Sales Care 77184 Need 63033
	BALANCE DUE	MAR 1 8 2008	80% 150.78
	Pre-Need Lot	MOUNT HOPE CEMETER	
A	Pre-Need Trust Charge AG-212 (11-05) This information is available in alternative formats upon reg	DERSUED BY faulth C	AL PAID 8 150 78

	TO GUSTOMER PRE-NE	N DIEGO, CALIFORNIA EED PURCHASE HOPE CEMETERY 19) 527-3400	P0 //3	196	40
From: Marat Par Sno hundre inPaymen	Address: DM	1 400 94/10 1 4078 10 Lot 23	Dollars (\$ _	150. 344	94,
Invoice No Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSES OF STAMPED "PAID" IN THIS ENCE	PE CEMETERY Noved	67007 e 77184 — 63033 77186 —	150	94
Pre-Need Lot	k ISSUED BY 1111111	TOTAL PAID	\$ _	150	94

OFFICIAL RECEIPT	WHITE TO CUSTOMER CEMETERY	PRE-NEED MOUNT HOP	PURCHASE PE CEMETERY 527-3400 Date:	20 15 an 15	1108	08
in5	Payment of Pro	need to	Lot 23	_ Dollars (\$ _	150.9 3&	14,
NoBALANCE DUE	STAMPED	DENT HOPE CEM	CREDIT CONTROL	67007 Dare 77184 — 63033 77186 —	150	94
Pre-Need Lot Pre-Need Trust AC-212 (11-05) This information or available is allem	☐ Money Order ☐ Charge ☐ Check 126 ISSUED	Marie	TOTAL PAID	s	150	94

	OFFICIAL RECEIPT WHITE	CITY OF SAN DIEGO, CAL PRE-NEED PURCH MOUNT HOPE CEM	IASE PUTUTS
		(619) 527-3400 Date	12/19 07
	Que hundred f	200V Address: 91 full	Dollars (\$ 150, 94)
	in Part Payment of P	re-need Lot for	ymen + #21
	Invoice No. E-19040	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007
t.	W.O US 2 Ole		20% Sales Care 77184 Pre-Need 53033 Trust 77186
75	BALANCE DUE \$ 432.	PAID	
	Pre-Need Lot Money Order	DEC 1 9 2007	
	Pre-Need Trust Charge AC-212 (11-05) This information is available in alternative formats upon reques	MOUNT HOPE CEMETERY	TOTAL PAID \$ 150 94

OFFICIAL RECEIPT WHITE TO GANARY		TO CUSTOMER PRE-NEED PURCH MOUNT HOPE CEM	IASE	PO	11044	
	From: R. Parsegov	(619) 527-3400 Address: On file	. 111	16		7
	in Part Payment of P	Note		Dollars (\$	150.9	4
	DIV 5 1964D Sec_	4 Blk/ Row Lo	123	Grave	344	
	Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE	CREDIT 20% Sales C Pre-Need Trust	63033	150	94
	BALANCE DUE	NOV 1 5 2007	arus:	77186 —		
	Pre-Need Lot	MOUNT HOPE CEMETERY				
	Pre-Need Trust Charge AC-212 (11-05) Check D This information is qualitable in alternative formatic USON (1990)	S GSUED BY Paulette	TOTAL PAID	s _	150	94

		WHITETO CUSTOMER		PRE-NEED PURCHASE MOUNT HOPE CEMETERY			P 01006		
)	From: Pur segov, R	Oman Addre	Three and	527-3400 - on file: _	10	115	20 _ (07	
	in Dart Payment of	0	1	Coupon	# 19 Dolla	rs (\$ 15	0 99	1	
	Div 5 Se	11	Blk/ Row	Lot	23 0	Grave 38	4		
¥.	Invoice No E - 19640 Acct. No		H PURPOSES STATED D" IN THIS SPACE.	C	REDIT 6700 20% Sales Care 7718 Pre-Need 5303	3 19	0 9	14	
it	W.O. BALANCE DUE 8 75454		\ID		Trust 7718	6	7	-	
)	☑Pre-Need Lot ☐ Money On	oder OCT 1	2 2007						
	☐ Pre-Need Trust ☐ Charge		E CEMETER	Y		311	->		
	AC-212 (11-05) This information is available in alternative formats upon		faultu	T	OTAL PAID	s	50 9	74	

	OFFICIAL RECEIPT WHITE TO CANARY	CITY OF SAN DIEGO, CA PRE-NEED PURC MOUNT HOPE CEM	HASE F	00968
		(619) 527-3400 Dat	9111	.207
	From: A. L. Parscapy	Address: _ ON Lule		
	one hundred	affly 94100)	Dollars (\$	15094
	in Dart Payment of	PN. Lets coupon	#8	
	Div 5 Sec_	4 Blk/ Row L	ot 23 Grave	344
	Invoice No. E-19(040	NOT VALID FOR PURPOSES STATED UNLESS		
4	Acct. No.	STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 —	
	W.O	Dain	Pre-Need 69033 Trust 77186	180. 44
(8)	BALANCE DUE \$ 905.48	PAID	-	
		SEP 11 2007	HELEN TO THE	
į,	Pre-Need Lot	SEP 1 1 2007		
	☐ Pre-Need Trust ☐ Charge	MOUNT HOPE SEMETERY		
	AC-212 (11-05) This information is available in alternative formats upon reques	ISSUED BY PCCOUNTON	TOTAL PAID S _	150 94

OFFICIAL RECEIPT WHITE TO CANARY		O CUSTOMER	PRE-NEED MOUNT HOP (619) 5	PURCH	ASE	Po	0931	
From: Mar	at L. Parsec	Address:	On	Fic Date:		Dollars (\$	150.90	.07
in Paret Div 5 Invoice No. E - 10 Acct. No.	Payment of Sec	NOT VALID FOR PU STAMPED "PAID" IN	BIK/ ROW_		CREDIT	17 Grave	314	
W.O. BALANCE DUE	\$ 1,056.42	AUG	1 4 2007		20% Sales Care Pre-Need Trust	77184 63033 77186	150.	94
☐ Pre-Need Lot ☐ Pre-Need Trust	☐ Money Order ☐ Charge	MOUNT HO		ERY				
AC-212 (11-05) This information is available in a	Check//94	ISSUED BY PAG	Witte C.		TOTAL PAID	s	180	94

OFFICIAL RECEIPT WHITE CANARY	(619) 527-34	EMETERY E-10	0891 1640
From: R. Parsegor	Address:	Dollars (\$_	15094,
in DOUL Payment		oupont 16	
Div	SecBlk/ Row	Lot 974 Grave	
Invoice No. E19394 Acct. No.	NOT VALID EDITION DS IS STATED UNLES STAMPED PAIR IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033	150. 94
. BALANCE DUE \$ 1,207	310 JUL 1 0 2007	Trust 77186	170-17
	MOUNT HOPE CEMETERY		
Pre-Need Lot			
Pre-Need Trust Charge	- 44		
AC-212 (11-95) This information is available in atternative formatic up		TOTAL PAID S	180 94

OFFICIAL RECEIPT WHITE			ASE POODO
		(6†9) 527-3400 Date:	6/19 ,2007
	From: 17. Parsegov	Address: On veac	xd
	One nundred fifty	and 94/00	Dollars (\$ 150.94)
	in POUT Payment of PC	eneed lots, coup	
	Div 5 Sec	H Blk/ Row Lot	23 Grave 344
	Invoice No. E-19640	NOT VALID FOR PURPOSES STATED UNLESS	
	Acct. No.	STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184
	W.O	PAID	Pre-Need 63033 Trust 77186 150.94
*	BALANCE DUE \$ 1,358.30	PAID	
		JUN 1 9 2007	
	Pre-Need Lot	301.13	
	☐ Pre-Need Trust ☐ Charge	MOUNT HOPE CEMETERY	*
	Generio 35	ISSUED BY Day Citle	
	AC-212 (11-05) This information is available in atternative formats upon request		TOTAL PAID S 150. F14

OFFICIAL RECEIPT	TO CUSTOMER CEMETERY	PRE-NEED F	PURCHASE	Pu	0828	
200000		(619) 52	7-3400 Date:	6/15	. 20	07
Preneed ?	0	ndred f	Thy a	nd 94/02 Bollars (\$	150.94)
in Part Payment of Div S	We-need	d LOTS. BIK/ Row	Lot	23 Grave	334	
Invoice No. E - 19640 Acct. No. W.O. BALANCE DUE \$ 1,509.24	STAMPED "PAID"	PAID	CHE 203	Sales Care 77184 — Need 63033	150	94
Pre-Need Lot	MOUNT I	AY 15 2007 HOPE CEMET	ERY			
AC-212 (11-05) This information is available in alternative formats upon r	ISSUED BY	aulate 1	C-	AL PAID \$ _	150	94

	OHITE TO CUSTOMER ANARY CEMETERY	PRE-NEED P MOUNT HOPE (619) 527	P00750			
		(0.0) 52.	Date:	3-15	. 20	07
From: K. Parsegou	100	ss: on veco	1			8
One hundred	fifty- 94lw			Dollars (\$_	150 94	
in part P	ayment of Re-ne	ed toto a	rugon 412			
Div \$ 5	Sec 4	Blk/ Row		Grave	344	
Invoice No. 1964		R PURPO ES CATER U	CREDIT 20% Sales Car	67007 e 77184 —		
W.O. BALANCE DUE DL	811.12	MAR 1 5 200	7 Pre-Need Trust	63033 77186	150	94
· brentoe bot	M	OUNT HOPE CE	METERY			
Pre-Need Lot	Money Order			8		
		Jaulette C.	TOTAL PAID	s _	150	94

	WHITETO CUSTOMER CANARY CEMETERY	PRE-NEED MOUNT HOP	27-3400		00704	
		NTSC SPREY	Date: Fe	bruan	114,20	07
From: Koman L.P.	arseapy Add	ress: on reco	ord			
. One hundred	fifty and 94/	00		Dollars (\$	150,90	1_
in Part F	ayment of Pre-need	Lots Co	upon #11			
Div_5	Sec4	Blk/ Row	Lot _ 23	Grave	344	
Invoice No. E - 191	e4D ANTWALDS	OD BURBOSES STATES	INI EEO			
Acct. No.	STAMPED 1	AD'IN THIS SPACE	CREDIT	67007		
W.O.		11 1 1 2 2 2	Pre-Need	69033	150.	94
	162.06 FE	B 1 4 2007	Dollars (\$ 150, 94 Ots Coupon # 11 Bik/ Lot 23 Grave 344 PROSES STATED UNLESS THIS SPACE. CREDIT 67007 20% Sales Care 77186 Pra-Need 63033 Trust 77186 CEMETERY Paulo-Ho.			
Pre-Need Lot	Money Order MOUNT F	HOPE CEMETER	Y			
The state of the s						
The state of the s	Charge 1706 ISSUED BY	Doulatta				
AC-212 (11-05) This information is available in alternative	St Check 100	- Janean	TOTAL PAID	s	150	94

	ETO CUSTOMER ARY CEMETERY	PRE-NEED PU MOUNT HOPE C (619) 527-3	RCHASE EMETERY		652
One hundred	Seggy Address Tifty and ment of fre-need	on re	Date: Janua cord	oollars (\$ 15)	0.94
DIV 5 Invoice No. E - 1964 Acct. No. W.O. BALANCE DUE \$ 2113.1	Sec 4	PURPOSES STATED UNLE	Lot 23 CHEDIT 20% Sales Care Pre-Need Trust	Grave 3	50. 94
☐ Pre-Need Trust ☐ C	neck 1142	paylette	TOTAL PAID	s	50 94

00621 OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: December 12 20 06 Roman on recon Dollars (\$ 150.9 one hundred Payment of Per-need Lots Grave 3d 4 Row Invoice No.E 019040 NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63633 W.O. 77186 Trust BALANCE DUE DEC 12 2006 Pre-Need Lot Money Order Pre-Need Trust Charge XCheck 1254 ISSUED BY Paulette C. AC-212 (11-05) TOTAL PAID This information is available in attemptive formats upon request

	CITY OF SAN DIEGO, C PRE-NEED PURC MQUNT HOPE CE	CHASE	P 0058	5
From Roman L. Pars	(619) 527-340 D LAVIV Address: On NCC	ate: 11/20	,2	006
One hundred 7	ifly address:	Dol		.94
in Plut Payment of Sec	4 Blk/ Row	cayon #8	Grave _344	
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67 20% Sales Care 77	7007 1884 003	94
W.O. BALANCE DUE \$ 2,414.88	NOV 2 0 2006	Trust 77	186	
Pre-Need Lot's Money Or	MOUNT HOPE CEMETERY			
Pre-Need Trust Charge AC 212 (11-05) This information is available in alternative formatic upon	PAISSUED BY P.C.	TOTAL PAID	s 150	94

CANARY	TO CUSTOMER CEMETERY	MQUNT HOP! (619) 52	PURCHASE E CEMETERY 27-3400 Date: 6CT	553	9640
One hundred, fi	arsego V Address Fly and 94	1		_ Dollars (§	150.94
in Part Payme	Sec 4	Blk/ Row_	Lot 23	Grave	e3/4
No	S.42	PURPOSES STATED L PAID CT ! 1 2006	UNLESS CREDIT 20% Sales C Pre-Need Trust	67007 Are 77194 — 63033 77186 —	150 94
☐ Pre-Need Trust ☐ Cha	rge MOUNT E	HOPE CEMET	TOTAL PAID	- - -	150.94

CITY OF SAN DIEGO CALIFORNIA

OFFICIAL DECEIPT

	TO CUSTOMER CEMETERY MQUNT HOPE CEM (619) 527-3400	HASE METERY	00492
one hundred fifth in part Payment of Div 5	fre-need Lots acco	Dollars (S	: 150.94 : 344
Invoice No E - 19640 * Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186	158. 94
Pre-Need Lot	3 ISSUED BY Paulette C.	TOTAL PAID \$ _	150 .94

OFFICIAL RECEIPT WHITE CANARY	MOUNT HOPE CEN	HASE F	00444
	(619) 527-3400 Dat	V / C	,20 06
From: Roman L. Parse	GOU Address: On reco	1	
one hundred fift	y 94/00	Dollars (\$	150.94
in Part Payment of	Preneed lots,		
Div 5 Sec	4 Blk/ Row L	ot 23 Grave	34 4
Invoice No. E-19040	NOT VALID FOR PURPOSES STATED UNLESS		
* Acct. No.	STAMPED "PAID" IN THIS SPACE.	OREDIT 67007 20% Sales Care 77184 — Pre-Need 63033	150 GU
W.O	DAID	Trust 77186	100 19
BALANCE DUE \$ 2667.70	FAID		
	AUG 1 4 2006		
Dere-Need Lot's Money Ord	17 (2) (1-1) (1-1)	180 - 1911 18-	
Pre-Need Trust Charge	MOUNT HOPE CEMETERY		
AC-212 (11-05) This information is available in attemptive formats upon re	216 Paulen	TOTAL PAID \$	150.94

OFFICIAL RECEIPT WHITE TO CANARY		HASE F	00391
From: Roman L. Parseay	(619) 527-3400 Date		20 06
in Payment of	Pre-needLots	Dollars (\$	150,94
Div 5 Sec	4 Bik/	ot 23 Grave	3\$4
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "RAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 — Pre-Need 63033 Trust 77186 —	150 94
Pre-Need Lot	issued by Malia D.	TOTAL PAID \$	150 94

OFFICIAL RECEIPT	WHITE TO	O CUSTOMED	CITY OF SAN	DIEGO, CALIF		Pi	00333	3
	CANARY		MOUNT HO		TERY		•	
From: Roman	L. Parsequ	V Addr	ess: On	Date:	0	-13	, 20	01
one hun	dred FSFy	and	94100 C			Dollars (\$ 1	50 -94	/
in furt Div 5	Payment of Sec	Pre-r	need Co	2/5, Lot	23	Grave	3+4	
Invoice No. <u>E - 196</u> Acct. No W.O		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	OR PURPOSES STATE AID" IN THIS SPACE.	ED UNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 —— 63033 77186	150.	94
BALANCE DUE	3169.58		PAI	D		Ξ		
Pre-Need Lot	☐ Money Order ☐ Charge		JUN 12 :	The second second				
AC-212 (11-05)	Check 196	DESUED BY	JUNT HOPE	Chillie (L.)	TOTAL PAID	5	150,	94

This information is available in alternative formats upon request

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT 00291 PRE-NEED PURCHASE WHITE ______ TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 5-15 20 06 Date: From: Roman Parscapu on record Address: Dollars (\$ 150 94 one hundred pre-need lots. in Part Payment of Grave 3 44 Row 19640 Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 94 150 Pre-Need 53033 W.O. 77186 Trust BALANCE DUE 9 3, 320.52 MAY 15 2008 Pre-Need Lot Money Order Charge Pre-Need Trust Tcheck 1993 ISSUED BY Paulotte

AC-212 (11-05)

This information is available in alternative formats upon request

150

TOTAL PAID

OFFICIAL RECEIPT WHITE TO CUSTOMER GANARY CEMETERY

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

P 00230

	(619) 527-3400 Da		4-14	, 20	04
One hundred fifty	Address: Dn	(rcord		150.94	
in Palt Payment of Sec	Pre-need trust	ot 23		344	
Invoice No. E - 1964D Acct. No W.O BALANCE DUE \$ 3471 46	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales C Pre-Need Trust	67007 ard 77184 — 63033 — 77186 —	150	-94
☐ Fre-Need Lot ☐ Money Order	APR 1 1 2006				
Pre-Need Trust Charge	MOUNT HOPE CEMETERY	TOTAL PAID	s _	150	94

OFFICIAL RECEIPT	WHITE TO CANARY	Company of the Compan	PRE-NE MOUNT H	OPE C 9) 527-34	RCHASE EMETERY	P0	0787	~
From: R. Pars	scgov	Address:	_ on	*	cord	Dollars (\$	1509	4
in part	Payment of	PN LOC	Blk/ Row	po	n #13		3+4	
Invoice No. 😉 -	19640	NOT VALID FOR P STAMPED "PAID" I	URPOSES STAT N THIS SPACE.	ED UNLES	SS CHEDIT 20% Sales Cs Pre-Need	67007	150	lau
W.O		1	PAID		Trust	77186		107
L Pre-Need Lot	Money Order		R 1 2 2007					
Pre-Need Trust AC-212 (11-05) Trust information is averagin in at	Check D 18	MOUNT H	OPE CEN	ETER	Y TOTAL PAID	s _	150	94

MT. HOPE CEMETERY

AT- Need INT	ERMENT ORDER
(Res) rel purial	City of San Diego Date 3-16-06
You are hereby authorized and instruc	ted, subject to your rules and regulations, to inter the remains
of NOCEIIA GO	" weeks
in a DD CrypT "A	Funeral, date, time march 11,0610'00 Berge-Roberts Mortuary.
Church Chape Graveside	0 p.m. of regular work day or an extra charge of \$ 2/3.00
will be applied and billed to undersigne	
will be applied and billed to undersigne	
Division /2 Section 2	Blk/Row Lot 19 9 Grave 10
Grave space & Care Fund	42,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup. 2 @	\$533.00 \$1,066ar
Burial Container D.C.	CrypT"A" \$ 539.00
Handling Fees west 4768	8 454.60
Flower vases Marker setting fee	65,714 178.00 \$ 243.71
Recording/Filing/Transfer Fees	2 e \$65.00 \$ 130.00
Sales taxes MAR 1 6 2006	\$41.77
Pirity 1 o 2000	Total Due
MOUNT HOPE CEM	Paid receipt number <u>R-59478 4,738,48</u>
	Balance due
I hereby certify I am the and this is your authority to make dist that I have the right to make this authorizany liability on account of said authorizany	X of the above named decedent position of remains as above indicated. I certify and represent protection and I agree to hold Mt. Hope Cemetery harmless from cation and interment. 3004
hereby authorize the interment in lot hold under deed.	* Roxana Gonzalez
7	Address San Diego, CA 92113 City (619) 338-9510 Telephone
	Invoice#
Work Order # E-19641	Acet.#

REA-104 (3-04)

This information is available in alternative formats upon request.

E-19641

O CALIFORNIA LINE IDENTIFICATION CARD N7010053

EXPIRES 12-06-98

Table 100 78

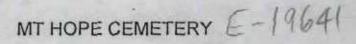
ROSELIA GONZALEZ 3111 HEBSTER AUE SAN DIEGO CA 92113

SEX: F HATE: BRH EYES: BRH HT: 5-03 HT: 200 DOB: 12-06-43

Roselia Hosels

02/00/93 613/ 18/ ... (%)

1021



GRAVE BLIND CHECK FORM

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

# / helmin Takinson	#4 James Cheek	# S ESTher Cheek		
#7 Laura Brooks	# 10 X		#12. Cynthia Tukman	

Hind Check Initiated By: Susolia Date: 3-16-0	6
interment space for: Rocelia Gonzalez	
nterment Date:Time:	
Div: 12 Sect: 2 Blk/Row: Lot: 199 Gr: 10 Brave Laid out by: Aorman Juque.	
grees with Legal Card: 🗗 Yes 🔲 No	
grees with Map: D Yes D No	
and Charle & Varified But of Man Date: 2 115/	-

E-19641

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

OCELIA		-		GONZA	A CONTRACTOR OF THE PARTY OF TH		- 1	12/06/1943	03/13	3/2006	F
AN DIEGO				SAN DI		UTSIDE CALIF.,	ERN	RELATIONSHIP, FULL XIMANT ESTO GON	ZALEZ,		
ERGE-ROBI		ARY, 607 NATIO 91950			FD284	28-25	SAN	WEBSTER DIEGO, CA	92113		TE SIGNED
KNOWLEDGEWENT OF A	PPLICANT of the Health and	ledge as applicant that the propose I Sefely Code, and was authorized	ed stored herein is I pursuant to Socia	us of the dispus as 7100 of the H	isons authorized eath and Salely	by Section 103055 Code	-di	se Clu	H)	03/	17/2006
PERMIT	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE ISPECIFIED IN THIS PERMIT AUGHT OF DISPINAL OUTSIDE OF	E AUTHOR-	\$11.00	OF FEE PAID	96 DATE PERMIT	Sec. 11.	NANCY L B			PERMY
AUTHORIZATION OF LOCAL REGISTRAY Y CHANGE IN DISPOS- ION RECURSES A NEW HIN!" TO SHOW FINAL DISPOSITION					BE ADDRE	SS OF REGISTRAR	OF DISTRI	CT OF DISPOSITION	€ — в паксалок о	S TO ODDUR W 4440TH	er untret a calp
The second second	TO STATE OF THE PARTY OF THE PA						C CAUL				
AUTHORIZED DISP		ODRESS OF CAUSORNIA C	EMETERY			ORONER'S US			PERSON IN C	CHARGE OF R	N IRIAL
	11A. NAME AND A	ODRESS OF CALIFORNIA O EMETERY 3751 92102		r ST SA	N I	18 DATE BURIED	1110	SIGNATURE OF	P		SURIAL
SU .	11A NAMEANDAI MT HOPE O DIEGO CA S	EMETERY 3751	MARKET	r ST SA	y	18. DATE BURIED			Ler		
BUHIAL CREMATION SCIENTIFIC USE	11A NAME AND AI MT HOPE O DIEGO CA S 12A NAME AND AI	EMETERY 3751 92102	MARKET		N	18. DATE BURIED	115 TED 120	SIGNATURE OF	Ferson ly	CHARGE OF C	REMATION
BUHIAL CREMATION SCIENTIFIC	11A NAME AND AI MT HOPE C DIEGO CA S 12A NAME AND AI 13A NAME AND AI	EMETERY 3751 92102 DORESS OF CALIFORNIA C	MARKET CREMATORY FACILITY RECE	EIVING REMA	N III	18. DATE BURIED 3-22-06 28. DATE CREMA	11c	SIGNATURE OF	PERSON IN C	CHARGE OF F	REMATION

APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

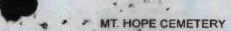
V990 (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)



INTERMENT ORDER

LIA LELXIAN	-HI ONDEN
pre-need city of	San Diego
10.01	11Nec Date 3-16-06
- II I France	7.0
You are hereby authorized and instructed, subje	75 bauf PIN # 130043 lot to your rules and regulations, to inter the remains
of Family of Thuy	
ina trues TS vaulte	
Type of Burist Container	
Church, Chapel, Graveside	i Mortuary.
All Funeral cars must arrive before 3:00 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned	
Division / L Section _ BIK/	Row Lot 250 Grave 4
Grave space & Care Fund	# 1, 164.00
Overtime/Late Arrival Fees	8
	\$ 533.00
Opening/Closing & Setup	TOTS Vaulty300 unt 220 no
Handling Fees HIF Change To	75 vault \$263.00 \$ 206.00
Flower vases - Marker setting fee	alos alo
Recording/Filing/Transfer Rees	1900 65.00
Sales taxes	1, 100 \$ 7.51 \$ 30.93
family change Burial CONT	4 in er Jotal Due #3, 358.93
/ Paid rec	3-16-06 by VISA \$672.00
100000	ff 10163
I hereby certify I am the Samily	17-06 75 vault difference / 48 58
	Premains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and	Interment. Bul owe-B11835.51
	V THIN VI
I hereby authorize the interment in lot I hold under deed.	Print Nounce AND VO PA
(11001/0, X	Adopted AN A TOOL OF TOO
Significa COV	SAN DIEGO, CA 92/26
clo purchasen	x 858 7742702
Pine V4 (PIN# 230413)	Tesephone
	Invoice #
Work Order # E-19642	Acct. #
	ion is available in alternative formats upon request.
mailed certificate of	Ownership 3 Hellts

to her brother house

they ThI U4

2979 SU Siempre place

ESLONDIDO, CA. 92025

E 19642

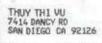
DNU CALIFORNIA DNU

DRIVER LICENSE

V8138557

EXPIRES 10-27-07

CLASS: C



SEX:F HT:5-02

HAIR:BLK WT:110 EYES:BRN OB: 10-27-64

DUMM/W

09/21/2002 676 29 FG/07

-19642 E- 19642

230413 Pin:

Monthly Payments:

\$112.00

ame		Address		City	Zip Code	Amount
HUY THI V	U	7414 DANCY RD		SD	92126	\$ 3,507.51
IVISION	12 SECTION	2 LOT	250	GRAVE	4	
				PERPETUITY	LOT	PRE-NEED
	Opened Pre-Need Lot & Trust	Receipt #	Payment	67007	100/77184	63033
2/40/2000	Trust include: O/C, TS, H/F, R/F			\$452.80	\$1,811.20	\$1,243.51
3/16/2006	Downpayment		\$672.00			\$672.00 \$571.5
4/14/2006	Coupon # 1	P-00234	\$112.00	100 Mes		\$112.00
					~	\$459.5
5/10/2006	Coupon # 2	P-00281	\$112.00		E	\$112.00
6/12/2006	Coupon# 3	P-00342	\$112.00	100		\$347.5 \$112.0
		(r-coore	3772.00			\$235.5
7/14/2006	Coupon # 4	P-00395	\$112.00			\$112.00
014 5 10000	C	10.00440	2442.00			\$123.5
8/15/2006	Coupon # 5	P-00442	\$112.00			\$112.00 \$11.5
9/12/2006	Coupon # 6	P-00491	\$112.00			\$112.0
					DESCRIPTION OF THE PERSON OF T	(\$100.49
0/16/2006	Coupon # 7	P-00527	\$112.00	1 m	STATE OF THE PARTY	\$112.0
1/20/2006	Coupon # 8	P-00586	\$112.00	ACCURATE N	MATERIAL .	(\$212.49 \$112.0
	Soupon II _ U	1-00000	\$112.00	40.00	100000	(\$324.49
2/19/2006	Coupon# 9	P-00629	\$112.00		10000	\$112.00
(400000					100000	(\$436.49
1/18/2007	Coupon # 10	P-00660	\$112.00		E 3 (7 mm)	\$112.00
2/14/2007	Coupon # 11	P-00705	\$112.00		STATE OF THE PARTY	\$112.00
						(\$660.49
3/19/2007	Coupon # 12	P-00757	\$112.00	1110-1110		\$112.00
4/17/2007	Coupon # 13	P-00793	\$112.00			(\$772.49 \$112.00
41172007	осироли	1-00/85	\$112.00		90000	(\$884.49
5/22/2007	Coupon # 14	P-00834	\$112.00		E-9358	\$112.00
5/20/2007	Course # L	D 00070	0440.00			(\$996.49
012012001	Coupon# 15	P-00873	\$112.00		18 S. S. S. S.	\$112.00
7/19/2007	Coupon # 15	P-00905	\$112.00			\$112.00
7,000,7	0					(\$1,220.49
3/17/2007	Coupon # 17	P-00935	\$112.00			\$112.0
9/18/2007	Coupon # 18	P-00974	\$112.00		2000	\$112.00
NI ACCUSED ON						(\$1,444.49
0/18/2007	Coupon # 19	P-01015	\$112.00	Common Maria	TO THE	\$112.00
1/20/2007	Coupon # 20	P-01049	\$112.00		100	(\$1,556.49 \$112.00
			411E.00		1 3 3	(\$1,668.49
2/18/2007	Coupon # 21	P-01074	\$112.00			\$112.00
1/17/2008	Coupon # 22	[B.03140	C440.00		RECEIVE	(\$1,780.49
71772008	Coupon #	P-01110	\$112.00		THE STATE OF	\$112.00
2/22/2008	Coupon # 23	P-01142	\$221.86		1000	\$221.86
				80880万万十		(\$2,114.35
3/19/2008	Coupon # 24	P-01176	\$149.65	B SWINE	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$149.65

MT HOPE CEMETERY = (9647

Transaction History

Contract: E-19642-F

Contract Date: 03/16/2006

Purchased By: Vu, Thuy Thi

7414 Dancy Rd

San Diego, CA 92126

858-774-2702

Status: Paid In Full Co-Purchaser: Vu, Pine

Dept: Mt Hope Cemetery

Counselor: SANDRA BROLLINI

Deferred Pa	ayment Price	3,507.51	Amount Paid	3	,507.51 Balance Due		0.00
Base Price		3,480.00			Amount Fin	anced	2,835:51
Interest		0.00	Downpayment		672.00 Number of I		24
Sales Tax		27.51			0.00 Regular Pay		112,00
Credit Life		0.00			0.00 Odd Paymer		259.51
1914 (1914) (1914)			Late Charges/Fees		0.00 Date First Pa		04/14/2006
			Tarabana da Carabana da Car		Payment Pla		Monthly
Items Purel	pased		Oua	ntity Q	ty Fulfilled		Price
	dent - Division 12-2 5 on 12, Section 2,, Lot		t	1	0		2,264.00
	nt PN - Single O/C SE			1	0		533.00
OBC - Resid	PN - #5 T/S Vault S	D Resident		1	0		355.00
Hndl Fee Re	es PN - #5 T/S Hndl S	D Resident		1	0		263.00
Misc -Resid	PN - Recording Fee	SD Residen	it	1	0		65.00
Date	Transaction Type		Receipt No - Ref No	Trans	Amount	Allocations	
03/16/2006	Downpayment		6964 pd by visa	0	672.00	27.51 Tax Recover	y
	CHANNO III. THAT ICA HISSON		essential control of the control of			644.49 Equity	
09/28/2006	Installment Payme	nt (6965 P-00234 V	1	112.00	112.00 Equity	
05/10/2006	Installment Payme	nt (6966 P-00281 V	2	112.00	112.00 Equity	
06/13/2006	Installment Payme	nt (6967 P-00342 V	3	112.00	112.00 Equity	
07/14/2006	Installment Payme	nt (6968 P-00395 V	4	112.00	112.00 Equity	
08/15/2006	Installment Payme	nt (6969 - P-00442	5	112.00	112.00 Equity	
09/13/2006	Installment Payme	nt (6970 - P-00491	6	112.00	112.00 Equity	
10/16/2006	Installment Payme	nt '	7013 - P-00527	7	112.00	112.00 Equity	-
11/20/2006	Installment Payme	nt :	7119 P-00586 V	8	112.00	112.00 Equity	
12/19/2006	Installment Payme	nt	7279 P-00629B V	9	112.00	112.00 Equity	200
01/18/2007	Installment Payme	nt	7445 P-00660 V	10	112.00	112.00 Equity	
02/14/2007	Installment Payme	nt '	7565 P-00705 V	11	112.00	92.72 Perp, Care	
						19.28 Equity	
03/19/2007	Installment Payme	nt .	7737 P-00757	12	112.00	112.00 Perp. Care	- 12
04/16/2007	Installment Payme	nt	7816 P-00793	13	112.00	112.00 Perp. Care	
05/22/2007	Installment Payme	nt	7913 P-00834		112.00	112.00 Perp, Care	
06/20/2007	Installment Payme	nt '	7983 P-00873 (36)	24)15	112.00	87.90 P/N Trust	
						24.08 Perp. Care	
						0.02 Equity	
07/19/2007	Installment Payme	nt t	8068 - P-00905	16	112.00	112.00 P/N Trust	
08/17/2007	Installment Payme	nt t	8147 - P-00935	17	112.00	112,00 P/N Trust	
09/18/2007	Installment Payme	nt t	8224 P-00974	18	112.00	112.00 P/N Trust	
10/18/2007	Installment Payme	nt t	8303 P-01015 V	19	112.00	112.00 P/N Trust	

MT HOPE CEMETERY E-19642

Transaction History Contract: E-19642

Date	Transaction Type	Receipt No	- Ref No	Trans	Amount	Allocation	is	
11/20/2007	Installment Payment	8389 P-0	1049	20	112.00	112.00	P/N Trust	
12/18/2007	Installment Payment	8437 - P0	1074	21	112.00	112.00	P/N Trust	
01/17/2008	Installment Payment	8507 P-0	1110 /	22	112.00	112.00	P/N Trust	
02/21/2008	Installment Payment	8667 P-0	1142	24	221.86	221.86	P/N Trust	
03/19/2008	Installment Payment	8669 P-0	1176	28	149.65	122.24	P/N Trust	
						27,41	Equity	
	TOTALS:				3,507.51			
Transaction	History Summary:	Fund Name						
CONTRACTOR OF STREET	A GUARANTE SERVICE A SAL	The second second	Original A	mount	Allocations	Amount Due	Amount C	ancelled
		Equity	STATE OF THE PARTY	1,811.20	1,811.20			
		P/N Trust		1.216.00	1,216.00			
		Perp. Care		452.80	452.80			*
		Tax Recovery		27.51	27.51			
		TOTALS:			3,507.51			

OFFICIAL RECEIPT



WHITE TO CUSTOMER GANARY CEMETERY

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

P 00281

	1 25			Date:	5-10		, 20	06
one hund	Last twell	Addres		on seco	-	Dollars (\$ /	12-)
Div 12	Sec_	2	Blk/ Row_	Lot	250	Grave _	4	
Acct. No			FURPOSES STATE	DUNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 53003 77186	112	_
Pre-Need Lot Pre-Need Trust AC-212 (11-05)	Money Order Charge Check 5117	ISSUED BY	Doubette		TOTAL PAID	- - - - -	112	

	OFFICIAL RECEIPT WHITE TO CANARY		ASE 00234
)	From: ThuyT. Vu	(619) 527-3400 Date:	4/14 ,200Ce
	One hundred tu	selve and oo	Dollars (\$ 112.7)
	in Payment of	2 Blk/ Row Lot	250 Grave 4
1	Invoice No. E - 19642 Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pre-Nieed 63033 Trust 77186
,	BALANCE DUE \$ 2574.93	APR 1 3 2006	
)	Pre-Need Lot	MOUNT HOPE CEMETERY	
	AC-212 (11-05) This information is evaluable in alternative fermatic upon reque	ISSUED BY Paulette	TOTAL PAID \$ 112.

OFFICIAL RECEIPT WHITE	CEMETERY	IASE P	00342
70.01	MOUNT HOPE CEM (619) 527-3400 Date	alia	20 04
One hundred	Address: on rec	Dollars (\$_	112-
in POINT Payment of _	Fre-need Cot, tru	7	4
Invoice No. £-191942 Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE. PAID JUN 1 3 2006	GREDIT 5700T 20% Sales Care 77184 — Pre-Need 53033 Trust 77186	1/2 _
Pre-Need Lot	MOUNT HOPE OF THE STATE ISSUED FRAULUTE	TOTAL PAID S	112 _

WHITE TO CUSTOMER PRE-NEED PURCHASE	P 00395
CANARY CEMETERY MOUNT HOPE CEMETERY	
(619) 527-3400	2 12
Date: III	4 14 20 06
From: Thuy T VU Address: 7414 Dancy Rd Sc	an Diego CA 9212
Che hundred Twelve - no/00	Dollars (\$ 112.00)
in Payment of Pre-need Lot and Trust	Donas (S 115
10 Blw ACA	. 4
Div Sec O Row Lot O O	Grave
Invoice No NOT VALID FOR PURPOSES STATED UNLESS	
Acct. No. E - 9642 STAMPED "PAID" IN THIS SPACE CREDIT 20% Sales Ca	67007 are 77184
	63033 77186
4 2 20 03 111 14 200	77300
BALANCE DUE "CATOSOS"	
* HOPE CENT.	
BALANCE DUE * CA COS COS	
Pre-Need Trust Charge 5/13 ISSUED BY MATIA	
Check 512 ISSUED BY 11WWW .	11200
AC-212 (11-05) This Information is systlectic in elternative formats upon request. TOTAL PAID	\$

OFFICIAL PROFIES

	OFFICIAL RECEIPT WHITE	O CUSTOMER PRI	F SAN DIEGO, CALI E-NEED PURCH IT HOPE CEMI	ASE	P 00442	
•	From Thuy Thi Vu One hundred twel	Address:	(619) 527-3400 Date	0-10	112	06
	in part Payment of	Pre-need	lot, tru		#5)	
	Div 12 Sec	2 BI	k/ owLot	250 G	irave 4	
	Invoice No. E - 19642 Acct. No W.O	NOT VALID FOR PURPOSE STAMPED "PAID" IN THIS S		CREDIT 5700 20% Sales Care 7718 Pre-Need 5303 Trust 7718	112	_
	BALANCE DUE	AUG 14				
	Pre-Need Trust Charge AC-212 (11-05) This information is available in alternative portraits upon reque	10	CEMETERY	TOTAL PAID	s 112	-

OFFICIAL RECEIPT	WHITE TO		PRE-NEED MOUNT HOP	PURCHA	SE	P 0	0491
From: Thu y T.	Vu		(619) 5	27-3400 Date:		Septem	ber, 20 04
one hundre	d twelve	and 0	0			Dollars (\$ 11	2,-
in Part Div 12	Payment of Y	re-nee	BIK/ Row	Trus Lot	250	Grave _	4
Acct. No.	2,014.93	STAMPED "PAID"	PURPOSES STATED IN THIS SPACE PAID	UNLESS	GREDIT 20% Sales Care Pre-Need Trust	67007 77184 83033 77186	112
Pre-Need Lot Pre-Need Trust AC-212 (11-05)	☐ Money Order ☐ Charge ☐ Check 63/3		HOPE CEME Daulette	TERY	TOTAL PAID	5	112 -

This information is available in atternative formats upon request.

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

PRE-NEED PURCHASE MOUNT HOPE CEMETERY

P 00527

				27-3400 Date:		T 16	, 20	06
From: Thuy T	indped to		. —	recor		Dollars (\$ _	112 -	
in Part Div 12	Payment of Sec	Pre-need	Blk/ Row_		250	Grave _	4	
Acct. No		NOT VALID FOR STAMPED PAID	PURPOSES STATED IN THIS SPACE. PAID T 1 3 2006	JNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	11%	
Pre-Need Lot Pre-Need Trust AC-212 (11-05) This information is available in a	☐ Money Order ☐ Charge ☐ Check 5 3 /	MOUNT F	OPE CEMET	ERY	TOTAL PAID	s	112.	

OFFICIAL RECEIPT WHITE CANARY	CITY OF SAN DIEGO, CAL PRE-NEED PURCH MOUNT HOPE CEM	IASE P 0000
From: Thuy Thi Va	(619) 527-3400 Date Address: On Accord	. 11/20 ,2006
, , , , , , , , ,	relive -	Dollars (\$ 1/2
Div 17 Sec Invoice No. E 0 19642	2 Blk/ Row Lo	2~
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT \$700T 20% Sales Care 77184 Pre-Need 63033 Trust 77186
	NOV 2 0 2006	
☐ Pre-Need Lot ☐ Money Ord ☐ Pre-Need Trust ☐ Charge ☐ Check	MOUNT HOPE CEMETERY	TOTAL PAID S //2 -

	E TO CUSTOMER HTY CEMETERY	PRE-NEED PUI MOUNT HOPE O (619) 527-3	RCHASE EMETERY	P 00629 B
One Hund	ced Jule	ss: on	Date:	- 19 .20 06 ollars (\$ 1/2 —
· Div 12	Sec2	Blk/ Row	Lot 250	Grave 4
No	STAMPED PAI	R PURPOSES STATED UNLE D' IN THIS SPACE.	CREDIT 120% Sales Care Pre-Need Trust	87007 77184 63033 77186
□ Pre-Need Trust □ C	Money Order Charge Check 32.4	DEC 1 9 2006 DUNTHORE CENT	TOTAL PAID	s 112 -

	CITY OF SAN DIEGO, O PRE-NEED PUR MOUNT HOPE CE	CHASE
From: Pike Vu	(619) 527-34 C Address: <u>(FY</u>) (LC)	Date:
one hundred	twelve	Dollars (\$ 112 -
in Part Payment	man and a second	- Coupon #10
Div 12 s	ec 2 Blk/ Row	Lot 250 Grave 4
Invoice No. E 19042 Acct. No W.O BALANCE DUE \$\[\7\] \5.5	NOT VALID FOR PURPOSES STATED UNLES STAMPED "PAID" IN THIS SPACE. JAN 18 2007	S CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186
Pre-Need Lot Money Dre-Need Trust Charge AC-212 (11-05) This information is qualified in attention to a strength to a strengt	153 ISSUED BY Paulette	TOTAL PAID \$ 112

OFFICIAL RECEIPT		CHASE PO	00705	
From: PINE Vu	(619) 527-340 Da Address: On veco	ate: 2114	, 20	
in Part Payment of _	Pre-need but & thus	+ Curpon #	110-	
Div 12 Sec	2 Blk/ RowI	Lot 250 Grave	4	
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ID THIS SPACE FEB 1 4 2007	CREDIT 87007 20% Sales Care 77184 Pre-Need 63033 Trust 77185	112	
Pre-Need Lot ☐ Money Orde	MOUNT HOPE CEMETERY			
Pre-Need Trust Charge AC-212 (11-05) This information is available in alternative formats upon req	Fassued By Paulette	TOTAL PAID \$	ua-	

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA P00757 PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: on record Address: Dollars (\$ //a-Part TRUST Payment of Blk/ Row Grave Div Sec E 19642 Invoice No. NOT VALID FOR PURPOSES STATED UNLESS CREDIT STAMPED "PAID" IN THIS SPACE 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. Trust 77186 14918 BALANCE DUE MAR 1 9 2007 Pre-Need Lot Money Order MOUNT HOPE CELL Pre-Need Trust Charge DEFIECK 535 PISSUED BY Paulute 112 -AC-212 (11-05) TOTAL PAID

This information is available in ademative formats upon request

OFFICIAL RECEIPT WHITE CANARY	TO CUSTOMER PRE-NEED PURCH MOUNT HOPE CEN	HASE	0793
From: Thuy T. VU	(619) 527-3400 Dat Address: 744 Dame	cyRd 30	1 2007
inPayment of DivSec	Blk/	TVUST Dollars (\$ ot 250 Grave	4
Invoice No. E 19692 Acct. No. W.O. 310 61	NOT VALID FOR PURPOSES STATED UNLESS STAMPED *PAID* IN THIS SPACE. APR 1 7 2007	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186	112 -
BALANCE DUE 1, 319.51	MOUNT HOPE CEMET	ERY	
Pre-Need Lot Money Or Pre-Need Trust Charge AC-212 (11-05) This information is available in alternative formats upon	382 ISSUED BY MORIA (C).	TOTAL PAID \$	112 -

	OFFICIAL RECEIPT WHITE CANARY		IASE PUU034
3	From: Vu, Thuy H	(619) 527-3400 Date	5722
	in part Payment of	Coup on Dallmen	Dollars (\$ [12
9.41	DIV Sec_	Q Biki Lo	250 Grave 4
	Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186
	DALANOE DOE	MAY 2 2 2007	
8	AC-212 (11-05) Thus information is available in affersative formats upon reg	ISSUED BY Paulette	TOTAL PAID S 1 1194 —

OFFICIAL RECEIPT	WHITE TO GUSTO CANARY CEME		PURCHASE CEMETERY	P00873 E-19642
From: Proe VI	Hhuy T. W	Address On Fil	Date: 6 20	20 O (ars (\$ 224.00)
in	Payment of Re	ncocl lot a	Loi 250 1	Grave 4 #5
Acct. No	NOT STAN	VALID FOR PURIOSE ANTED UN IPED "PAID" IN THIS SPACE. JUN 2 0 2007	CREDIT 6700 20% Sales Care 7710	22400
BALANCE DUE	Tatanan Ondar	MOUNT HOPE CEN	METERY	
Pre-Need Lot Pre-Need Trust AC-212 (11-05) This information is assaultable in alle	, ,,,,	ED B Maria C	TOTAL PAID	s 824 00

CITY OF SAN DIEGO, CALIFORNIA P00905 OFFICIAL RECEIPT PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 From: Thi Thuy Address: Dollars (\$ 112 Payment of Grave Invoice No. E- 19642 NOT VALID FOR PURPOSES STATED UNLESS CREDIT 67007 STAMPED "PAID" IN THIS SPACE. Acct No. 20% Sales Care 77184 Pre-Need 63033 W.O. 77186 Trust BALANCE DUE 1,043.51 Pre-Need Lot Money Order JUL 19 2007 Pre-Need Trust Charge AC-212 (11-05) TOTAL PAID This information is available in alternative formats upon request

OFFICIAL RECEIPT WHITE TO CANARY	CEMETERY PRE-NE	N DIEGO, CALIFORNIA ED PURCHASE IOPE CEMETERY	Poi	0935	
	(61	9) 527-3400 Date: 08	17	, 20 (07
From: - ThuyT. Vu	Address: On Yea		THE STATE OF		
One kundped to	selve C		Dollars (\$_	112 -)
in part Payment of P	re-need				
Div 3 Sec_	2 Blk/ Row_	Lot _ 2	50 Grave	5	
Invoice No. E-19642	NOT VALID FOR PURPOSES STA	TED UNLESS			
Acct. No.	STAMPED "PAID" IN THIS SPACE	20% Sali			
W.O	FAIL	Pre-Need Trust	d 63033 77186	112, -	-
BALANCE DUE \$ 93151	AUG 1 7 20	07		~	
	20		_)	
Pre-Need Lot Money Order	MOUNT HOPE CE	METERY	7 4 B		
Pre-Need Trust Charge	JASUED BY Daulet				
AC-212 (11-05) This information is available in alternative formats upon reques		TOTAL PA	ND S	112	-

OFFICIAL RECEIPT WHITETO GANARY		CUSTOMER CEMETERY CUSTOMER CEMETERY COUNT HOPE CEMETERY		PURCHA	SE	P 0	00974	
From: Pine W	u	Address:	(619)	527-3400 Date:		- 18	, 20 {	07
0-1-4	0.		el let E	trus		Dollars (\$ 1	13-	
in yarr	Payment of PA	2-11-20	Blk/ Row_	Lot	250	Grave _	4	
Acct. No		NOT VALID FOR PU STAMPED "PAID" IN	JRPOSES STATED	UNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	112	
BALANCE DUE \$	16110		SEP 1 8 200	07				
Pre-Need Lot	☐ Money Order ☐ Charge	_	T HOPE CE	100				
AC-212 (11-05) Trus information is available in after	Theck 5360	DSSUED BY Pa	m the	C.	TOTAL PAID	s	112	_

OFFICIAL RECEIPT	WHITE T			ASE	SE PUIUIS			
From: Vu		Addres	(619) 5	27-3400 Date:		10/18	, 20	0
						Dollars (\$_	112 -)
in Part	Payment of	a	upon #1	9				
Div_ 12	Sec	2	Blk/ Row	Lot	250	Grave	4	
Acct. No	70751	A STATE OF THE PROPERTY OF THE PARTY OF THE	PURPOSES STATED OF IN THIS SPACE		CREDIT 20% Sales Care Pre-Need Trust	67007 77184 — 63033 77186 —	112	_
Pre-Need Lot Pre-Need Trust AC 212 (11-05) This information is available in after	Money Order Charge Charge	MOU ISSUED BY	NT HOPE CEN		TOTAL PAID	\$	112	

OFFICIAL RECEIPT WHITE	MOUNT HOPE CEMETERY	P 01049
From: Thux J. Nu One hundred	(619) 527-3400 Date: Date:	11/20, 20 07 Dollars (\$ 112)
CTANA	2 BIN/ Row Lot 250 VALID FOR PURPOSES STATED UNLESS PED PAID IN THIS SPACE CREDIT	90 Grave 4
W.O. BALANCE DUE 5955	NOV 2 9 2007	
Pre-Need Lot	MOUNT HOPE CEMETERY FOR PAULETTE TOTAL PAID	s 112-

Z.Coor

		TO CUSTOMER Y CEMETERY	PRE-NEED PURG MOUNT HOPE CE	CHASE	P 011	10
)	From: Twy Yu	Address	(619) 527-34	00 ate:	417	_,2008
	~ -	D.J	Intra d		Dollars (\$/2 -	
	in Paym	nent of PN	LOT TLUST	2		
	Div_VO	_ Sec_	Blk/ Row	Lot	Grave 5	
	Acct. No	STAMPED "PAID"	The state of the s	CREDIT 20% Sales Care Pre-Need	67007 77184 63033	12
79	BALANCE DUE \$ 371.5		7 2008	Trust	77186	
	Pre-Need Lot	ney Order MOUNT HOP	E CEMETERY			
	☐ Pre-Need Trust ☐ Ch	State Maria	10		200	
	AC-212 (11-05) This information is available in alternative form	ンレン		TOTAL PAID	s	114-

	OFFICIAL RECEIPT WHITE CANARY		PRE-NEE	D PURCHA	ASE	P	1142	
	From: Vu, Pine / They	Address		527-3400 Date:	Ble	2/2	2 ,20	08
	Two Hundred the	Lenty-O.	ne 8010	00	7	Dollars (\$	221.8	6
	in Part Payment of	M 16t,	4 must	coupo	ns 2	34 24.		
	Div 12 Sec_	7	Blk/ Row	Lot	250	Grave	4	
	Acct. No	NOT VALID FOR STAMPED *PAID	PAID FEB 2 1 2008	DUNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 — 63033 —	221	860
	BALANCE DUE \$149.65		THOPE CEN		THUS.			
e la	Pre-Need Lot					-		
	AC-212 (11-05) This information is invaliable in atternative formats upon veg.	GISSUED BY _	pc.		TOTAL PAID	s _	221	86

	OFFICIAL RECEIPT WHITE GANARY		IASE P	01176
6	From: They This Va	(619) 527-3400 Date	2/19	
	in Paud Payment of	on faid in xuel	Dollars (\$ 149.65
	Div 12 Sec_	1,2000	,250 Grav	ve_4
	Acct. No	NOT VALID FOR PURPOSE STAMPED PAIN AND ASSESSED UNLESS STAMPED PAIN ASSESSED UNLESS MAR 1 9 2008	CREDIT 67007 20% Sales Care 77184 - Pre-Need 63033 Trust 77186	199.65
	BALANCE DUE Pre-Need Lot Money Order	MOUNT HOPE CEMETERY		7
	Pre-Need Trust Charge AC 212 (11.05) Tous information is available in alternative from the upon recu	ISSUED BY PC	TOTAL PAID \$	149.65

OFFICIAL RECEIPT

NHITE _____ TO GUSTOMER CANARY _____ GEMETERY

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

P01074

	(619) 527-3400 Date	1	17	E-18,20	07
From: THUY YU	Address: 74/4 DANCY	112	5.0.	92126	-
ONS HUNDRED - TW			Dollars (\$	1120	
in PARTIAL Payment of _ Div Sec_	2 Bik/ Row Lo	TAE .	Grave	_5	
Acct. No. 619 112	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT	67007		
W.O	PAID	20% Sales Cars Pre-Need Trust	77184 — 63033 77186 —	112	-
BALANCE DUE #483,51	DEC 1 8 2007				
Pre-Need Lot Money Orde	MOUNT		2 1		
Pre-Need Trust Charge	ISSUED BY		1	1/5	
AC-212 (11-05)	. 7	TOTAL PAID	\$	1/2	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need		Date 3 100	100
Res vertied 120	chairs	PIN# 1300	44
			nter the remains
of	up Standa	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	2 /db
in a Dy Cky A	Funeral, date, ti		
Church, Chapel, Graveside	;	CA Buria	Mortuary.
All Funeral cars must arrive before	3:00 p.m. of regular work	day or an extra charge	of \$
will be applied and billed to unders	igned.		-
Division 12 Section Section Back	2Bik/Row	Lot 245 Gr	avel
Grave space & Care Fund BO	C.pd for pr	eneed	24,-
Overtime/Late Arrival Fees	1 16-	18430	_
Opening/Closing & Setup	****		533.00
Burial Container	DAID		534.00
Handling Fees	1 74100		
Flower vases - Marker setting fee .	MAR 1 6 2005		
Recording/Filing/Transfer Fees	POST PART THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN CO		65.00
Sales taxes	WT HOPE CEME	TERY	_ 41.77
MIOC	141 1101 -	Total Due	16567
	Paid receipt number .	K-59479	1656.7
		Balance du	e _ O
tribidoj seitnij i dili trib	other		named decedent
and this is your authority to make that I have the right to make this au any liability on account of said auth	thorization and I agree to	above indicated. I cert hold Mt. Hope Cemete	ry harmless from
I hereby authorize the interment in	ot XIR	MA MICHN	DONS
hold under deed	1 X32	15,39th	STI
Signature Supplier	a_ Address	W DIEGO	92113
	This phone	9 255-90	73 Zer Code
	Invoice #		1
Work Order # E-19643	Acct. #		
PEA-104 (3-04)	his information is availab	le in allemative forms	te unon ranuaet

O Printed on secretal paper



P.O. Box 826880 Sacramento, CA 94280-0001

OFFICIAL BUSINESS Penalty For Private Use \$300

3-1025 (9-99)



TIME SENSITIVE MATERIAL

Hilmidadhalladhalladhalladhalladhalladh D L STANDARD 8020 321 S 39TH ST SAN DIEGO CA 92113-1731

L-LCAM3 92113

QC'D BY EDD OPERATOR #31



** 01-20-06 956 WSac **

Make



MT HOPE CEMETERY E - 19643

GRAVE BLIND CHECK FORM

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

		х -	Standa	Onthour	Infor
		Jennie	Perumb	e	
Blind Check Initiate				The same of the sa	3/16/06
Interment space for	: Debo	vah 8	bundar	d	
Interment Date: 3	12017	16 -	Time:	12:00	chapel
Div: 12 Sect:_	2 BIK	Row:_	Lot:	245 G	ic
Grave Laid out by:	Norman	Ferm	ian		
grees with Legal (- (F	log
grees with Map: Sind Check & Ver		3 4 4 4 4	NO PEY/	Date:	3.16-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE IC. LAST (FAMILY) d. SEX 2 DATE OF BIRTH 3. DATE OF DEATH 69707/1955 LYNN DEBORAH STANDARD 5A CITY OF DEATH 5B. COUNTY OF DEATH -- OUTSIDE CALLE TO NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT GARLAND PRATEE IRMA RICHMOND-MOTHER 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CAUP LICENSE NUMBER 321 SO. 39TH ST. - IF APPLICABLE CALIFORNIA BURIAL CHAPEL SAN DIEGO, CA 92113 2200 HIGHLAND AVE., BATIMERALGITY, CA 91950 BA SIGNATURE DE APPLICANT Person trieng permit (88). DATE SIGNED FD-1689 Thereby approvides as applicant that the proposed disposition stated hence is the of the Separations authorized by Section 193001 ACKNOWLEDGEMENT OF APPLICANT of the Health and Salety Code, and was authorized purposes to Seption 7100 of the Health and Salety Code. OR DATE PERMIT ISSUED 9A. AMOUNT OF FEE PAID 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF PERMIT THE CAUFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-03/16/2006 ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. 2603940 **AUTHORIZATION OF** NOTE: THIS PERMIT GIVES NO FIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA \$11.00 LOCAL REGISTRAFI WE ADDRESS OF PROJETRAR OF DISTRICT OF DISPOSITION -9D, ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA. IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW SAN DIEGO VITAL RECORDS B.O. BOX 85222 PERMIT TO SHOW FINAL SAN DIEGO, CA 92186-5222 DISPOSITION 10. AUTHORIZED DISPOSITIONIS) CHECK APPLICABLE ITEMS FOR CORONOR'S USE ONLY X A BURIAL (INCLUDES ENTOMBMENT) E TEMPORARY ENVAULTMENT I DISPOSITION PENDING - REMAINS LOCATED AT (Name and Address) B. CREMATION F DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO DUTBIOE OF CALIFORNIA D. SCIENTIFIC USE 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED HC. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY 3751 MARKET ST. BURIAL SAN DIEGO, CA 92102 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT

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

15B. DATE OF

DISPOSITION

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

IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION.

15D. LICENSE NUMBER OF

CREMATED REMAINS DIS-

POSER - IF APPLICABLE

15C SIGNATURE OF PERSON IN

CHARGE OF DISPOSITION

SCATTERING/BURIAL

AT SEA OR

DISPOSITION OTHER THAN IN A CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

(NON- RES)

AT-Need NON-RES

City of San Diago

NON-RES CRYOT	Date 3-17-06
You are hereby authorized and instructed, subje	PIN# 130101 cot to your rules and regulations, to inter the remains
of VerneTTA Ma	rgaret Reason (8)
ina Ash Vault Fo	uneral, date, time April 8 06 1:008
Church Chape Graveside Family w	
	regular work day or an extra charge of \$ _183.00
	Shomas 7 Jewese X
Division 8 Section 3 Bik/F	Row Lot _67/_ Grave
	4705
Overtime/Late Arrival Fees 54+	Fee Pay Visa 396.00
Opening/Closing & Setup	# 199.00
Burial Container ASh V	104.00
Handling Fees	\$ 114.00
Flower vases - Marker setting fee	MAR 17 2006
Recording/Filing/Transfer Fees	\$ 85.00
Sales taxes MOUNT	HOPE CEMETERY # 8.06
on must bet our HSA.	951006
aul + 13/2" long x9" wicke	belpt number pd by Visa 8510.06
6 A	Add Sat Fee # 39 600 Balance due Balance d
I hereby certify I am the SON	by VISAX of the above named decedent
that I have the right to make this authorization a	f remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from I interment. TUTA 1 #906.06 pd TN Fu.
I hereby authorize the interment in lot I hold under deed.	Y Thomas F. JEWELL
Thomas 7 Jewell X	Y 10306 STRATHMORE DR
Advised Family	Y SANTER, CA 9207/
permit must accompany	4(619) 448-9339
Cremains	Invoice#
Work Order # E- 19644	Acct.#
THAN CIUSI W	Pour P

E-19644

Thomast Jewere

TETOLI SSIE. 26

non management die ser

AT Need Services
FOR VerneTTG

Margaret Reason

E-19644

Div8 sec3 LoT671

#510.06

3-17-06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

/ERNETTA MARGARET							06/26/1910	MONTH.	DAY, YEAR 3/2006	F
CAJON			SAN E		OUTSIDE CALIF.,	OF INFO	RELATIONSHIP, FULL DRMANT MAS JEWEL	ON THE PARTY OF TH		CODE
ELOPHASE	CREMATION	SOCIETY-SD, 7851 MI I DIEGO, CA 92108	SSION	FD-12		SAN	6 STRATHM TEE, CA 920 TURE OF APPLICANT	71	2011.	'E SIGNED
CKNOWLEDGEMENT OF A	POLICANT I hereby soxnow of the Health and	ledge as applicant that the proposed stated her I Safety Code, and were authorized pursuant to	ain is on of the disp Section 7100 of the	positions authorize g Health and Suf-	ed by Section 103055 ity Code.	E	Sahu	ava	03/1	14/2006
	THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- ISPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	44.00	OF FEE PAID	90. DATE PERMIT		NANCY L BO			PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	90 ADDRESS OF REGIS	TRAR OF DISTRICT OF DEATH - # DIAM	H OCCUMINED IN CALIFOR	HA BE ADD	TRESS OF REGISTRAF	R OF DISTRI	DISTRICT OF DISPOSITION A BEHOMMON IS TO DOCUM IN ANOTHER BETWEET WITH			
TY CHANGE HIGHERS FON REQUIRES A NEW ENMY TO SHOW PINAL DISPOSITION	SAN DIEGO 3851 ROSEO SAN DIEGO		ORDS	-						
AUTHORIZED DISP	OSITION(S)			FOR C	ORONER'S US	SE ONLY	to the second			
CONTRACTOR OF THE PARTY OF THE	11A NAME AND AS MOUNT HO	DDRESS OF CALIFORNIA CEMETERY PE CEMETERY 3751			11B DATE BURIED		SIGNATURE OF PE	ERSON IN C	HARGE OF BY	RIAL
BURIAL	11A NAME AND AT MOUNT HO SAN DIEGO 12A NAME AND AT	PE CEMETERY 3751 I O, CA 92102 DDRESS OF CALIFORNIA CREMATOL C., 14065 HWY 8 BUSI	MARKET) 11G	RAIN .			
BURIAL	11A NAME AND AS MOUNT HO SAN DIEGO 12A NAME AND AS LENEDA INC EL CAJON,	PE CEMETERY 3751 I O, CA 92102 DDRESS OF CALIFORNIA CREMATOL C., 14065 HWY 8 BUSI	MARKET RY NESS	ST.	11B DATE BURIED	116 NTED 120	SIGNATURE OF PE	SASON IN C	CHARGE OF CI	REMATION
BURIAL CREMATION SCIENTIFIC	11A NAME AND AS MOUNT HO SAN DIEGO 12A NAME AND AS LENEDA INCEL CAJON, 13A NAME AND AS 14A NAM	PE CEMETERY 3751 I CA 92102 DORESS OF CALIFORNIA CREMATOR C., 14065 HWY 8 BUSII CA 92021	MARKET RY NESS RECEIVING REM	ST.	118 DATE BURIED	0 116 NTED 120	SIGNATURE OF PE	ERSON IN C	HARGE OF FA	REMATION

OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV. 12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054 6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT HOPE CEMETERY E-19644.

GRAVE BLIND CHECK FORM

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

٠.		wars	
	bracken	x	Murdall
Blind Che	eck Initiated By: <u>Pav</u>	uelle	Date: <u>4-3</u>
Interment	space for: V. Re	ason 8	
Interment	Date: Sut.	Time: A	pril 8
	_ Sect: 3 Blk/Ro		
	id out by: Doman		
	rith Legal Card: A Yes		Flog
Agrees w	vith Map: 00 Yes	D No	
3lind Che	eck & Verified By: DA	TKKEY	Date: 43-06

19644 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (DIVEN) 2 DATE OF BIRTH 3 DATE OF DEATH 4 BEX VERNETTA MARGARET REASON 06/26/1910 03/13/2006 5A. CITY OF DEATH 58 COUNTY OF DEATH - OUTSIDE CALIF. 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE CAJON OF INFORMANT SAN DIEGO THOMAS JEWELL, SON D NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 10306 STRATHMORE DR. TÉLOPHASE CREMATION SOCIETY-SD, 7851 MISSION SANTEE, CA 92071 FD-1272 CENTER COURT #104 SAN DIEGO, CA 92108 8A. SIGNATURE OF APPLICANT - Person taking permit 88 DATE SIGNED 03/14/2006 ACKINDWLEDGEMENT OF APPLICANT If hereby acknowledge as applicant that the proposed stated herein is an of the dispositions authorized by Section 193035 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. ame april 100 x THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE CASPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT ONE NO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA A AMOUNT OF FEE PAID VB DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 11.00 03/14/2006 NANCY L BOWEN, MD PERMIT AUTHORIZATION DE LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # OWN-DOCUMEN INCLUDING. SE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - # DEPOSITION -HIV CHANCE IN DISPOS-TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY CR/BU 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C SIGNATURE OF FERGON IN CHARGE OF BURIAL 118. DATE BURIED MOUNT HOPE CEMETERY 3751 MARKET ST. BURIAL 04-08-06 SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION LENEDA INC., 14065 HWY 8 BUSINESS CREMATION 31/5/06 EL CAJON, CA 92021 APPLICABL 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13G-SIGNATURE OF PERSON IN CHARGE OF FACILITY

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

SCIENTIFIC

TRANSIT

COMPLETE

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.

14A NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA ONLY ENTER LATITUDE AND LONGITUDE

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

145 DATE SHIPPED

DISPOSITION

15B DATE OF

VS9a (REV.12/04)

CREMATED REMAINS DIS-POSER - IF APPLICABLE

14C. ADDRESS AND SIGNATURE OF PEASON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF

CHARGE OF DISPOSITION

SPECIAL INSTRUCTIONS REGARDING CREMATION

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E-19644

MOUNT HOPE CEMETERY FY 06 Non-Resident FEE SCHEDULE

(NON-RES)

THE RESIDENCE AND ADDRESS OF THE PARTY OF	Marie III Washington	FT 00 Non-Resider	IL FEE GOTTEDOL		
2000年前編集		Single 0	Grave Site		
Lot	\$3,011.00	Lot	\$3,011.00	Lot	\$3,011.00
Open/Close	\$708.00	Open/Close	\$708.00	Open/Close	\$708.00
Liner	\$359.00	TS Vault	\$472.00	Double Crypt	\$717.00
Handling Fee	\$275.00	Handling Fee	\$350.00	Handling Fee	\$604.00
Recording Fee	\$85.00	Recording Fee	\$85.00	Recording Fee	\$85.00
Tax on Liner	\$27.82	Tax on Vault	\$36.58	Tax on Vault	\$55.57
Total Cost	\$4,465.82	Total Cost	\$4,662.58	Total Cost	\$5,180.57
				2nd Burial	\$793.00
				Total Cost for 2 burials	\$5,973.57
Trust Cost	\$1,454.82	Trust Cost	\$1,651.58	Trust Cost	\$2,169.57
Children Div. 9 Sec	2 & 3	Infant Div.	9 Sec 1	*Urn added to Adult Gra	NUMBER OF STREET
THE RESIDENCE OF THE PARTY OF		CONTRACTOR OF THE PARTY		Paid - Ash Vault R	
Lot	\$369.00	Lot	\$188.00		-
Open/Close	\$369.00	Open/Close	\$237.00	Open/Close	\$199.00
Liner Reqd.	\$181.00	O Liner	\$133.00	Ash Vault	\$104.00
Handling Fee	\$94.00	Handling Fee	\$48.00	Handling Fee	\$114.00
Recording Fee	\$85.00	Recording Fee	\$85.00	Recording Fee	\$85.00
Tax on Vault	\$14.03	Tax on Vault	\$10.31	Tax on Vault	\$8.06
Total Cost	\$1,112.03	Total Cost	\$701.31	Total Cost	\$510.06
*Cremation		Veterans Do	uble Plot	Div. 8 Sec 4 (Urn Ga	The second secon
(Ash Vault	CONTRACTOR OF THE PARTY OF THE	一日本の一日本の一日子(日)	日本の日本の	(No Ash Vault Re	
* (AAA)	Non		Non	un Curn Garden	Non
Lot	\$566.00	Lot	\$566.00	LOC	4000.00
Open/Close	\$199.00	Open/Close	\$199.00	Open/Close	\$199.00
Ash Vault	\$104.00	Ash Vault	\$104.00	N/A	
Handling Fee	\$114.00	Handling Fee	\$114.00	N/A	*****
Recording Fee	\$85.00	Recording Fee	\$85.00	Recording Fee	\$85.00
Tax on Vault	\$8.06	Tax on Vault	\$8.06	N/A	
Total Cost	\$1,076.06	Total Cost	\$1,076.06	Total Cost	\$850.00
Infant (Ash) Divis	sion 9, Sec 1	*2nd Interment	284.00	*2nd Interment	\$284.00
Lot	\$142.00	(O/C & RF)		(O/C & RF)	
Open/Close	\$178.00	*Total Cost	\$1,360.06	*Total Cost	\$1,134.00
Ash Vault	\$79.00		And the second of the		
Handling Fee	\$48.00				
Recording Fee	\$65.00	*Ash	Vault required for a	Il cremation ground burials.	
Tax on Vault	\$6.12		on 9-1 graves size		
	-			are 30" x 60" OX or OA	
Total Cost	\$518.12		on 9-3 graves size		

If fetus is 20 weeks or a more a burial permit and death certificate are required.

When making arrangements for a child or infant burial, casket measurements must be NOTE: When making arrangements for a child or infant burial, casket measurements must be

received from the mortuary. This information is used to determine which section of Division 9 the child will

be buried.

Payment plans vary by burial containers.

"Trust only" = all prices excluding "Lot"

NON-RESIDENT

E 19644

Mount Hope Cemetery Fiscal Year 06 Fees

SATURDAY SERVICES

OVERTIME CHARGES

Adult and Child

\$1,133

Infant

\$472

Ash

\$396

Late Arrival Fee (M-F) after 3:00 p.m.

\$283

FLOWER VASES

Galvanized	\$19	+	\$23	(HF)	+	\$ 1.47	(Tax)	\$43.47
Ground Trion	\$48	+	\$37	(HF)	+	\$ 3.72	(Tax)	\$88.72
Monument Trion	\$37	+	\$37	(HF)	+	\$ 2.87	(Tax)	\$76.87
Galvanized Insert	\$9	+				\$ 0.70	(Tax)	\$9.70
Trion Insert	\$28	+				\$ 2.17	(Tax)	\$30.17

MARKER/MONUMENT INSTALLATION FEES

Temporary Marker \$3	7	+	\$22	(HF	+	e: ,	\$	2.87	(Tax)	\$61.87
----------------------	---	---	------	-----	---	------	----	------	-------	---------

Flat Marker

Granite	(S in 24" X 12"; DD 30" x 12"; SS 36" x 12")	\$237
Bronze	(S in 24" x 12"; DD 30" x 12"; SS 36" x 12")	\$255
Children	(20" x 10")	\$151
Re-Set	(like size)	\$48
Re-Set	(unlike size)	\$94

Monument foundations & Borders (.56 cents per sq inch)

Size			Forn	nula		
Child (10" x 20")	26	x	16	x	0.56	\$232.96
Single (12" x 24")	30	x	16	×	0.56	\$268.80
DD (12" x 24")	40	x	16	x	0.56	\$358.40
SS (12" x 42")	70	x	16	×	0.56	\$627.20

30" high 6" width only in Division 10

36" high in Division 7, Section 11

MT. HOPE CEMETERY

Pre-Need LOT +TrusT

REA-104 (3-04)

INTERMENT ORDER

City of San Diego

Date 3-17-06

You are hereby authorized and instructed of		1000	101,100 11110	the fortunit
in a LINET Type of Burist Container	Funeral, date, t	ime		
Church, Chapel, Graveside		10		Mortuary
All Funeral cars must arrive before 3:00	p.m. of regular work	day or an extra o	charge of	s
will be applied and billed to undersigned	1		1000	
Division 12 Section 2	Blk/Row	Lot 164		
Grave space & Care Fund			2,	264.00
Overtime/Late Arrival Fees				
Opening/Closing & Setup			<i>D</i>	533.00
Burial Container	Liner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$7	270,00
Handling Fees	PAID		8	206.00
Flower vases - Marker setting fee				0_
Recording/Filing/Transfer Fees	MAR 1 7 2006		********	65.00
Sales taxes		***************************************		20.93
MOU	NT HOPE CEN	Total Due	#3,	358.93
	Paid receipt number	P-0018	1 4 3,	358.93
			nce due .	0_
I hereby certify I am the C C and this is your authority to make dispose	Le nestion of remains as	X of the	above na	med deceden
that I have the right to make this author any liability on account of said authoriza	ization and I agree to	hold Mt. Hope C	emetery	harmless from
any matrice of occount of the desirence	A STATE OF THE PARTY OF THE PAR	Pin#	ALSO COMMITTEE	
I hereby authorize the interment in lot I hold under deed.		Eddi		
Eddio Pari X	Address.	25/10+	onal	Alle
Eddie Phy &	× 50	3259	17	92113 Zap Code
Work Order # E- 19645	Invoice #			
Work Order #	_ Acct #_			

This information is available in alternative formats upon request.

OWNER OF LOT

E-19645

DAN CALIFORNIA DAN

SENIOR CITIZEN IDENTIFICATION CARD EXPLIRES 18-96-14 B1152330



SAN DIEGO CA 92113

SEX:M HAIR:GRY HT:5-06 WT: 175 EYES:BRN DOB: 10-06-23

Eddle Prez 07/98/2005 613 87 FD/14

(D.I.P.) Already

MT. HOPE CEMETERY

INTERMENT ORDER

AT-Need (Res)

REA-104 (3-04)

City of San Diego

Date 3-11-06

You are hereby authorized and instructed, sub	500			er the remains
of Albert N.		1e 119	N	3060
in a LINER B"	Funeral, date,	time	rch 17	06 11.30
Church Chapel, Graveside		. 501	nemori	a Mortuary
All Funeral cars must arrive before 3:00 p.m. o	of regular wor	k day or an ex	1-3090 dra charge o	18 113.00
will be applied and billed to undersigned.				×
Division // Section / Bik	/Row	Lot 2	O Grave	e
Grave space & Care Fund	086	(1978))	0
Overtime/Late Arrival Fees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Opening/Closing & Setup		A RED	6	533.00
Burial Container	iner!	AIU		270.00
Handling Fees				206.00
Flower vases – Marker setting fee	MAR	2 4 2006		0
Recording/Filing/Transfer Fees				65.00
Sales taxes MO	UNT HO	PE CEMI	ETELLY	20.93
		Total Due	Ħ	1.094.9
mort Topay		594	87	1,094,99
Paid	eceipt numbe		Balance due	0
I hereby certify I am the		X a	the above o	amed decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	and I agree t	s above indic	ated. I certify	and represent
I hereby authorize the interment in lot I	X	see	attac	L
hold under deed.	Y. Print Name	Lon.	signal	ture
Y	Address	0	8	
off may 6	City X Telephone			Zip Code
	Invoice	#		
Work Order # E-19646	Acct. #			

& Friend as miseled paper

This information is available in alternative formats upon request.

Diam's of

ONE CALIFORNIA DAY

DRIVER LICENSE

RLBERT MOTION TEL MICC. LANCE BUZ MARJORIS DR SAM DIESO DE 92114

SEX:M HOLDERED TYTS SPN HT 12-67 MT 220 MIN 24

RETRI CORR LENS

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The state of the same of the same (1: IP) Eleray MIT SOF SEW CT INTERMENT DADER AT- HEEL they it than they en took or seely and the Way Table To The Table Andrested authors to your rules and require one to make the removes Albert N. McClellan The State of the s A) FOR CHARLES THE MENT OF THE PROPERTY OF A STATE OF A in the above one one other to inderly will changes it seconds to the second to the contract to - 9 = 11 (F7 F) CHELLOSS PRINTS Durichaliate Amira Fooi 5 33.60 turnstoons to the co G. J. ROOK BURN 1 35 4 19 Hermatan \$ codes waters - Markey Posts 3 him 20 93 MALON BOOK A TOTAL NEW FRANCE 81,094.73 4411.753816 Philipson To -Bar letion Sun shareby configure the district to the property of the property Deborah R. Gold \$399. Spring Clak Way Ban Dicya, Co 92139 Weborsh a Holy 2612267 6949 Frederick # noo 10 or a E 19646 Our often after it moneyer is the mentes formally upon they are state and

MT HOPE CEMETERY E 19646 IN Grave with Dorothy Mcclellan GRAVE BLIND CHECK FORM

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

Already Dip I Burial

	crub	
	#20 X	
	# Your Blair	

Blind Check Initiated By:	Sandra	Date:	3-24-06
Interment space for: A /	bert N	mcc/e	Ign
Interment Date: Mow M	Ar 17,06Tim	e: 11:30 (c	-)
Div://_ Sect:/_ B			Gr:/
Grave Laid out by: Norme	on Kengu	en	
grees with Legal Card: A	Yes D	No	
grees with Map: A Yes	000		
	(11/1)	4 7 4 4 4 4 4	274-7

E-19646

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH MONTH, DAY, YEAR 05/18/1926 1A, NAME OF DECEDENT - FIRST (GMEN) B. MIDDLE MCCLELLAN 3. DATE OF DEATH 4. SEX ALBERT N. M 03/19/2006 SA. CITY OF DEATH 5B. COUNTY OF DEATH - OUTSIDE CALIF., 6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SAN DIEGO SAN DIEGO DEBORAH GOLD, DAUGHTER 73, TYPED MAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WMS SAN DIEGO MEMORIAL CHAPEL, 2441 7B. CALIF LICENSE NUMBER - IF APPLICABLE 2399 SPRING OAK WY. SAN DIEGO, CA 92139 FD1575 UNIVERSITY AVENUE SAN DIEGO, CA 92104 WE DATE SECALED IA. BIGHATURE OF APPLICAME ACCOMMEDSEMENT OF APPLICANT

If thereby acknowledge we applicant that the proposed solide herein is on of the discositions authorized by the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 7000 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALFORMA HEALTH AND SAFETY CODE AND IS THE AUTHOR-TY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT ONE NO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA OC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT A. AMOUNT OF FEE PAID B DATE PERMIT ISSUED 11.00 03/22/2006 NANCY L BOWEN, MD PERMIT AUTHORIZATION OF 50. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # IMMINIORIZATED MICHERINA BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FEBRUSION & TO GOOD R. MARTINET WOLLD SAN DIEGO COUNTY VITAL RECORDS ITION REQUIRES A NEW PERMIT TO SHOW FINAL 3851 ROSECRANS ST

10. AL/THORIZED DISPOSITION(S)

SAN DIEGO, CA 92110

FOR CORONER'S USE ONLY

BURIAL

BURIAL	MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	3-27-06	11C. SIGNATURE OF PERSON IN	CHARGE OF BURIAL	
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C SIGNATURE OF PERSON IN	CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CHEMATED REMAINS ARE TO SE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLAGE AND CA DISTRICT OF DISPOSITION, IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	ISC. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- 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.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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MT. HOPE CEMETERY

At-heed NON-RES

INTERMENT ORDER

City of San Diego

REA-104 (3-04)

Date 3-11-06

You are hereby authorized and instructed, subject	t to your rules and regulations, to inter the remains
The state of the s	S Casmass
in a TS Vaul+ Fur	neral, date, time TUSS. Mar 28 (100
Church, Chapel Graveside	: Alen BOS PURT Mortuary
All Funeral cars must arrive before 3:00 p.m. of re	egular work day or an extra charge of \$
will be applied and billed to undersigned. Location Verified	111 12070
Location verified	OK MAL TOWN COMMUX
+Division Mas Section O Blk/Re	ow Lot _A Grave _3 4
Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup.	708.00
Opening/Closing & Setup. Burial Container 75 (9411 472.00
Handling Fees	350,00
Flower vases - Marker setting fee	AR 2 1 2006
Recording/Filing/Transfer Fees	85.00
Sales taxes MOUNT	HOPE 36.58
	Total Due 4,662.58
Paid rece	eipt number <u>P-00187</u> P4, 662.58
	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and it	X of the above named decedent remains as above indicated. I certify and represent id I agree to hold Mt. Hope Cemetery harmless from interment. PIn # 13007 9
I hereby authorize the interment in lot I	NORNE PAUL FISHER
hold uniter deeds Athle X	X 8651 LANVOS ST
2x 760-726-2543	* SPRING IAUE 91977 * 619 697-6908 Telephone 2047219
Work Order # E-19647	Invoice #

O President montricipaper

This information is available in alternative formats upon request.

MT HOPE CEMETERY = 19647

GRAVE BLIND CHECK FORM

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

						-
		Menisca	Strains			scriston
1			х	\		
1						
	Blind Check Initiated	ву: Р	auls	ely	Dat	e: 3 22
	Interment space for:	Paul	Casmas	33		
	Interment Date: 3/2	3/06		Time:	1.00	65.
	Div: Mas Sect:_	O BI	k/Row:_	Lo	L'A_	Gr: 34
	Grave Laid out by:	107.00	Ferg	uan_		
	Agrees with Legal C		>			
	Agrees with Map: 2	Yes	, 0	No	Flag	+
	Blind Check & Veri	fied By:	Carick	Marie	a D	ate3-23-0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 2009

1000000			USE BLACK INK ONLY - MA	IKE NO ERAS	URES, WHIT	EOU IS OR OT	HER ALTERATIONS		
PAUL PAUL		NT - FIRST (GIVEN)	NICHOLAS	CASMASS			2. DATE OF BIRTH MONTH, DAY, YEAR 05/12/1914	S. DATE OF DEATH MONTH, DAY, YEAR 03/21/2006	4. SEX M
	VISTA		SAN D	E	UTSIDE CALIF.,	6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PAUL FISHER, NEPHEW			
AL	LEN BRO	THERS MORT	FUNERAL DIRECTOR OR PERSON ACTING A UARY-VISTA CHAPEL, 92083		FD1120	ABLE	8651 LAMAR ST SPRING VALLEY BA. SIGNATURE OF APPLICANT	, CA 91977	TE SIGNED
ACK	CALEDGEMENT OF	APPLICANT of the Health a	wjedge as applicant that the proposed stated her nd Safety Code, and was sutherized pursuent to	en a on of the dispo Section 7100 of the	estions authorized Health and Sofety	by Section 103055 Code	· Model	03/	27/2006
	PERMIT	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISIONS OF I AND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A AMOUNT 11.00	OF FEE PAID	08 PATE PERMIT		OCAL REGISTRAR ISSUING	PERMIT EQ
ANY	CHANGE IN DISPOS I REQUIRES A NEW	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110				SS OF REGISTRAR	OF DISTRICT OF DISPOSITION	— в вегразттен із трахоція ін изап	ын оштяст м са усана
		POSITION(S)			FOR CO	RONER'S US	SE ONLY		
	BURIAL	MT. HOPE	ADDRESS OF CALIFORNIA CEMETERS CEMETERY, 3751 MAR D, CA 92102			18 DATE BURIED		PERSON IN CHARGE OF E	BURIAL
SAL CITY OF DEATH VISTA 7AL TYPED NAME AND ADDR ALLEN BROTH SANTA FE AVI ACKNOWLEDGEMENT OF APP PERMIT AUTHORIZATION OF LOCAL REDISTRAR ANY CHARGUSES A NEW PERMIT TO SHOW PINAL CHEFOSITION 10. AUTHORIZED DISPO	12A. NAME AND A	ADDRESS OF CALIFORNIA CREMATOR	RY	1	28. DATE CREMA	TED 12C SIGNATURE OF F	ERSON IN CHARGE OF C	CREMATION	
		ECEIVING REM	IAINS 1	3B. DATE RECEIV	/ED 13C. SIGNATURE OF F	PERSON IN CHARGE OF F	FACILITY		
lu	TRANSIT		ADDRESS OF RECEIVING STATE OR C CREMATED REMAINS ARE TO BE SH		RE 1	48. DATE SHIPPE	D 14C ADDRESS AND S OF PLACING WIT	IGNATURE OF PERSON I H THE CARRIER	N CHARGE

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

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

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION.
IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

COPY 2

SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER

THAN IN CEMETERY

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

15B DATE OF

DISPOSITION

VS9e (REV.12/04)

15C. SKSNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER - IF APPLICABLE

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E-19648 is not included in this spindle E-19600 to E-19699 At Need

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_3 | 000

You are hereby authorized and instructed, s			A Section & According to the Control of the Control	er trie ren	igni is
ina Liner	Funeral, date, t		Mar	28	10:
Church, Chapel, Graveside		Ragsda	10	Mo	rtuary.
All Funeral cars must arrive before 3:00 p.n	n of regular work	day or an extra	charge of	rs	
will be applied and billed to undersigned.	ter and the second				_
Division 10 Section —	Blk/Row	Lot 173	7 Grave	n	
Grave space & Care Fund				-0	_
Overtime/Late Arrival Fees				_	_
Opening/Closing & Setup. L-7	572				_
Busial Captaines				270	,00
Handling Fees N/A IN 1908	GEE ATTA	CHED		_	_
Flower vases – Marker setting fee	1500				_
Sales taxes				20:	93
MAR 2 7 200	c	Total Due		290	192
MAN & 1 ZUU	d receipt number	1	491	290	7,9
MOUNT HOPE CE			ance due		-
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to	above indicate	above no d. I certify Cemetery	and rep	resent
I hereby authorize the interment in lot I	X				
hold under deed.	Pont Name				
Stoneture	Address		9		
Communication of the Communica	City			- 6	Zio Code
Paulette	Telephone				
Work Order # E-19649	Invoice #				_

O Presed on recorded paper

This information is available in alternative formats upon request.

PY-593 (REV. 8-55)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	Date 8-4-88
You are hereby authorized and instructed, su of Anna Faye Jo	bject to your rules and regulations, to inter the remain
ina E	uneral, date, time
Vault/Liner	Mortua
	of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran	
Lot 1737 Grave Row	Section Division #Blook
Grave space & Care Fund	The second secon
Additional spaces and care fund	
Opening/Closing & Setup Burial Container Provided by	M. Areas
	1 risaury
Handling Fees	
Flower vases - Marker setting fee	Into IRUST
Recording and filing fee	35.5
Sales tales A D	······································
	Total Due
AUG 4_ 1989 Paid	receipt number 36501 950x5
Hod & Loos	Balance due
MT. HOPE CEMETERY	
Indigity Alexandiego, CALIF.	of the above named deced
that I have the right to make this authorizatio	n of remains as above indicated. I certify and repres in and I agree to hold Mt. Hope Cemetery harmless fr
any liability on account of said authorization	and injerment.
I hereby authorize the interment in lot I	Suna tous phoson
hold under deed.	105150 147Hatt
Signature of recorded holder of deed	San Dies Wig 2113
	500 1-619-2162 193117
	Yalaphora 7
	4
Work Order # E 7572	Invoice #
Work Order # W U W	Acct #

	1 2 3	
ANCE DUE Cash Check Cash Cash Check Cash Cash Cash Cash Cash Cash Cash Cash	In Full Payment of Junior Trace,	OFFICIAL RECEIPT WHITE TO CUSTOMER CANADAY CHARTERY CHARTERY CHARTERY AUDITOR AUDITOR AUDITOR
ISSUED BY WALLSTAND OF 1988	Sycamore & che	CITY OF SAN DIEGO, CALIFORNIA, PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151 Address 1144 Colola
CREDIT 57007 20% Sales Care 77184 — 80% Sales 97184 — 80% Sales 77184 — 80% Sales 77184 — 100 of Lots Opening/ 77181 — 100 Closing Burial 100 Closing Fee 77185 — Recording Fe 77185 —	Section Section	Date: 2-4-
355 00	Division 10	36571

MT HOPE CEMETERY € 19649

GRAVE BLIND CHECK FORM

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

he burial space.					
Changella	Sint	×			
	911	Jona			
Blind Check Init	for: John	son,	Anna		
Interment Date: Div: Second Court Grave Laid out	ot: BI	KROW:	Lo		
Agrees with Leg Agrees with Ma	gal Card:	Yes [J No	710	8
3lind Check &				Date	

E-19649

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT - FIRST IGNERI 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX ANNA FAYE JOHNSON 08/04/1928 03/19/2006 SA CITY OF DEATH 58. COUNTY OF DEATH - OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SAN DIEGO SAN DIEGO LAWRENCE F. SMITH, BROTHER TAL TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER — IF APPLICABLE 3069 J STREET ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL SAN DIEGO, CA 92102 FD1329 BLVD SAN DIEGO, CA 92102 BA. SIGNATURE OF APPLICANT - Person liking permit BR DATE SIGNED 03/22/2006 ACCHOMIZED GENERAL OF APPLICANT of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CAUDIUMNA HEALTH AND SAPETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT MOTE THE PERMIT DIVEN NO ROUT OF DISPOSAL DUTSING OF CALIFORNA 98 DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9A. AMOUNT OF FEE PAID 03/24/2006 NANCY L BOWEN, MD 11 00 PERMIT AUTHORIZATION OF LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - FEMALESCHICK HIMFORM SE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FEMALESCHICK HIMFORD BETWEEN HIMFORD SERVICE OF DISPOSITION - FEMALESCHICK HIMFORD BETWEEN HIMFORD SERVICE OF DISPOSITION - FEMALESCHICK HIMFORD - FEMALESCHICK - FEMALESC ANY CHANGE IN DISPOS IDON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BU

BURIAL	MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	3-29-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	DAL DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS IT CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	158 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054 6, 7116, 7117, AND 103060.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 3-11-06

	ct to your rules and regulations, to inter the remains
of Evelyn A.	Jones pin #968
ina TS Vault Fu	ineral, date, time Mon Mar 13,06 1.00 Ch Bar ia Jana eff c Mortuary 134-3172 regular work day or an extra charge of \$ 2/3.00
Church, Chapel Sraveside	CH Barial Mortuary
All Funeral cars must arrive before 3:00 p.m. of	regular work day or an extra charge of \$ 13.00
will be applied and billed to undersigned.	×
	tow Lot 12
Grave space & Care Fund E-17	736
Overtime/Late Arrival Fees	
Opening/Closing & Setup	8
Burial Container 75	Vault 0
Handling Fees	9
Handling Fees	5-17776 0
Recording/Filing/Transfer Fees	0
	ð
	Total Due
Paid rec	eipt number
	Balance due
I hereby authorize the interment in lot I hold under deed.	X see attack
Signature	Cey Ze Code Telephone
Work Order # E- 19650	Invoice #

AT- Need

preneed t

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

E-19650 april 25,

. Jones (948)
Funeral, date, time
.m. of regular work day or an extra charge of \$
Section 2 Division/Block 12
895
375
250
R 2 2009 185 -
100
457
1 19 30
Total Due
aid receipt number 150148 150149 1894.38
Total Due
of the above named decedent
tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
on and interment.
(Ottle Obukes (121)
V2547/Konstone DR.
X Dan Dugo CH 92123
X \$58 546-8108. IDCOM
Telephone
Invoice #

© Printed on recorded paper

MI HOPE CEMETERY

INTERMENT ORDER

AT- Need

City of San Diego

2-11-06

77	One 3-17-06
You are negaty authorized and matructers success	a your rules and regulations, to inter the communication
d Evelyn A. J	ones 1304 1,00p.
TS Voicelt Fund	eal dolo time men more 1706 1,000. CA Burial Mortilary 134-1212 Northern day of an exico energe of \$ \$13.00
Church Chapar Graverice	- 134-J212 113.00
An Europeal care must arrive before 3100 B ox of ret	gully work day of an extra charge of s 113.00
sell be rapping and billed to undersigned	
	1711 17
Division 12 Section 2 BIVID	W IN A 7 T Grave
Grave apscri & Care Fund	36
Onsquire/Tage Vulner Leas	in the factoring them.
Openhalication of a Sator	-5-
Opening/Closing & Setup	lault 5
Bunal Contained	
Handing fees Advices	1517236 -0-
Recording/Pring/Transfer Poss.	-6
Sales forma	Mallow .
100	negeriander
200.00	Balanca dus 15-
	X or me above named decedant
I remay postly I am the	If territoria as above indicated 1 certify this represent to a specific for more Company fractions from
that there the right to make this authorization and any liability on account of said authorization am	dimenter
	y toward where
hereby surface the interment in let !	ASY? MOONSTONE
JOHN LUKOS E	V Man Stand
Legisla .	T 898- 576-8198
	dispure .
	Service 8
viola Order = E- 19650	100
And the Contract of the Contra	netion is available in Allemative formats upon request.
	1 011
	1 MY
	MWW, FIV
	111000
	0100 460 31
	100
	1. Costolice
	wer - ext
	13/00

MT HOPE CEMETERY E-19650

GRAVE BLIND CHECK FORM

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

#3	46	
Tull 45	# 6 scottie Alexander #12	
# 9 Dorothy Harrs	X	

Blind Check Initiated By: Sandia Date: 3-12-06
Interment space for: Evelyn A Jones
Interment Date: mar 2706 Time: 1:00 P. m(65
Div: 11 Sect: 2 Blk/Row: Lot: 274 Gr: 12
Grave Laid out by: 100000 Feguer
Agrees with Legal Card: ØYes ONO
Agrees with Map: 1 Yes
3lind Check & Verified By: Manie Moniega Date: 3 22-0

E-19650

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS use 98

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

ď	AME OF DECEDENT	- FIRST (GIVEN)	ALLENE	JONES		08/20/1907 03/21/2006 F	
SA	N DIEGO	DESS OF CALIFORNIA -	FUNERAL DIRECTOR OR PERSON ACTIN	SAN DIEGO		NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BETTY DUKES, NIECE 2547 MOONSTONE DR	
CA	LIFORNIA		& BURIAL CHAPEL,		57	SAN DIEGO, CA 92123 SIGNATURE OF APPLICANT - PORCOGNING PRIMIT BB. DATE SIGN	EO
4CKN	NOWLEDGEMENT OF AP	PLICANT I hereby ackno	wiedge as applicant that the proposed stated nd Safety Code, and was authorized pursuan	herein is on of the dispositions author it to Section 7100 of the Health and S	onzed by Section 103056 lafety Code	- Durib Bend 103/23	3/20
	PERMIT N	HE CALIFORNIA HEALTI BY FOR THE DISPOSITION	N ACCORDANCE WITH PROVISIONS OF LAND BAFETY CODE AND IS THE AUTHO IN SPECIFIED IN THIS PERMIT O PIGHT OF DISPOSAL OUTSIDE OF CALIFOR	044.00	03/23/2006		EC
MY O	THORIZATION OF COAL REGISTRAR 9 CHANGE IN DISPOSEN RECOURSES A NEW WIT TO SHOW FINAL DISPOSITION				ORESS OF REGISTRAR OF	F DISTRICT OF DISPOSITION — II DIRPORTON III TO OCCUR IN ANOTHER DISTRIC	СМОЧЕРОНИ
	UTHORIZED DISPO	2011/01/01		ron	CORONER'S USE	entited.	
		11A NAME AND A	DDRESS OF CALIFORNIA CEMETE CEMETERY 3751 MA	RY	118. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
BL)	11A NAME AND A MT. HOPE SAN DIEGO		RKET ST.,		11C SIGNATURE OF PERSON IN CHARGE OF BURIAL Aird Moreisa	ION
BL Swarp Property	BURIAL	11A NAME AND A MT. HOPE SAN DIEGO 12A NAME AND A	CEMETERY 3751 MA D, CA 92102	RKET ST.,	3-27-06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL D 12C. SIGNATURE OF PERSON IN CHARGE OF PREMAT	
BL	BURIAL CREMATION SCIENTIFIC	11A NAME AND A MT. HOPE SAN DIEGO 12A NAME AND A - 13A NAME AND A -	CEMETERY 3751 MA D, CA 92102 DDRESS OF CALIFORNIA CREMA	RKET ST., TORY YRECEIVING REMAINS R COUNTRY WHERE	3-27-00 128, DATE CREMATE	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL D 12C. SIGNATURE OF PERSON IN CHARGE OF PREMAT	•

COPY 2

DISPOSING OF THE CREMATED REMAINS

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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INTERMENT OFFER

	HALEKINE	II ONDE		
AT- Need	City of Sa	A CONTRACTOR OF THE PARTY OF TH		
Res		- 1	Date_3-1	1-06
1 At Buria	1 ON1x 20 1	Lyans)	Pin#13	
You are hereby authorized a	nd instructed, subject t	o your rules and		
or Mary	Delorise	Floren	ce-Catle	n
ina DD Cry	27 "A" Fune	ral, date, time	MON MAP	17 to 6 1'00
Church Chapel Graveside	New Creat	ion R	assdale	Mortuary
All Funeral cars must arrive				ofs 113.00
will be applied and billed to a		true KD	mes.	X
Ven	fiel locate	onoK_	May	Klanesk
Division / 1 Section	n 1 Bik/Row	Lo	149 Gra	ve /2
Grave space & Care Fund			ß	2, 264.00
Overtime/Late Arrival Fees				
Opening/Closing & Setup			0	533,00
Burial Container D	DCTYPTIP	18 11	Burial	539,00
Handling Fees	, ,	A All had		454,00
Flower vases - Marker setting	o fee MAR	2 3 2006		0
Recording/Filing/Transfer Fe				65.00
When the contract of	MOUNT HE	DE CEME	TERV	\$ 41.77
Sales taxes		da da Adhadada	#	3 896.77
MOST TO pay		Digital Control	D- 491186	209677
per mr. Rassdale	3-13-06 Paid receip	t number	K 3 1400	Dr
916,1016 ERYPTER	1		Balance du	
I hereby certify I am the L and this is your authority to	make disposition of re	mains as above	of the above	named decedent
that I have the right to make any liability on account of sa	this authorization and	I agree to hold I	VIt. Hope Cemeter	ry harmless from
any nability on account of sa	d authorization and me	A	230077	
I hereby authorize the interm	ent in lot I	X GAY	K Jone	S
hold under deed.		× 3869	3 Teak	54.
some day to you	us x	4 San	Diego	CA. 92113
		2(1019)	309-54	50 Zep Code
		Teleghone		
		Invoice #		
Work Order # E- 1965	51	Acct. #	Tage of the later	STATE OF THE PARTY
	The second second		20	
REA-104 (3-04)	This information	is available in a	illemative formal	s upon request.

E 19651

DAN CALIFORNIA DAN

DRIVER LICENSE

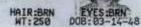
C3543392

CLASS: C



EXPIRES 03-14-18

MARY DELDRISE FLORENCE 3712 BOSTON AVE SAN DIEGO CA 92113



	GRAVE BL	IND CHE	CK FOR	M	
Write in the nam block marked wit existing marker's the burial space.	th "X". Place in the appre	e the name	e's, lot # ar ace(s) that	nd grave a	# of all
#9 Johnny Evans		#6 Thelma Chamber Ser 149	Albert 647 180 Callin		
Blind Check Init					
Interment Date:	mon Mar 17	Th. 06 7	Time: /	000.	Churc
Div: / } Se	ct: B	IKROW;_	Lot:		
Agrees with Leg			1		
Agrees with Ma	p: X Yes	01	No		

Date: 3-24-0

Blind Check & Verified By: ______

E-19651

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

019 58

	9		USE BLACK INK ONLY - M	AKE NO ER	ASURES, WH	ITEOUTS OR O	THER A	COLUMN TO SERVICE SERV	70	-	
	ARY	NT - FIRST (GMEN)	DELORISE	FLO	FLORENCE-CATLIN			2. DATE OF BIRTH MONTH, DAY, YEAR 03/14/1948	MONTH DAY Y 03/19/200	EAR D	BEA
POSDY	A CITY OF DEATH SAN DIEGO		ENTER S	SB COUNTY OF DEATH - OUTSIDE CALIF., IS ENTER STATE SAN DIEGO		OF IN	RELATIONSHIP, FULL P FORMANT Y JONES, DAI		AND ZIP CODE	•	
AN	DERSON		FUNERAL DIRECTOR OR PERSON ACTING MORTUARY, 5050 FED 02		78 CAUF LIC - IF APPL FD132		SA	8 TEAK STRI N DIEGO, CA	92113	SR DATE BIG	(FD
No.	OWLEDGEMENT OF	thereby again	whetige as applicant that the proposed stated he and Salaty Code, and was authorized parament to				>	23.00.00.00.00.00.00.00.00.00.00.00.00.00		03/22/2	
	49 4		N ACCORDANCE WITH PROVISIONS OF H AND SAFETY CODE AND IS THE AUTHOR-	9A. AMDO	OVE OF FEE PAID	9B DATE PERM	IT ISSUED	RC SIGNATURE OF LO	CAL REGISTRAR	SSUING PERMI	T.
Ai	PERMIT	ITY FOR THE DISPOSITIO	IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNI	11.0	0	03/24/20	006	NANCY L BO	OWEN, MD		E
ANY	CAL REGISTRAR DIANGE IN DISPOS-		STRAR OF DISTRICT OF DEATH - + DA		ONE SE ADDR	IESS OF REGISTRA	R OF DIST	RICT OF DISPOSITION -	# EMPORITION & TO GOOD	A PERSONAL PROPERTY.	THERESINA
I ERI	REQUIRES A NEW AIT TO SHOW FINAL DISPOSITION	3851 ROSE SAN DIEGO	CONTRACTOR OF THE PROPERTY OF	ORDS	-						
BL	UTHORIZED DIS	POSITION(S)			FOR C	ORONER'S U	SE ON	LY		11.5	
-		11A. NAME AND	ADDRESS OF CAUFORNIA CEMETER	IY.		118 DATE BURIE	0 1	1C. SIGNATURE OF PE	ERSON IN CHARG	E OF BURIAL	
	BURIAL	0000 V078 450 457 557 557 557	CEMETERY, 3751 MAR SAN DIEGO, CA 92102	RKET		3-27-0	00	David'	Non	in	
E ITEMS	CREMATION	12A, NAME AND	ADDRESS OF CALIFORNIA CREMATO	PRY		12B. DATE CREM	ATED	C. SIĞNATURE OF P	RSON IN CHARG	e of CREMA	TION
CREMATION - USE 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING USE -		RECEIVING R	EMAINS *	138_DAJE RECE	IVED 1	3C SIGNATURE OF PI	ERSON IN CHARG	E OF FACILIT	Y		
LETE ALL	TRANSIT		ADDRESS OF RECEIVING STATE OR CREMATED REMAINS ARE TO BE SI		ERE	14B. DATE SHIPP	ED 1	4C. ADDRESS AND SIL OF PLACING WITH		RSON IN CHAP	RGE

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

16A. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

COPY 2

SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

S

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

158 DATE OF DISPOSITION

VS9c (REV.12/04)

15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CHARGE OF DISPOSITION CREMATED REMAINS DISPOSED 15 APRIL 15

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF GREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

INTERMENT ORDER

At Need

City of San Diego

Date_ 3-22-06

You are hereby authorized and instructed	subject to your rules and regulations, to inter the remains
of Vernon Odell	111
ina T.S. vault	Funeral, date, time Tues, Mar. 28 1:00
Church, Chapel, Graveside	: Anterson Recordade Montuary
All Funeral cars must arrive before 3:00 p.n.	m of regular work day or an extra charge of \$ 213,00
will be applied and billed to undersigned.	
Division 12 Section 2	Blk/Row Lot 238 _ Grave4
'Grave space & Care Fund	2264
Overtime/Late Arrival Fees AP 7 3 200	
Opening/Closing & Setup	533,—
Burial Containen Attach Language	METERY 355
Handling Fees work 4813 Crd	tron vose
Flower vases Marker setting fee 6.5	171 + 178.00 24371
Recording/Filing/Transfer Fees	_65;-
Sales taxes	27.5
To verified Par	Total Due 3751.22 R - 59484 3751.22
	Balance due
I hereby certify I am the	of the above named decedent ion of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	tion and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	YHAZEL DUMAS
11 to sel Durick	SAN DIEGO 92113
	1(619)239-1651
Paulette	s. Michigan Inc.
Work Order # E- 19652	Invoice #
Work Order # L-17032	Acct. #

E 19652



95/89/24 613 ER/

MT HOPE CEMETERY E 1965Z

GRAVE BLIND CHECK FORM

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

the burial space.					*
	5	WEUSY			
	thil	x			
Blind Check Initi	ated By: _	Painere		Date3/	12
Interment space	for:V	ernon h	lunen		
Interment Date:	3-28	Tim	e:	00	
Div: 12 Sec	t:_2 B	JIK/Row:	_ Lot2	38 G	r: 4
Grave Laid out t	y Abrane	- Fer	حمله		
Agrees with Leg	al Card:	Yes 🗆	No		
Agrees with Man	e Ves	O No		Hag	
Blind Check & \	/erified By:	dried V	viega	_ Date	8-23-0

E19652

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

71

ERNON	NT - FIRST (GIVEN)	ODELL	WAR				MONTH DAY, YEAR 09/02/1934	03/21/20	EAR	M SEX
SA CITY OF DEATH NATIONAL CITY		88. COUNTY OF DEATH - OUTBIDE CAUF, ENTER STATE SAN DIEGO		8. NAME. RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HAZEL DUMAN, SISTER				ODE		
ANDERSON		MORTUARY, 5050 FEDE		FD1329		343 SAN	3 FLORENCE N DIEGO, CA 9	LANE 92113	lon mayer	numino.
ADDIOM EDDENING OF	Thursby action	colledge 4s applicant that the proposed stated herein and Safety Code, and was audionized presumit to Se	is on of the disp allow 7100 of the	positions authorized Health and Salety	by Sertion 103055 Code	BA. SIGN	ATURE OF APPLICANT	Person teleng parent	03/27	/2006
PERMIT	THE CAUFORNIA HEAL ITY FOR THE DISPOSIT	IN ACCORDINGE WITH PROVISIONS OF TH AND SAFETY CODE AND IS THE AUTHOR- ION SPECIFIED IN THIS PERMIT NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNA	9A. AMOUN	T OF FEE PAID	03/27/20	CONTRACTOR OF THE PARTY OF THE	NANCY L BO		SISTEMATICE.	EMIT EQ
ANY CHANGE IN DISPOSITION ANY CHANGE IN DISPOSITION REDISTRES A NAW FERMIT TO SHOW FIRM. DISPOSITION SAN DIEGO COUNTY VITAL RECO 3851 ROSECRANS ST SAN DIEGO, CA 92110		RDS	9E ADORE	88 OF REGISTRA	AR OF DIST	RICT OF DISPOSITION -	FORFORTON STUDE	an an ancomating o	error in the Promise	
10. AUTHORIZED DIS	SPOSITION(S)	r market		FOR CO	RONER'S U	ISE ONL	LY			

11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY, 3751 MARKET BURIAL 3-28-06 STREET, SAN DIEGO, CA 92102 enre 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC LISE ALL 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 14A NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 148 DATE SHIPPED DOMPLETE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUPPLICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CHARGE OF DISPOSITION CREMATED REMAINS DISPOSER - IF APPLICABLE 16B. DATE OF DISPOSITION SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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Pre-need

INTERMENT ORDER

NON-RES	City of San Diego	7 12 -1
Trust		3-23-06
You are hereby authorized and instru	# 115143 ucted, subject to your rules and regulation	s, to inter the remains
	+ Pam Sch41+2/	
ina DD CrypT	Funeral, date, time	Y20- 9-1
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3	:00 p.m. of regular work day or an extra c	harge of \$
will be applied and billed to undersig	ned	
Division 10 Section	BIK/Row Lot 5 3 4 3	Grave
Grave space & Care Fund	E-15307 (1999)	0
Overtime/Late Arrival Fees		0
Opening/Closing & Setup. 3	£ \$708.00	\$ 1,416.00
Burial Container	DD CrypT	717.00
Handling Fees.		604,00
Flower vases - Marker setting fee	<u>y</u>	_ 0
Recording/Filing/Transfer Fees	2 € 85,00	170,00
Sales taxes APR 1 7 2006		#55.57
APRILLE	Total Due	#2,962.57
MOUNT HOPE CE	Paid receipt number P-0019	\$ 593.00
MOUNT HOLE	Balan	ce due 2,369.57
I hereby certify I am the and this is your authority to make di that I have the right to make this auth any liability on account of said author	sposition of remains as above indicated, norization and I agree to hold Mt. Hope Co	bove named decedent I certify and represent emetery harmless from
0.01	y Capit S	CHVLTZ
I hereby authorize the interment in lot hold under deed		CHA BLV #3
somatus (Mary)	V	Ey (A. 9197)
	Invoice #	
Work Order # E-19653	Acct. #	
	a transmitted to a company of the second	

D Primates mercled paper

9902 Jamacha Blud sp#3 Spring Valley, Ca. 91977 619 469-9461 Hm# 619 733-3554 call#

E-19653

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

DATE: 84/17/86 TIME: 18:36:48 HER#: 322156665644 STR#: 4381 TER#: 0082

S-A-L-E-S D-R-A-F-T

REF: 0001 BATCH: Ø88 CD TYPE: UISA TR TYPE: PR

TOTAL: \$2270.57

ACCT: **********9531 EXP: ****

AP: 894348

NAME: CHRISTINA SCHULTZ

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

THANK YOU PLEASE COME AGAIN

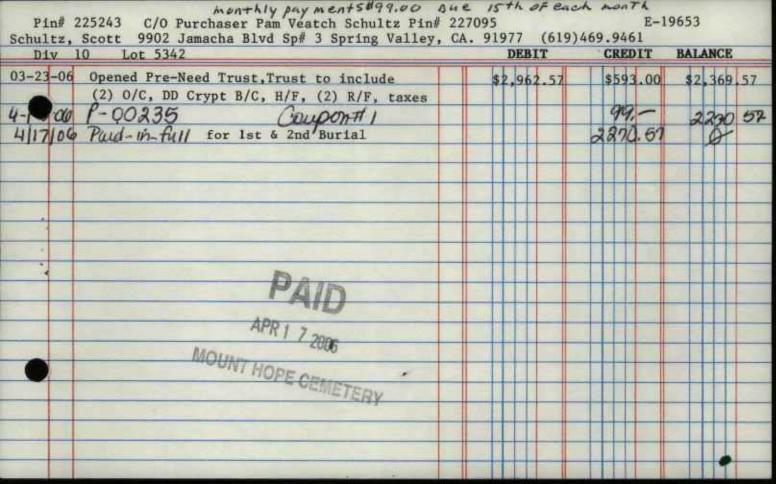
TOP COPY-HERCHANT BOTTOH COPY-CUSTOMER

04-17-06 pd in full for E-19676 for Scott Schultz

Div 10 Lot 5342

OFFICIAL RECEIPT WHITE STANDARY	MOUNT HOPE CEM	ASE P U	0235
From: Pamela Veatch Ninety and oo	(619) \$27-3400 Date Address: 0 / / // // // // // // // // // // //	Company of the compan	
in Part Payment of	BIK/ Row Lo NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186	,
BALANCE DUE \$ 22.70.57 Pre-Need Lot	APR 13 2006 MOUNT HOPE CEMETERY ASSUED BY PAULUTE CE	TOTAL PAID \$	99. –

OFFICIAL RECEIPT	WHITETO	CITY OF SAN DIEGO. C	
500	CANARY	MOUNT HOPE CE	UNICONSTRUCTOR A CONTROL OF THE CONT
	. 1	(619) 527-34	00 3/23 ,2006 •
From: tamela	Vector	Address: 9902 Jan	macha BIVD #3
Spring	Valley	CA 91977	Dollars (\$ 593)
in	Payment of	Preneed twst	
Div	Sec	Bik/ Row	Lot 5342 Grave 1
Invoice No		NOT VALID FOR PURPOSES STATED UNLES	S .
Acct. No		STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184
W.O		Distri	Pre-Need 53033 Trust 77186 543 00
BALANCE DUE		3	
-		MAR 2 2 2006	
Pre-Need Lot	☐ Money Order		
Pre-Need Trust	Charge	MQU. CEM	ETELL
AC-212 (11-05)	Check	ISSUED BY JUNEAU C	TOTAL PAID \$ 593 00
This information is available in alte	ernativa formats upon reque	ut.	



AT- Need

INTERMENT ORDER

,,,			
No	N-	Re	5
chu	la	VIS	+9

NON-Res	City of San Diego	3.	23-06
Chula Vista	0-1011+47	Date	
You are hereby authorized and inst	Rave with 7 tructed, subject to your rules	and regulations, to	inter the remains
of Ken	Nishi 8	220843	
ina Ash Vault	Funeral, date, tin	ne April 1	,06
Church, Chapel (Graveside)		Humphey	Mortuary.
All Funeral cars must arrive before	3:00 p.m. of regular work d	ay or an extra chan	ge of \$ _183.00
will be applied and billed to unders		Hekamer	nul X
16	The state of the s	Lot 4799 c	Grave
Gave space & Care Fund	C-3001	1972	_ 0_
Overtime/Late Arrival Fees	SAT Fee		\$ 396,00
Opening/Closing & Setup		***************************************	199.0
Burial Container	ASh Vanit	W	104.00
Handling Fees	PAII	a)	114.00
Flower vases - Marker setting fee		www	0
Recording/Filing/Transfer Fees	MAR 2 3 2	JU6	85.00
Sales taxes	**************************************	LCCCCC	8.06
surial permit mus	MOUNT HOPE C	Total Due	\$906.06
ecompany cremains	Paid receipt number _	R-59485	\$906.06
		Balance	due
I hereby certify I am the and this is your authority to make that I have the right to make this are any liability on account of said authority.	uthorization and I agree to h	bove indicated. I co	ve named decedent ertify and represent etery harmless from
I hereby authorize the interment in hold under deed.	Print featilit	CHAGNER	
Lauline Hakam	und SA	N DEGO 8-569-4	Zip Coo
Work Order # E-19654	Invoice #		
Work Order # L 17034	Acct. #		

Write in the nam block marked will existing marker's the burial space.	h "X". Place in the appro	the name	e's, lot # an ace(s) that	d grave #	of all ent to
	mayumi Kiyosi	NISH X	Date MINORU	Date Kurt	
		0			
Blind Check Init Interment space S Interment Date:	for: Ke	n N	15hi		
Div: 16 Se	ot: Bil	k/Row: _	Lot: _		1
Agrees with Leg					
Agrees with Ma					•

APPLICATION AND PERMITFOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS NISHI 1A. NAME OF DECEDENT - FIRST (GIVEN) 3 DATE OF DEATH tB. MIDDLE 2. DATE OF BIRTH 4. SEX KEN M 06/14/1926 03/22/2006 ITY OF DEATH 58 COUNTY OF DEATH - OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE AN DIEGO SAN DIEGO PAULINE NAKAMURA, SISTER TAL TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER - IF APPLICABLE 2686 CHAUNCEY DR. COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA SAN DIEGO, CA 92123 FD1682 CA 91911 BA, SIGNATURE OF APPLICANT - Person saling permit 38B. DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. Hurre THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAPETY CODE AND IS THE AUTHOR-TTY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA IA. AMOUNT OF FREPAID WIL DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$11.00 03/24/2006 NANCY L BOWEN, MD PERMIT AUTHORIZATION OF LOCAL REGISTRAR BD ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF BEATH OCCUMED IN CALFORNA HE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -- PROPOSITION IS TO OCCUP IN MIGHINE DISTRICT IN CALF NY CHAMCE IN DISPOS-TION REQUIRES A NEW PRINT TO SHOW PINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY CR/BU 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118 DATE BURIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY SAN DIEGO, CA BURIAL -1-06 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION SERVICES, INC. 2570 CREMATION 27/06 FORTUNE WAY VISTA, CA 92083 APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC COMPLETE ALL 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT

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.

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE

COPY 1

SCATTERING/BURIAL

AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

16B DATE OF

DISPOSITION

VS9e (REV.12/04)

15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER - IF APPLICABLE

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

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Quit claim

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-23-06

ina	Funeral, date, time	
Type of Burial Container	Puneral, date, time	Mortuary.
Church, Chapel, Graveside		
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge	of \$
will be applied and billed to undersigned		
Division 9 Section 1 BI	lk/RowLot_2163gr	ave
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 de	ue
I hereby certify I am the		named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and I agree to hold Mt. Hope Cemet	tify and represent ery harmless from
I hereby authorize the interment in lot I	Print Name	
hold under deed.		
	Address	
		Zig Code
	Address	Zip Code
	Address	Zip Code

AT-Need (Res)

INTERMENT ORDER

City of San Diego

Date 3-14-06

You are hereby authorized and instructed, sut	hiert to your nit	es and requisitions	PINTE
of Delia Soto	-		230094
ina No Ash Vault	Funeral, date, t	ime Thesi	4.06 10:50
Church) Chapel, Graveside Owr 14 by U	F Guedalus	e America	n Cremation
All Funeral cars must arrive before 3:00 p.m/	Deliver	day or a sur	bros of of 1/3.00
will be applied and billed to undersigned	WIND	7 70770	W V
will be applied and blied to undersigned	June 1	Caure	W.
Division 8 Section 4 Bil	k/Row	Lot 100	Grave
Grave space & Care Fund E-/			
Overtime/Late Arrival Fees			
Opening/Closing & Setup			-
Burial Container No Vau	TOTAL STREET,	1.504	Market Street,
Handling Fees Handling Fees Warker setting fee	FE	ALL.	1211.09
Flower vases Marker setting fee 178	0 4 3	3.09	11200
Recording/Filing/Transfer Fees	MAR Z	4 2005	<u> </u>
Sales taxes			0
Sales taxes Urn must Fit our Ash VALA 9" wide	UNT HOP	Total Due	8 211.09
9" wide Paids	receipt number	R-59490	211.09
6" Hish			e due
I harehy certify I am the WII Ch-to	ON	V of the at	own named decadent
and this is your authority to make disposition that I have the right to make this authorization	of remains as	above indicated. I	certify and represent
any liability on account of said authorization a	nd interment.	/ rope ce	- 1:14
	, v ,	Hone ,	WIIIII
I hereby authorize the interment in lot I hold under deed.	Prod Nagra	DID GOV	About A
A DIME I ASSIGNA	Milata	4000	and the
The state of the s	Chy Ch	nulesco	To Code A
TA PARIAL PERIAL	XIOF	1-2/186	1551
hust Accompany Cremains	100000000000000000000000000000000000000		
The state of the s	Invoice #		
Work Order # E- 19656	Acct. #_		

REA-104 (3-04)

This information is available in alternative formats upon request.

O Propositive recoviled paper

pre-peeden

MT. HORE CEMETERY

INTERMENT ORDER

City of San Diego

E-19656

1,924	ect to your rules and regulations, to inter the remains
ina urn barden Fi	uneral, date, time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 8 Section 4 Blk/F	Row Lot 100 Grave
Grave space & Care Fund	6 330.00
Overtime/Late Arrival Fees	- nia
0 0	AIL 116.00
Burial Container	2 8 2005
Handling Fees. API	5 5 6 5000
Flower upton - Marker telling ton	- 0541516 -
Flower vases - Marker setting fee	10PE 000
Sales taxés	
Sales IIA43	Total Due # 496.00
Paid re-	celpt number R-58763 # 496.00
	Balance due \varTheta
I hereby certify I am the X EX hush and this is your authority to make disposition of that I have the right to make this authorization a any liability on account of said authorization and I hereby authorize the interment in lot I hold under deed. X Alvers Y. Arlust Signature	of the above named decedent remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
Wark Order # E 19076	Invoice #

GRAVE BLIND CHECK FORM

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

			x			
Blind Che	eck Initiate	ed By:			Date:	
				Dewit	1000	E E
Interment	Date: 7	April .	4,06 7	ime: 10	:30 C	Lurch
Div: 8	_ Sect:_	4 BI	k/Row:	Lot: _	100 G	r:
Grave La	id out by:	glorma	ntere	-		
Agrees w	ith Legal	Card:	Yes (J No		
Agrees w	vith Map:	Yes	O I	10		
3lind Ch	eck & Ve	rified By:_	and	ulu	Date:_	3-30-6

E-19656

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY - MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A NAME OF DECEDENT - FIRST (GIVEN) 4. SEX 1B. MIDDLE 2. DATE OF BIRTH 3. DATE OF DEATH 1C LAST IFAMILY DELIA SOTO DE WITT 09/26/1926 03/22/2006 OF DEATH 5B. COUNTY OF DEATH - DUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE DIEGO SAN DIEGO ANNE DE WITT, DAUGHTER TA TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH AMERICAN CREMATION SERVICE, 6136 MISSION 5010 GARDENIA AVE 78. CALIF LICENSE NUMBER - IF APPLICABLE SAN DIEGO, CA 92110 FD1752 GORGE ROAD, STE 100 SAN DIEGO, CA 92120 88 DATE SIGNED BA. SIGNATURE OF APPLICANT - Person taking permit ACKNOWLEDGEWENT OF APPLICANT I hereby acknowledge se applicant that the proposed stated hours is an of the dependence authorized by Section 103055 of the Health and Safety Code. and was authorized pursuant to Section 7100 of the Health and Safety Code. DIZK IDR THIS FERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR. ITY FOR THE DISPOSITION SPECIFIED IN THIS FERMIT NOTE. THIS PERMIT GIVE NO RIGHT OF INPERSAL OUTSIDE OF CALIFORNIA. 9A. AMOUNT OF PEE PAID OH DATE PERMIT ISSUED PERMIT 11.00 03/24/2006 NANCY L BOWEN, MD AUTHORIZATION OF LOGAL REGISTRAN 90. ADDRESS OF REGISTRAR OF DISTRICT OF DISARCH - FEMALESCOMMENICAL PRIMARY SHE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FEMALESCOMMENICAL PRIMARY INCLUDING ANY CHANGE IN DISPOS-ITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10 AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY CR/BU 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETEY, 3751 MARKET ST., BURIAL SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 28 DATE CREMATED 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION APPLICABLE ITEMS COUNTY CREM 192 COMMERCE DR. PERRIS. 12006 CREMATION Hansin CA 92571 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE COMPLETE ALL 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED. 148. DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE

COPY 3

TRANSIT

SCATTERING/BURIAL

AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

15B. DATE OF

DISPOSITION

VS9e (REV.12/04)

15C SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF CHARGE OF DISPOSITION CREMATED REMAINS DISPOSER -- IF APPLICABLE

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CREMETERY CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

INTERMENT ORDER

City of San Diego

Date 3 27/06 structed, subject to your rules and regulations, to inter the remains CARRALES of Funeral, date, time Thurs . Mar 30 10:00 Chapal Graveside Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup Burial Container..... Handling Fees..... Recording/Filing/Transfer Fees..... Total Due 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. 30085 I hereby authorize the interment in lot I hold under deed. Invoice # Work Order # E-19657 Acct. #_

REA-104 (3-04)

This information is available in alternative formats upon request.

@ Primates render paper

MT HOPE CEMETERY E-19657

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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			*
	Loudry				
Blind Check In	nitiated By:	ANZA	CABRA	Date: _	
	e: THURE				wech
	ect:_2 Blk/			4 0	r. <u>5</u>
	t by: Norman	- A			
	egal Card: Y				
	ap: 2 Yes				
Blind Check &	Werified By:	sind,	Manig	Date:	3-28-0



THE CITY OF SAN DIEGO

E-19657

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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.

Name of Deceased:	Esperanza	C	abr	ales	
Address:	4059 Bost	or	10	ve	
City:	San Diego	_ Sta	te C	Zip Code_	92113
City of San Diego re	sident? (Circle)		YES)	NO
(1) \$13,4 (2) \$22,0 (3) \$30,2 For larger families, add has been declared a dephousehold. Please subi Human Services-Notice of Residency is the resident hospital unless said stay of the stay of th	al Income 40 20 30 \$7,450 per additional atomber tendent on another person's tamit the deceased's current intof Action (dated within 30 days nice of the deceased prior to exceeded one year.	ernal), or S	rn, they revenue ocial Se ng a ter	are considered p service (IRS) to curity- Award/Be minal care facili	th family/friends and part of that persons' ax return, Health & mefit letter, ty, hospice, and/ or
Kacen Fra Signed Relationship	egos hijo			3-27 Date	7-06
Proof of Residency: Validone of the following: Curand current month rent received	d California Driver's License Iderent Utility Bill Current Montl pt property tax statement Oth erified on: HHS - Ho, Wor	nly Che er <u>Co</u>	scking/Bi	displaying City of S	ental/Lease Agreement

C-19657

Guidelines Mt. Hope Low-Income Fee Waiver

1. Applicant must be a City of San Diego resident, not County of San Diego

 The low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:

a. Social Security - Award/Benefit Letter

b. Internal Revenue (IRS) Tax Return

c. Health & Human Services Notice of Action (dated within 30 days)

 The Department of Labor has published the 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of F	amily	Annual Income
1		\$13,440
2		\$22,020
3		\$30,230
4		\$37,310
5		\$44,030
6		\$51,490
More than 6	Each additional	member add \$ 7,460

 If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.

5. Residency can be proven by the following methods

- a. <u>Valid</u> California driver's license/ identification card displaying City of San Diego address
- b. Current utility bill
- c. Current monthly checking statement
- d. Rental/lease agreement and month rent receipt

e. Property tax statement

f. Active/Retired duty military ID with City of San Diego address

 Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility

7. The Mt. Hope low income fee waiver does not apply to grave marker installation

fees, late charges, or Saturday services

8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the <u>first burial</u>. Eligibility for the 2nd deceased person in the low-income program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.

 The low-income fee waiver cannot be applied retroactively to already purchased lots/services

10. The low-income fee waiver is intended for "At Need" services only.

SAN DIEGO

-1965

WELL IT JS ESTADO DE CALIFORNIA AGENCIA DE BALLO Y BIS ANTAR DEPARTAMENTO DE SER

Fecha de la Nomicación (02-09-06 Nombre cel Caso

CABRALES 33-0620724-00-0

entre en vigor.

ESPERANZA

Numero Nombre del Trabajáckor(a) SEBASTIAN \$159 (619) 266-3804 4588 MARKET STREET SAN DIEGO CA Numero Teléfono Dirección

STE HHSA 92102

5L59

¿Tiene Preguntas? Comuniquese con su Tracajador(a

Audiencia con el estado: Si usted cree que es

acción está equivocada, puede soliciar y

audiencia. En el reverso de esta hoja se e expli

cómo hacerlo. Es posible que sus beneficios continusi usted solicita una audiencia antes que esta acci-

NUNEZ

(DESTINATARIO)

ESPERANZA CABRALES 4059 BOSTON AVE SAN DIEGO CA 92113-3320

Notificación de Accion

A PARTIR DE MAR 01, 2006, SU ASISTENCIA MONETARIA MENSUAL SEGUIRA SIENDO \$ \$359.00.

A CONTINUACION LE DIREMOS COMO HEMOS CALCULADO SU ASISTENCIA MONETARIA:

INGRESOS

CALCULO DE PAGO PARA 03/06

ASISTENCIA MAXIMA PARA 3 PERSONAS INGRESOS NETOS GANADOS NO EXENTOS TUTAL DE INGRESOS CONTABLES :	ASISTENCIA MAXIMA
---	-------------------

REGLAMENTOS: ESTOS REGLAMENTOS APLICAN A SU CASO. PUEDE REVISARLOS EN LA OFICINA DE WELFARE: 44-133, 44-315.4, 44-315, 44-113.21, 44-111.24. SPM 69-200 AND 69-300.

H39

9

E-19657



€19657

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age !

SPERANZA	Y OF DEATH			SAN DIEGO KAI				DA/17/1963	MONTH D	MY, YEAR	P. C.
HULA VISTA								MR. RELATIONSHIP, FULL MALLING ACCRESS AND 2P CODE INFORMATI AREN FREGOSO, DAUGHTER			
UADALUPAN	IA MEMORIA	L CHAPEL & MC EGO, CA 92102	DRTUARY	2601	FD142	SENER HUMBER CARLE 5	SAI	7 S.43RD ST N DIEGO, CA	92113		TIL BIOMED
COCCARDONNEL OF APP	Commence of the last of the la	edige as applicate that the proper Science and one approxim		or of the Page	adjects milesty	of by Section 100000 by Code	-	me Clu	min	03/	30/2008
PERMIT NO	ED PERMIT IS RESULED IN E CALIFORNIA INFALTIFIC FOOR THE DISPOSITION THE THIS PERMIT WILL MO	ACCORDANCE WITH PROVIDE NOT BAFETY OCCUE AND BE THE SPECIFIED OF THIS POSITION WORLD OF DEPOCAL GUITAGE OF	CHE OF S	\$11.00	OF PRE PAID	98 DATE PERME 03/30/20		NANCY L BI			PERMIT
	ACCRETION OF PROPERTY	TRANS OF CHISTRICS OF DWA	TH - FORES-DELAN	and the Column are	MI ADD	EN OF REGISTRAT	OF DEST	RICT OF DISPOSITION	- F1800 car 0 1	DOCON WASTE	District Printers
DISPOSITION FINAL	SAN DIEGO 3851 ROSEO SAN DIEGO,		RECORD	S	-						
ALIENCANTED DATES	CONTRACTOR OF THE PARTY OF THE			_			-		_		
URIAL	11A HAME AND AL	ORESS OF CALFORNIA (WET		ORONER'S U		IC SIGNATURE OF P	ERSON IN C	lance of B	URIAL
Service County	MOUNT HO	ORESS OF CALFORNA (PE CEMETERY, GO, CA, 92102		KET			111		ERSON IN CH	WAGE OF B	URIAL C
URIAL	MOUNT HO ST,SAN DIE	PE CEMETERY,	3751 MAR	RKET		118. CATE BURNED	6		17	brie	9~
BURIAL	MOUNT HO ST, SAN DIE	PE CEMETERY, GO,CA,92102	3751 MAR			118 DATE BURNET	6	Lavio	()	les e	STATION
BURIAL CREMATION BCIENTIFIC	THA MAME AND ALL MOUNT HO ST, SAN DIE 12A MAME AND ALL 12A MAME AND ALL 12A MAME AND ALL 14A MAME AND ALL 14	PE CEMETERY, GO,CA,92102 DRESS OF CALIFORNIA	CHEMATORY FACILITY RECEI	VING PEN	Alfed	118. OATE BURNED 3-30-0 128. OATE CREMA	G TED TE	C SIGNATURE OF PI	EIRSON IN CH	MARGE OF F	SATION CHARGE

0/1004

STATE OF GALFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF WITAL RECORDS

1000 (REV. (1900)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7064.5, 7115, 7117, AND 103080.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKEN'S LICENSE, CEMETERY SALESMAN'S LICENSE, DR FUNERAL, DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)



INTERMENT ORDER

MOCK Set UP,

City of San Diego

Date 3-28-06

0. 1	
You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
or loed food &	80073
	Funeral, date, time TUES Mar 28 200
Type of Bursal Container	
Church, Chapel, Graveside	: Kreterred Mortuary.
All Funeral cars must arrive before 3:00 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division Section	Blk/Row Lot 32 Grave (
Grave space & Care Fund	
Overtime/Late Arrival Fees 2 8 2006	
Opening/Closing & Setup	ETERY
Burial Container UNT HOPE CEMI	ETERY
Handling Fees	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees MOH	k Set-up 71
Sales taxes	1
	Total Due 71. —
D.	R-SAUGIC DI-
	iid receipt number 11 0919910 11-
	Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	of the above named decedent tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from a and Interment.
any natural or account of said authorization	mark Jenkins Pirat 364
I hereby authorize the interment in lot I	Print Name
hold under deed.	
Signature	Address . \ JU
	Cey Zip Code Timephone
raid	Talephone 10 CANO
Durid Lauba	
tallen 10000	Invoice#
Work Order # E- 19038	Acct.#



INTERMENT ORDER

Preneed Trust

City of San Diego

Date 3-19-06

,,,,,,		Mask 3	Date	11.00
(Res)			Pin #2.	30087
You are hereby auth	orized and instructe	d, subject to your	rules and regulations	s, to inter the remains
of	Vert	a lee	moore	THE RESERVE
in a Li	ner	Funeral, date	e, time	
Church, Chapel, Gra				Mortuary.
All Funeral cars mus	at arrive before 3:00	p.m. of regular wo	ork day or an extra ch	narge of \$
will be applied and b	pilled to undersigned	1		
Division //	Section	Blk/Row	Lot 115	Grave 5
Grave space & Care	Fund	E-196	29	0
Overtime/Late Arriva	I Fees			
Opening/Closing & S	Setup			\$533.00
Burial Container		Liner		270.00
Handling Fees		V	to	206.0
Flower vases - Mark	er setting et	OD,	AS	_ 0_
Recording/Filing/Tra	nsfer Fees	8	8	65.00
Sales taxes	2	so Fee		\$20,93
		70,	Total Due	41,094.9
		Paid receipt numb	per pd by m	10 \$ 219.00
	0 %	00	0920 L Balan	ce due # 8 7 5, 9
I hereby certify I am	the family	4 60	IN TX of the a	bove named decedent
and this is your auth that I have the right t any liability on accou	nority to make display	tion and interment	as above indicated to hold Mt. Hope Ce	I certify and represent emetery harmless from
I hereby authorize th	e interment in lot I	X.L	IETTA L	MOORE swept St.
hold under deed.	4.	Y	382 Sun	swept St.
Senta di	meere	Address	San Dies	20 cai 92114
		Cily	19-479	-1254 Dip Code
		Invoic	e#	
Work Order # E-	19659	_ Acct.	#	
100		-		

DAN CALIFORNIA DAN E 19 659

DRIVER LICENSE

CLASS: C



VERTA LEE MOORE 382 SUNSHEPT ST SAN DIEGO CA 92114 1

SEX:F HAIR:BLK HT:5-02 WT: 135

EYES:BRN DOB: 09-29-3

RSTR: CORR LENS

V.ELE X. Masor 89/88/2083 235 RB FD/88

836.00

Transaction History

Contract: E-19629-L

2.264.00 Amount Paid

Contract Date: 04/04/2006

Deferred Payment Price

Purchased By: Moore, Verta Lee

382 Sunswept St San Diego, CA 92114

619-479-1254

Status: Active

Co-Purchaser: Delaney JR., Arthur N

Dept: Mt Hope Cemetery

Counselor: SANDRA BROLLINI

1.428.00 Balance Due

Deferred Pa	lyment Price	2,264.00 A	Amount Paid	1,4	28.00 Balance I)ue	836.0
Base Price		2,264.00			Amount I	inanced	1,811.0
Interest		0.00 D	ownpayment	4	53.00 Number of	f Installments	. 2
Sales Tax		0.00 T	ransfer Allowance		0.00 Regular I	ayment of	75.0
Credit Life		0.00 D	iscount		0.00 Odd Payr	ECAST-SCHIMINGS	86.0
The state of the s		L	ate Charges/Fees		0.00 Date Firs		05/15/200
					Payment		Month
Items Purch	ased		Oua	ntity Qt	y Fulfilled		Price
	dent - Div 11-2(U) SD on 11, Section 2., Lot 1			1	0		2,264.0
Date	Transaction Type	Rec	ceipt No - Ref No	Trans	Amount	Allocations	
04/04/2006	Downpayment	634 Vis	1 pd by phone a	0	453.00	453.00 Equity	Barrie .
05/05/2006	Installment Paymen	646 M/	60 pd by phone C	1	75.00	75.00 Equity	
06/08/2006	Installment Payment	662 m/s	21 pd by phone	2	75.00	75.00 Equity	
07/07/2006	Installment Payment		02 pd by one/Visa	3	75.00	75.00 Equity	
08/04/2006	Installment Payment		3 – pd by one/MC	4	75.00	75.00 Equity	
09/08/2006	Installment Payment		3 pd by phone/ stercard	5	75.00	75.00 Equity	
10/16/2006	Installment Payment	pho	8 pd by one/MC 803176	6	75.00	75.00 Equity	
01/03/2007	Installment Payment	739	6 - mc ap090285	7	150.00	150.00 Equity	
2/09/2007	Installment Payment	754	10 - AP807726	8	75.00	75.00 Equity	
1/13/2006	Installment Payment	754	11 - mastercard	9	75.00	75.00 Equity	
3/22/2007	Installment Payment		3 MS 243062	10	75.00	75.00 Equity	
07/23/2007	Installment Payment		5 Mastercard 12570B	11	150.00	150.00 Equity	A
	TOTALS:	1			1,428.00	Marin Marin	
Fransaction	History Summary:	Fund	Name Original A	mount	Allocations	Amount Due Amo	unt Cancelled
			Equity	1,811.20	1,428.00	383.20	
		TO	TALS:		1,428.00		

INTERMENT ORDER

Pre-need Trust

City of San Diego

Date 3-29-06

You are hereby authorized and instructe		5.0	inter the remains
	rial Char	aes"	
ina DO CRYPT "B"	Funeral, date, ti	me	
Type of Burial Constitute Church, Chapel, Graveside			Mortuary
All Funeral cars must arrive before 3:00	p.m. of regular work	day or an extra charg	ge of \$
will be applied and billed to undersigned			
Division 11 Section 2	_ Blk/Row	_ Lot 15 _ G	rave
Grave space & Care Fund			
Overtime/Late Arrival Fees			
Opening/Closing & Setup			533 -
Burial Container			
Handling Fees			
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees		***************************************	_65
Sales taxes			
		Total Due	598-
	Paid receipt number	P-203	119.6
		Balance	tue 478.4
I hereby certify I am the disposition and this is your authority to make disposition that I have the right to make this authority any liability on account of said authorizal	zation and I agree/to	above indicated. I ce	re named decadent entify and represent etery harmless from
I hereby authorize the interment in lot I hold under deed.	V 1 rm	Hernan	clo2
Irma Hernand	Sun Cay	Dugo a	97114 20 Code
Dowlette	16/9 -	527-883	
E 1000	Invoice #		
Work Order # E-19660	Acct.#_		

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT P 00203 PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: Newton Ave, SD CA 721/2-3326 Address: 424 Dollars (\$ 29 tor Mario Hernandez Payment of Blk/ Row Ducinpt 2 Grave Div Sec Invoice No. E-19660 MOT VALID FOR PURPOSES STATED UNLESS CREDIT STAMPED "PAID" IN THIS SPACE. 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. Trust 77186 BALANCE DUE MAR 2 9 2006 Pre-Need Lot Money Order MOUNTHOPE CENETERY

297.6

TOTAL PAID

Fre-Need Trust

AC-212 (11-05)

Charge

This information is available in allemative formets upon request

Check52

ISSUED BY







INTERMENT ORDER

AT-Need

City of San Diego

				Date	2 -	-
Vou are her	eby authorized and in	elevated subject	et to war adapt		Pi	#
of	The second secon	a Cast			Bernard Contract	The state of the s
ina				The state of the s	ds.15	06 1:00P.
	Type of Burnal Containes apel (Graveside)		merar, date, ur	(m + 3e	FCH 310	395-9988 Ly Mortuary
Church, Chi	cars must arrive before	2.00		Sante	MONIC	S 107 00
		Markey and Co.	regular work d	lay of an ext	ra charge of	* <u>183.00</u>
Constitution of the Consti	ed and billed to under	The second second				
Division	10 Section_	Blk/F	łow	Lot 23	OL Grave	
Grave space	10 Section				H 3	,011.00
Overtime/La	ate Arrival Fees					
Opening/Clo	osing & Setup				1	708.00
Burial Conta	ainer	LINE	-	OVALUATION AND ADDRESS OF THE PARTY OF THE P		359.00
Handling Fe	esac	,				275,00
Trion Flower vase	Marker setting fee	\$88.7	1 4 1	137.00		3 25.72
	iling/Transfer Fees					95.00
Sales taxes						4,791.5
	MAR 3 0 2	005		Total Due	18	4.791.5
			eipt number _	ad by	phone	4,791.5
M	OUNT HOP		- Indiana -	1	lalance due	0_
I hereby cer	tify I am the			X of	the above n	amed decedent
that I have t	your authority to make the right to make this is on account of said au	authorization a	nd I agree to I	nold Mt. Hop	ted. I certify be Cemetery	and represent harmless from
	thorize the interment in	n lot I	X	see a	ttack	
hold under d	deed.		Print Name	In s	ttack Gratu	e
Signature		X	Address		8	
STOWIE!			City			Zip Code
			Telephone		7	
			Invoice #			
Work Order	# E-19661		Acct.#_			
REA-104 (3-04)	This informati	ion is available	e in alterna	tive formats	upon request.

O Primates merchat paper

03/38/2006 11:49

SD MT. HOPE CEMENTERY + 916612581384

NO. 983

DB1

PAID

MAR 3 0 2006

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

AT-weed

City of San Olego

Date 3-30-06

You are hereby authorized and instructed, at	itject to your rules and regulations, to inter the remains
d Maria Ca	stro Bringas
ma_ Liner	Pureral date: pre toril 5,06 1:00 Pm
Church, Crupel (Graveside)	Gabas Kine Mornery
All Funeral cars must arrive before 3.00 p.m.	of regular work day or an extre draige of \$ 183.00
will be applied and billout to undersigned.	X
Division 10 Section 8	1040 Lot 2302 gove
Grave space & Care Fund	8 3, 011.00
Overtine/Like Antiver Fales	
Opening/Closing & Setup	708.00
Burial Container	357.00
Handing Rose	275.00
Flower vases (Marker septing too) \$8	112 9 237,00 315,72
Recording/Fising/Transfer/Fees	85.00
	17, 82
MAR 3 0 2005	Total Due
Pale	receipt number ad by showe 4,791.54
MOULT .	VISA CO
I mareby certify I am the dull	9: NOT X of the show named considers
And they is senir a atworks to make disconting	of romains as spow indicated I certify and represent on end I agree to hold Mt. Hope Consistery napplicat from
any Eablity on account of said authorization	and Interment
I need authorize the huntreens in ter I	* * Juliet Bringas -
hold waar dend.	* 27901 Sand Panyon Krad
Will Sollinger	Flantin Country CA 91387
	91000 2 137 9 VI 9138 T
	44 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
	trivolog d
Work Order & E-19661	Acct. 6
REA-16s (3-0s) This infon	mation is available in alternative formats upon request.





MT HOPE CEMETERY 6-19661

GRAVE BLIND CHECK FORM

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

Florence memahan Rock	y+5 X	Richard	

Blind Check Initiated By: Sanoha Date: 3-29-06
Interment Space for: Maria C. Bringas Interment Date: April 05 2006 Time: 1:00 p.m 65
Div: 10 Sect: Blk/Row: Lot: 2302 Gr:
Grave Laid out by: groman leque
Agrees with Legal Card: Yes
Agrees with Map: Yes
Blind Check & Verified By: MA AMEN Date: 3-30-04

12 x 30 Double-Depth 8178.00 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE E. CASTRO	1C LAST (FAMIL	<u> </u>	N	MONTH DAY, YEAR MONT	TE OF DEATH 4. SEX
57	MARIA COTY OF DEATH CANYON C	OUNTRY	E. CASTRO	5B. COUNTY OF			ELATIONSHIP, FULL MAILING	29/2006 F ADDRESS AND 2P CODE
7/	GATES KI	DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OF F ES MOELLER MUR ANTA MONICA CA	ERSON ACTING AS SUCH (7	STATE OF THE PARTY	27901 CANYO	SAND CANYON RE	OAD 1387
	ACKNOWLEDGEMENT OF A	APPLICANT I hersity acknowled the Hoalth	owledge as applicant that the proposed di and Safety Code, and was authorized pur	spossors stated herein is one of the dis- want to Section 7100 of the Health land	stations authorized by Section 100055 Salety Code.	× 0	ura cae	e 04/04/200
The Contract	P Crimii	THE CALIFORNIA HEALTH ITY FOR THE DISPOSITION	NACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE A IN SPECIFIED IN THIS PERMIT DIRIGHT OF DISPOSAL OUTSIDE OF CA	\$11.00	04/04	10.111.20.11	SIGNATURE OF LOCAL REGIS	THAH ISSUING PERMIT
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW CHAIT TO SHOW FINAL DISPOSITION	LOS ANGELI		90012	E ADDRESS OF REGISTRAR IF OSPOSITION IS TO OCCU SAN DIEGO COU P.O.BOX 85222	NTY		
	A. BURIAL (NOLUDE B. CREMATION	CHEMATED REMAINS C		E. TEMPORARY EI F. DISINTERMENT G. SHIP IN TO CAL 11. TRANSIT TO DE			FOR CORDNOI I. DISPOSITION PENDING - (Name and Address)	e and an arrange
	BURIAL	MT. HOP	DERESS OF CALIFORNIA CE E CEMETERY RKET ST SAN DI	92102	4-5-6	6	SIGNATURE OF PERSON IN	CHARGE OF BURIAL
LE ITEMS	CHEMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA C	REMATORY	128. DATE CREM	ATED 12C.	SIGNATURE OF PERSON IN	CHARGE OF CREMATION
AL APPLICAB	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FA	CILITY RECEIVING REMA	INS 13B. DATE RECE	VED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FACILITY
COMPLETE A	TRANSIT		DRESS IN RECEIVING STA CREMATED REMAINS ARE		14B. DATE SHIPP		ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO	AREST POINT ON SHORELIN DIDENTIFY FINAL PLACE AN EA. ONLY ENTER LATITUDE	ID CA DISTRICT OF DISPO			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER — IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 3 30 10 18

You are hereby authorized and instruct	ted, subject to your rule	es and regulations, to	inter the remains
or Wimberly T	heus	224055	
in a D. D. ERYPT MA	Funeral, date, to	ime Thurs A	oril 6 mix
Church Chapel, Graveside	W 1 - 00 - 1	CA BURIA	Mortuary.
All Funeral cars must arrive before 3.0	peta of San Di	day or an extra charge	e of \$
will be applied and billed to undersigne			
Division 10 Section	-	2060	1
Division Section	Blk/Row_	_ Lot <u>2858</u> sr	ave
Grave space & Care Fund	40011)		
Overtime/Late Arrival Fees	2 2 40 30-		
Opening/Closing & Setup	APR 03 2006		533
Burial Container			539
Handling Fees WO #5 148 Flower vases - Marker setting fee	THOPE CEM	ETERY	
Recording/Filing/Transfer Fees			65
Sales taxes			41.77
		Total Due	1632.77
- 2-Pay	Paid receipt number		1,632.77
NORT-2-Pay	Paid receipt number		a
110	off	Balance de	ne
I hereby certify I am the	rization and I agree to	above indicated I cer	e named decedent tify and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name	DA VERN	ON this
The Value of	1661	Bronton	Kd. AHS
X Saa virken	- Ked	landa.)307-159	92593 2 20 Code
Duette			
raulic E 10000	Invoice #		
Work Order # E-19662	_ Acct.#_		

REA-104 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY = 19662

GRAVE BLIND CHECK FORM

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

	Jons	Jones	Potts			
		10	x			
		wood5	yours			
Blind Che	eck Initiate	ed By:	aulette		Date:	-3
Interment	space for	r: Wimb	perly 1	heus		
Interment	Date:	Thurs. 1	April Lor	ime: 11	100 C	runch
Div: 10	_ Sect:_	BI	k/Row:	Lot:	2858 G	r:
Grave La	id out by:	Noema	nter			
Agrees w	ith Legal	Card:	Yes C	J No	100	
Agrees w	ith Map:	Yes	ON	io 1	104	
Blind Che	eck & Ver	rified By:	and.	Mories	Date:	43-06
				1)		

E-19662

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

uge 91

IMBERLY	FIRST (BNEN)	1B. MIDOLE	THEUS	3			04/14/1914	3 DATE OF DEP MONTH, DAY, Y 03/29/200	EAR NA
AN DIEGO			SAN DI	£	OUTSIDE CALIF.	OF INF	RELATIONSHIP, FULL IN ORMANT LIE THEUS, V		AND ZIP CODE
TYPED NAME AND ADDRE ALIFORNIA C AJON BLVD S	REMATION	MERAL DIRECTOR OR PERSON ACTING & BURIAL CHAPEL, 5 CA 92115	880 EL	FD1357		SAN	4 DAFTER DE N DIEGO, CA S ATURE OF APPLICANT	92102	BB. DATE SIGNED /
KNOWLEDGEMENT OF APPL	I hereby acknowled the Heath and	dge as applicant that the proposed stated h Safety Code, and was authorized pursuant	erein is on of the dispos to Section 7100 of the H	ations authorized loath and Bulet	I by Section 103055 Code	-40	Malelo	00	04/05/01
71-8	CALIFORNIA HEALTH A	ACCORDANCE WITH PROVISIONS OF NO SAFETY CODE AND IS THE AUTHOR SPECIFIED IN THIS PERMIT. BIGHT OF DISPOSAL OUTSIDE OF CALIFORN	11.00	OF FEE PAID	98. DATE PERM 04/05/20		NANCY L BO		SSUING PERMIT
Y CHANGE IN DISPOS- ON REQUIRES A NEW	SAN DIEGO 3851 ROSEC			SE ADDR	ESS OF REGISTRA	R OF DISTI	RICT OF DISPOSITION -	# SEPOSMOVIS TO GOOD	IN IN ANCORAGE CHARGES IN CALFORN
	SAN DIEGO,	CA 92110							
	THE REAL PROPERTY OF THE PARTY	CA 92110		FOR C	ORONER'S U	SE ONL	Y		
AUTHORIZED DISPOS	SITION(S)	DRESS OF CALIFORNIA CEMETE EMETERY 3751 MAF			ORONER'S U		COO	ERSON IN CHARG	E OF BURIAL
AUTHORIZED DISPO	11A. NAME AND AL MT HOPE C SAN DIEGO	DRESS OF CALIFORNIA CEMETE EMETERY 3751 MAF	RKET STRE	ET		D 1		nen	
AUTHORIZED DISPON	11A. NAME AND AL MT HOPE C SAN DIEGO 12A. NAME AND AL	DRESS OF CALIFORNIA CEMETE EMETERY 3751 MAF CA 92103	ORY	ET	118 DATE BURIE	D 11	IC SIGNATURE OF PE	Men Erson in Charg	E OF CREMATION
AUTHORIZED DISPON	11A. NAME AND AD MT HOPE C SAN DIEGO 12A. NAME AND AD -	IDRESS OF CALIFORNIA CEMETE EMETERY 3751 MAF CA 92103 IDRESS OF CALIFORNIA CREMATI	ORY RECEIVING REMA	ET	118 DATE BURIE 4-6-0 128 DATE CREM	D 11 ATED 12 VED* 10	IC SIGNATURE OF PE	ERSON IN CHARGE	E OF CREMATION

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 4-3-06

or Gerald Rober	d, subject to your rules and regulations, to	5
in a ASh Vacuat	_ Funeral, date, time Thurs - A	pril 6 11
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		
D.	-575.95	A .
Grave space & Care Fund	20.50	
Overtime/Late Arrival Fees		149.00
		more to the first
Burial Container	مله	85.00
	A R Sand	
Pacardina/Fillian/Transfer Foor APR /	3 2006	65.00
		6.12
MOUNT HOP	E CEMETERY Total Due	384.12
nesiced D	Paid receipt number Visa Card	38412
50 releasing	Balance de	ue _Ø
I hereby certify I am the	of the above	named decedent
that I have the right to make this authorize	sition of remains as above indicated. I cer tation and I agree to hold Mt. Hope Cemetr	ery harmless from
any liability on account of said authorizat		
I hereby authorize the interment in lot I hold under deed.	John Kobortson	
0/11/1	3914 Helit S	
some for the	spring usker Co	4 417 1) Zip Code
te	(615) 677-67	79
Paulette Paulette		
Work Order # E-19663	Invoice#	
Work Order # L-17003	Acct.#	

REA-104 (3-04)

This information is available in alternative formats upon request.

E-19663

S.P. cesident



MT HOPE CEMETERY E-19663

GRAVE BLIND CHECK FORM

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

HICKMAND X HANKINS
WEUGO MSE
Blind Check Initiated By: Pullto Date: 4-3-06
Interment space for: Gerald Cobertson &
Interment Date: 4-6-06 Time: 11:30 6.5.
Div:_10 Sect: Blk/Rqw: Lot: 3819 Gr:_1
Grave Laid out by forman tengunan
Agrees with Legal Card: Yes No
Agrees with Map: 🗆 Yes 🗆 No Filgs
Blind Check & Verified By: Bate:

19663 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 6035-03

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

2. DATE OF BIRTH 04/12/1940

3. DATE OF DEATH 03/30/2006

M SEX

CITY OF DEATH

GERALD

ROBERTSON

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE

N DIEGO

5B. COUNTY OF DEATH - OUTSIDE CALIF., SAN DIEGO

JOHN J. ROBERTSON, SON 3814 HELIX STREET

78. CALIF LICENSE NUMBER - IF APPLICABLE

FD1083

SPRING VALLEY, CA 91977

8B. DATE SIGNED 04/03/2006

TA. NAME OF DECEDENT - FIRST (GIVEN)

BLVD SAN DIEGO, CA 92115 ACKNOWLEDGEMENT OF APPLICANT if the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

MA. SIGNATURE OF APPLICANT - Person twing permit Doning

PERMIT

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALE-ORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-TRY FOR THE DISPOSITION SPECIFIED IN THIS PLEIMIT. NOTE: THIS PERMIT MAY NO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.

TA, TYPED NAME AND ADDRESS OF CALFORNIA - FUNERAL DIRECTOR ON PERSON ACTING AS SUCH FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON

SA, AMOUNT OF FEE PAID \$11.00

04/03/2006

NANCY L BOWEN, MD

SC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

ANY CHANGE IN DISPOS-IDON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - FEATINGCOUNTS INCLUDING SE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FOROGROUP AND TRANSPORTED INCLUDING

SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

COLEMAN

10. AUTHORIZED DISPOSITION(S)

FOR CORONER'S USE ONLY

CR/BU

COMPLETE ALL APPLICABLE

BURIAL CREMATION

> SCIENTIFIC USE

SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SO. CA CREMATORY 601 D CRANE

ST., LAKE ELSINORE, CA 92530

13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS RICREMATED REMAINS ARE TO BE SHIPPED TRANSIT

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION, IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

11B. DATE BURIED

4-6-06 128. DATE CREMATED

-06

14B. DATE SHIPPED

15B DATE OF

138, DATE RECEIVED

14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

11C SIGNATURE OF PERSON IN CHARGE OF BURIAL

Te 12C. SIGNASURE OF PERSON IN CHARGE OF CREMATION

DISPOSITION

15C. SIGNATURE OF PERSON IN 16D. LICENSE NUMBER OF CHARGE OF DISPOSITION

Norman

CREMATED REMAINS DIS-POSER - 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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

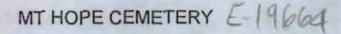
NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT HOPE CEMETERY

INTERMENT ORDER

AT need City of San Diego Date 4-3-06 PIN# 130105 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Apri L Church Chapel Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned Grave space & Care Fund Qvertime/Late Arrival Fees Opening/Closing & Setup Burial Container Handling Fees. Flower vases - Marker setting fee Recording/Filing/Transfer Fees Sales taxes Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Invoice # E-19664 Acct. #



GRAVE BLIND CHECK FORM

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

and the second second					
	me TALL	3			
		x	4477		
		TUNZON			
Blind Check Ini	tiated By:			_ Date: _	
Interment space	e for: Da	vid f	1. Cos	stue	-
Interment Date	April	11100T	ime:	1:00	4/11
Div: 12 Se	ect: 2B	Ik/Row:	Lot:	99 0	Sr: 7
Grave Laid out	by Jorn	on te	ngs	en	
Agrees with Le	gal Card: Ø	Yes C	J No		
Agrees with Ma	ap: Ves	01	Vo		
Blind Check &	Verified By:	Vaire	Mories	Date:	4-5-06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS TA NAME OF DECEDENT - FIRST (GIVEN) 2 DATE OF BIRTH 3. DATE OF DEATH 1C. LAST (FAMILY) 01/14/1969 MONTH, DAY, YEAR 04/01/2006 ALAN COSTA M NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE Y OF DEATH 5B. COUNTY OF DEATH - OUTSIDE CALIF. N DIEGO SAN DIEGO GRACE COSTA, MOTHER A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL 78 CALIF LICENSE NUMBER - IF APPLICABLE FD1357 3738 52ND STREET SAN DIEGO, CA 92105 CAJON BLVD SAN DIEGO, CA 92115 BA. SIGNATURE OF APPLICANT - Person to BE DATE SIGNED ACCOMMULEDGEMENT OF APPLICANT of the Pleath and Safety Code, and was authorized presument to Section 7108 of the Pleath and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE GALFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT IN NOTE THIS PERMIT DIVEN NO ROSHT OF DISPOSAL DUTSING OF CALFORNIA MA. AMOUNT OF FEE PAID SB. DATE PERMIT ISSUED 04/05/2006 PERMIT 11.00 NANCY L BOWEN, MD AUTHORIZATION OF LOCAL REGISTRAR BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DIAM COLUMN SINCE FORM SE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FOR COLUMN AND PROPERTY OF THE COLUMN AND PROPERTY OF TH ANY CHANGE IN DISPOS-ITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10 AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY CR/BU 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 110. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT HOPE CEMETERY 3751 MARKET STREET BURIAL -11-06 SAN DIEGO CA 92103 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY PERSON IN CHARGE OF CREMATION 12B DATE CREMATED SOUTHERN CALIFORNIA CREMATORY 601-D CREMATION 6-06 CRANE ST LAKE ELSINORE CA 92530 APPLICABI 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 148 DATE SHIPPED COMPLETE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 15C SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF CHARGE OF DISPOSITION CHEMATED REMAINS DISPOSER - IF APPLICABLE 156 DATE OF SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY DISPOSITION

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

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.8, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (RUSINESS AND PROFESSIONS CODE SECTION 9740.) WITHIN ANY CALENDAR YEAR (BUSINESS AND PROFESSIONS CODE SECTION 9740)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY, (HEALTH AND SAFETY CODE SECTION 7116.)



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/3/06

You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
ina ton seal	Funeral, date, time Tyday, April 7
Church, Chapel Graveside 11:00	oam Sishop Mortuary
All Funeral cars must arrive before 3:00 p.m.	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 11 Section 2	BIK/Row _ Lot _ Lo Grave 3
Grave space & Care Fund	/ 1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	355.00
Handling Fees.	131,50
Flower vases - Marker setting fee	115 5000
Recording/Filing/Transfer Fees	COR DEMETERS 65-8
Sales taxes MOVXII	27.5
4/4/poto	Total Due 1971
Paid	d receipt number 1 5155 1 1111.3
I hereby certify I am the Micce	Balance due
and this is your authority to make disposition	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
	Viretta F. Celestina-Hina
hereby authorize the interment in lot I	Dat Repull Dince + 977
Signature X	Chile 1 Ste Can 9191
	(9/10) 818-2910 Ep Code
	Elections
/_	Invoice #
Work green# E-19665	Acct. #
REA-f04 (3-04) This infon	mation is available in alternative formats upon request.

O Printed on received paper



THE CITY OF SAN DIEGO

€ 19665

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 4-3-06	From: Paulette
To: Gwen (Bishop Mort.)	Telephone #: (619) 527-3400
Telephone #:	Fax #: (619) 527-3403
Fax #	Pages (including this cover sheet):
Subject: Information to be filled in by Mortuary	

Confirmation of date, time and if Mortuary is paying for burial must be received by Mt Hope Cemetery with-in 24 hrs of receipt or service will not be scheduled

Date and time faxed to Mortuary:	4-3-06 340pm
Burial fee amount due:	paid in full
Burial service fee for:	Viola Guss
Date and time of burial service:	Friday April 7th
Due date of burial fee to Mt Hope Cemetery:	·N/A
Prepared by:	Payless
Signature:	Paulette
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	
Comments: Please Car time of Serv	4 to firm date and
time of serv	ice. 0
59961-3 -	

pe Cemetery n • 3751 Market Street • San Diega, CA 92102-4527

3400 • Fax (619) 527-3403



THE CITY OF SAN DIEGO

E-19665

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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

quantication.			1366		
Name of Deceased:	Vioh	E.	Guss	-	
Address:	4575	Ols	GON	ST TH	5
City:	San Diego		State CA	_Zip Code	40169
City of San Diego re	sident? (Circle)		YES		NO
Size of Family (che	eck one)				
Annı	ial Income			Annual Inc	come
(1) \$13,440		(4)	\$37,310		
(2) \$22,020		(5)	\$44,030		
(3) \$30,230		(6)	\$51,490		
Residency is the reside hospital unless said stay I hereby certify und above statements are	exceeded one year. er penalty of perjur	ry under (he laws of t		California that the
Signed/Relationship				Date	
Proof of Residency: Vali one of the following: Curr current month rent receipt	rent Utility Bill Curren	t Monthly C	fication card dis hecking/Bank S	playing City of statement Rent	f San Diego address and al/Lease Agreement and
Approved by				Date	
Current Approved By Date	_documents verified or	n:			



619 934 7308

V. Celestine-Hines

(619) 934-7308

p. 1

*** REC 2006093 182336 H93111E0 F2V5 CIPQYAB PQAB (F-DRA) ***

CIAL SECURITY ADMINISTRATION

Apr 03 06 04:06p

E19665

Date: April 3, 2006

Claim Number: 417-46-0308W7

VIOLA E GUSS 3251 L STREET SAN DIEGO CA 92102-4332

You asked us for information from VIOLA GUSS'S record. The information that yo requested is shown below.

Other Important Information

DATE OF DEATH FOR MRS. GUSS WAS 02/07/2006, SHE IS NO LONGER RECEIVING BENEFITS, WHEN SHE WAS ALIVE SHE WAS RECEIVING SSI IN THE AMOUNT OF \$812.00 PER MONTH, THANKS.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213. We can answer most questions over the phone. You can also write or visit any Social Security office.

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

OFFICE MANAGER

MESSAGE CONFIRMATION

04/03/2006 15:36 ID=SD MT. HOPE CEMENTERY

DATE

S.R-TIME

DISTANT STATION ID

MODE

PAGES

RESULT

04/03

01'57"

6194664461

CALLING

02

OK

0000

84/03/2006

15:34

SD MT. HOPE CEMENTERY + 94664461

NO.996

DØ1



THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 4-3-06	From: Paulette
To: Gwen (Bishop Mort)	Telephone #: (619) 527-3400
Telephone #:	Fax #: (619) 527-3403
Fax #	Pages (including this cover sheet):
Subject. Information to be filled in by Mortuary	

Confirmation of date, time and if Mortuary is paying for burial must be received by Mt Hope Cemetery with-in 24 hrs of receipt or service will not be scheduled

.

AT- Need (NON-Res) MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 4-4-06

of		Jack	(Li	ly blade	(1)	#13	0141	1000
in a	ASH	Vant	T	Funeral, d	late, time _	Tues.	host o	- 517
Church, C	Type of Chapel, Gr	aveside				inrad	460-4	Mortuary
All Funera	al cars mu	st arrive befo	ore 3:00	o.m. of regular	work day or	an extra ch	arge of \$	283.0
		billed to und	100	A CHARLES CANADONS				. x
35.7%						see at	tach for s	mely
Division_	5	_ Section _	8	Blk/Row	Lo	15	Grave	
imus ess	ace & Car	o Eund		B-90				0
			*******	enneteinmonina.				
	Late Arriv		*************		***************************************		F,	99.00
		Setup		Vault				THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED
				B B B W				
landling i	Fees				l.B.		<u>1</u>	14.00
		ker setting fe			2000		ET.	0000
Recording	/Filing/Tra	ansfer Fees.		APR 0 7	ZUUD			85.00
Sales taxe	95							8.06
mort	TO	pay	MOU	NT HOPE	Tota	Due	OLLESSES	10.06
T S	ervic	e 15	F	Paid receipt nur	nber R-	59563		10.06
tra 6	charg	e#396	00/			Baland	e due	0_
hereby c	ertify I am	the				V of the al	ove name	d deceden
				sition of remain ration and I agr		indicated.	certify an	d represent
				on and interme		in Hope oc	Tracket y Tree	
hereby a	uthorize ti	he interment	in lot I	X	10	o at	tal	
old under		ile iligarinein	311 mar. 1	Print	Name /	1.	4	
-			X	Addre	rss 70	2 rug	natu	
gnature		tour .	ASL VI	ault Cay				Zip Code
					hone			37
	1 12		20147		-			
7" W		11.	,					
9" W	54	19666		Invo	nice #			





MT HOPE CEMETERY 6 19666

GRAVE BLIND CHECK FORM

Write in the nam block marked wit existing marker's the burial space.	h "X". Place in the appr	e the name opriate spa	's, lot # a	nd grave #	of all
		vewed of	Ser J		
	Storens	X	Thyha	17/1/2	
		Charbal	Migh		
Blind Check Init	istad By: P	autett	-	Date: S	-7-
Interment space			400		
Interment Date:	5/2/	06 T	ime:	AYD	51.50
Div:_5_ Sec			Lot: _	15 Gr	:_9
Grave Laid out	by: WAR	REPL			
Agrees with Leg			J No		

Blind Check & Verified By: Jaman Faren

Date: 5-2-00

© coding of Assertal paper

JUDITH ANFINSON

Tals information is available in alternative formats upon regulant.

(date and

NO FAMILY PRESENT WHEN BURGED; NO SERVICES AT GRAVE.

Work Order # E- 19666

REA-164 (3-04)

PAGE 81

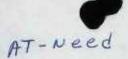
312 E 19666 Comad called. Conduct burial Call after family will come and bring allowers at alater time

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

9666 N REMAINS 90835

NAME OF DECEDER			The state of the s			10
	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4 SI MONTH, DAY, YEAR
IACK		EDWIN	LILYBLADE		07/22/1935	04/03/2006 M
OF DEATH			5B. COUNTY OF DEATH		IAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND ZIP C
LONG BEAC	H		LOS ANGELES		JUDITH M. ANFIN	NSON- SISTER
TYPED NAME AND AG	ORESS OF CALIFORNI		PERSON ACTING AS SUCH 78. CALIF.	PLICABLE	4584 THIRD ST.	
	NERAL HOME	9903 E. FLO	WER ST. FD-	750 1	A MESA, CA 91	1941 Penan Managarma : 88. DATE SIGNI
BELLFLOWE				The state of the s	SIGNATURE OF APPLICANT	Penno taking partie 8B. DATE SIGNE
ACKNOWLEDGEMENT OF A	PPUGANT I hereby sold of the Health	owledge we applicant that the proposed and Sahity Code, and was authorized p	disposition stated herein is one of the dispositions as whosen to Section 7100 of the Health and Salety Cod		x votoria ce	yn 4/12/2
og-mag.	THE CALIFORNIA HEALTH	N ACCORDANCE WITH PROVISION AND SAFETY CODE AND IS THE N SPECIFIED IN THIS PERMIT O RIGHT OF DISPOSAL OUTSIDE OF	AUTHOR 611 00	04 / 12 / 20		HALL BY TO AC
Y CHÂNGE IN DISPOSI- ON REQUIRES A NEW LIMIT TO SHOW FINAL DISPOSITION	2525 G	rand Ave.	38	POSITION IS TO OCCUP IN A	STRICT OF DISPOSITION— NOTHER DISTRICT IN CALFORNIA S ST. PO BOX 92186	85222
AUTHORIZED DISPOS	ITIONIS) OHECK APPLIC					ORONOR'S USE ONLY
D CREMATION			TE DISINTERMENT		(Norw and Address	84)
B. CREMATION G. DISPOSITION OF THAN HE A CLIME D. SCIENTIFIC USE BUHIAL	MOUNT HOP	DHESS OF CALIFORNIA CE CEMETERY 3	751 MARKET ST.	118. DATE BUHIED 5- 4:06	11C SIGNATURE OF PER	RSON IN CHARGE OF BURIAL
G. DISPOSITION OF THAN IN A CLIME D. SCIENTIFIC USE	11A NAME AND AC MOUNT HOP SAN DIEGO 12A NAME AND AC OCEANVIEW	DHESS OF CALIFORNIA C	G. SHIP IN TO CALIFORNIA H. THANSIT TO OUTSIDE O	F CAUFORNIA	11C SIGNATURE OF PER	
C. DISPOSITION OF THAN HI A CEME O. SCIENTIFIC USE BURIAL	11A NAME AND AL MOUNT HOP SAN DIEGO 12A NAME AND AL OCEANVIEW COSTA MES	DDHESS OF CALIFORNIA OF CAMETERY 3, CA 92102 DDHESS OF CALIFORNIA CREMATORY 1 A, CA 92626	G. SHIP IN TO CALIFORNIA H. THANSIT TO OUTSIDE O	118. DATE BURIED 5-0-06 128. DATE CREMATE	11C SIGNATURE OF PER	RSON IN CHARGE OF BURIAL
G. DISPOSITION OF THAN IN A CHM. D. SCIENTIFIC USE BUHIAL CREMATION SCIENTIFIC	11A. NAME AND AL MOUNT HOP SAN DIEGO 12A. NAME AND AL OCEANVIEW COSTA MES. 13A. NAME AND AL	DDHESS OF CALIFORNIA (E CEMETERY 3 , CA 92102 DDHESS OF CALIFORNIA CREMATORY 1 A, CA 92626 DDHESS OF CALIFORNIA	G. SHIP IN TO CALIFORNIA H. THANSH TO OUTSIDE CO TO THE THANKET ST. CREMATORY 625 GISER FACILITY RECEIVING REMAINS	5- J-06 12B. DATE BUHIED 12B. DATE CREMATE APR 1 3 200	11C SIGNATURE OF PER 12C SIGNATURE OF PER 13C SIGNATURE OF PER	RSON IN CHARGE OF BURIAL FIGURE RSON IN CHARGE OF FACILITY RSON IN CHARGE OF FACILITY NATURE OF PERSON IN CHAR

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



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-4-06

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter	the remains
of Dolores	Baker PIN 206	52
ma DD CrypT "A"	Funeral, date, time April 7	06 11:0
Church, Chapel, Graveside	: Humpikeys'	Mortuary
All Funeral cars must arrive before 3:00 p.m.		213.0
will be applied and billed to undersigned.	ay & Baken	
Division 12 Section 2 Bi	K/Row Lot 8 Grave	12
Grave space & Care Fund	744 E-19133	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		0
Burial Container DD	CrypT	0
Handling Fees		0
Flower vases - Marker setting fee while	de pd (1979)	0
		0
Sales taxes	ACTIVITIES OF THE PARTY OF THE	0
	Total Due	0
Paid	receipt number	
San	Pd IN Full Balance due _	0
I hereby certify I am the_ and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above name of remains as above indicated. I certify a mand I agree to hold Mt. Hope Cemetery hand interment.	and represent armless from
I hereby authorize the interment in lot I	Y RAY I, BAKE THE NAME & SOLD LOGAN AV	SR.
Ta. Bake	4 2961 LOGAN AV	E
Torund To Tarket F	SAN DIEGO CA 9	72/13 Zip Code
	Invoice #	
Work Order # E- 19667	Acct. #	

MT. HOPE CEMETERY

INTERMENT ORDER

Dre-need City of	San Diego
1	Date 0 13003
You are hereby subhorized and instructed subject	ot to your rules and regulations, to inter the remains (
d 18 8 2 141	Dolores Baker
ina dd en ot A Fu	neral, date, time
Church, Chapel, Graveside	: Mortuary.
All Funeral cars must arrive before 3:00 p.m. of r	
will be applied and billed to undersigned.	ogene non auf a an an an an age a r
will be applied and office to disconsigned.	
Division 12 Section 2 Blk/R	ow Lot 8 Grave 12
Grave space & Care Fund	7974
Overtime/Late Arrival Fees	
Opening/Closing & Setup	41300
Burial Container dda	upt 418.00
Handling Fees one	MAR 2 / 2006 352.00
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees Oncline	JUNI 1 2 20 50.00
Sales taxes	hu VISTO acrd 32.40
a pd	h y U Total Due 1265.40
(3)27) Paid rec	elpt number 25% down 316.00
ALC C	
I hereby certify I am the * tamily (50	ee back) of the above named decedent
that I have the right to make this authorization ar	remains as above indicated. I certify and represent in a gree to hold Mt. 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
ndo under deed.	Address
Signature Like Letter out	CON TOTAL ZOCODO
signature Signature	Address La Cacal Zo Code
mild was come this can of i	Do
IN TOPHOE DA O O = T	Invoice #P
Work Order # E 19233	Acct. #

MT HOPE CEMETERY [19667

GRAVE BLIND CHECK FORM

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

		Livo		
BROWN	CHEATOM	BAKER	/Lanek	
		PUES		

Blind Check Initiated By: Date:	
Interment space for: Dolores Baker FRI Interment Date: April 7,06 Time: 11:00	
Div: 12 Sect: 2 Blk/Row: Lot: 8 C	ir: <u>/</u> }
Agrees with Legal Card: Yes No	
Agrees with Map: X Yes	
Blind Check & Verified By: Date:	4.4-06

F-19667

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

OLORES	- FIRST (GIVEN)	18. MIDOLE	BAKER		MONTH, DAY, YEAR IMONT	H DAY YEAR F
NY OF DEATH			SB. COUNTY OF DEATH ENTER STATE SAN DIEGO	A	AME RELATIONSHIP FULL MAILING A F. INFORMANT INITA BAKER LLOYD	
		153 BROADWAY CHULA		4 E	372 CONEJO CT. EL CAJON, CA 92021 SIGNATUTE UT APPLICANT - PARADELLA	
NOWLEDGEWENT OF APPL	JGANT hereby acknow of the Health ark	edge as applicant that the proposed stated norsh I Safety Code, and was authorized pursuant to So	n is on of the dispositions authorised in 7100 of the Health and S	nized by Section 103055 alety Code	3	04/06/2006
PERMIT IN	E CALIFORNIA HEALTH FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11.00	04/06/2006	NANCY L BOWEN	
COAL REGISTRAR 90	ADDRESS OF REGIS	TRAR OF DISTRICT OF DEATH - PREATH OF	OCCURRED IN CALIFORNIA DE AD	DRESS OF REGISTRAR OF D	DISTRICT OF DISPOSITION P DAMESTIC	DIE IN TO DOTTE IN A WAYNESS OF THE OUT IN COLUMN
DISPOSITION	SAN DIEGO 3851 ROSEO SAN DIEGO		RDS -			
	THE RESERVE TO SERVE THE PROPERTY OF THE PROPE					
AUTHORIZED DISPO			FOR	CORONER'S USE O	ONLY	
	SITION(S)		FOR	CORONER'S USE O		
AUTHORIZED DISPO	SITION(S)	DDRESS OF CALIFORNIA CEMETERY CEMETERY 3751 MARK O, CA 92102		11B DATE BURIED	11C SIGNATURE OF PERSON II	N CHARGE OF BURIAL
AUTHORIZED DISPO	SITION(S) 11A NAME AND A MT. HOPE (SAN DIEGO	CEMETERY 3751 MARK	ET ST.		11C SIGNATURE OF PERSON II	homes
AUTHORIZED DISPO URIAL BURIAL	11A NAME AND A MT. HOPE (SAN DIEGO 12A NAME AND A	CEMETERY 3751 MARK 0, CA 92102	ET ST.	11B DATE BURIED 4-7-4	11C SIGNATURE OF PERSON II	CHARGE OF CREMATION
BURIAL CREMATION SCIENTIFIC	11A NAME AND A MT. HOPE (SAN DIEGO 12A NAME AND A 13A NAME AND A	CEMETERY 3751 MARK D, CA 92102 DDRESS OF CALIFORNIA CREMATOR'	CET ST.	11B DATE BURIED 4-7-4 12B DATE CREMATED	11C SIGNATURE OF PERSON II	N CHARGE OF FACILITY

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DORS NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

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MT. HOPE CEMETERY

INTERMENT ORDER

pre-need trust

City of San Diego

Date 4-5-06

or for Walter And	A Section 1997 Annual Control of the		- C-100	200
I trees	Funeral, date, t			
Type of Burst Container Church, Chapel, Graveside	;		Mortus	ary
All Funeral cars must arrive before 3:00	p.m. of regular work	day or an extra o	charge of \$	
will be applied and billed to undersigned				
Division 10 Section —	Blk/Row	Lot 182	Grave	
Grave space & Care Fund	- 9283		- 0	
Overtime/Late Arrival Fees				_
Opening/Closing & Setup		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	708	-
Burial Container	CH S		359	-
Handling Fees.	AIP		275	
Flower vases - Marker setting fee	n:::::::::::::::::::::::::::::::::::::			
Recording/Filing/Transfer FeesAFK	0 3 2000		85	4
Sales taxes	VOE CEMETE	RY	27.8	2
Wonkitte	7 - 0	Total Due		32
	Paid receipt number	P-3021	7 1,484	8.
1.11	1	7	nce due	
I hereby certify I am the \$318101 and this is your authority to make dispose	sition of remains as	above indicated	above named decede	ent
that I have the right to make this authorization any liability on account of said authorization	tation and I agree to	hold Mt. Hope C	emetery harmless fro	om
	, V.	- A	230091	N
I hereby authorize the interment in lot I hold under deed.	Prest Name	thleen	brook Ct	
* Hotalus & Shoo	& XIdle	16 Tillet	a Orange	-
Signature	Cay	UHY	92064	ode
	Yesephone 2	08-487	-8012	
Paulette	to also a			
Work Order # E- 19668	Invoice #			
Work Order# = 17000	. Acct. #_			-

€ 19668



CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY 10/31/1970

5234

naan

OWNERSHIP AND INTERMENT PRIVILEGES

TO Erma C. Jgnson				for	or the sum of \$		165.00	(DOLLARS)
LEGAL	DESCRIPTION	Lot	182	Division	10			
AS DES	SCRIBED ON PURCH.	ASE O	RDER	NUMBER	0-9283			

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:

Single grave purchase - Standard flush marker 12" X 24"

Cemetery Manager

Director of Parks and Public Facilities

PW-584 (REV. 5-70)

MT. HOPE CEMETERY

AT- Need (Res)

INTERMENT ORDER

City of San Diego

	Date 4-6-06
	Pin# 230103
You are hereby authorized and instructed, subject to your	
of ESTIFANOS Berhane	Sequar
in a LINET Funeral, date	te, time April 08, 2006 1,00
Church, Chapel Graveside) / OOP m	T = 1 - 10 - d = 154 0 7
All Funeral cars must arrive before 3:00 p.m. of regular wo	
will be applied and billed to undersigned. A R25	
Division 12 Section 2 Blk/Row	Lot /86 Grave
Section 9 Bildrow	H
*Grave space & Care Fund	2, 264.00
Overtime/Late Arrival Fees 54+ Fe	e <u>851.00</u>
Opening/Closing & Setup.	533.00
Burial Container LINE	270.00
Handling Fees. APR 0	206.00
Flower vases - Marker setting fee	6 2006
Recording/Filing/Transfer Fees	E CEME 65.00
Sales taxes MOUNT HUP	10.93
	Total Due \$4,209.93
Paid receipt numb	0 ===== " U LOGE = 3
T and topologic recommendation	Balance due _ O
I hereby certify I am the BROTHER IN Ly and this is your authority to make disposition of remains that I have the right to make this authorization and I agree any liability on account of said authorization and interment	as above indicated. I certify and represent to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I	ALAZAR TESFAMAR 8734 BIGGROST
Signature Address	SPRING VALLEY 9197
Chy X. (619-460-2156 aprindo
Telephov	OR I

REA-104 (3-04)

Work Order # E-19669

This information is available in alternative formats upon request.

Invoice # __

Acct. #

O Protection market paper

E19669

DAN CALIFORNIA DAN

DRIVER LICENSE

CLASS: C



ESTIFANDS BERHANE SEQUAR 3847 MILSON AVE SAN DIEGO CA 92184

SEX:M HAIR:BLK HT:6-82 WT: 198

DOB: 01-25-60

RSTR: CORR LENS

09/16/2005 212 DL FD/09

MT HOPE CEMETERY 6-19669

GRAVE BLIND CHECK FORM

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

			1	
	FII X			
	# 5 LOT-197 CIAYTON			
	35			
ated By:	Sand	G ₄	_ Date:	4-6-06
for: Es	TiFanos L	Berhan	e Seg	uar
April	08 20067	Time: /	:00 6	-5
2	Blk/Row:	Lot	186	Gr:_//_
al Card:	☐ Yes 〔	J No		
: O Yes	01	No		
erified B	1			
	for: Es Sat April t: 1 y: Arm al Card:	for: ESTIFANOS L Sat April 08 20067 : L Blk/Row: L y: Norman Fer al Card: 1 Yes	for: Estifanos Berhan Sat April 08 2006Time: / L: L Blk/Row: Lot	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2 DATE OF BIRTH 1A. NAME OF DECEDENT - FIRST (GIVEN) 1B. MIDOLE IC LAST (FAME) 3. DATE OF DEATH 4. SEX **ESTIFANOS** SEQUAR M 01/25/1960 04/04/2006 SA CITY OF DEATH 58. COUNTY OF DEATH - OUTSIDE CALIF., 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SAN DIEGO SAN DIEGO ASTIER TEFAMICHAEL, NIECE ED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER - IF APPLICABLE **1969 DAIN DR** NERARIA AZTLAN MORTUARY SERVICE, 7856 LA LEMON GROVE, CA 91945 FD1658 MESA BLVD LA MESA, CA 91941 BA. SIGNATURE OF APPLICANT - Person taking 88. DATE SIGNED 04/07/2006 ACKNOWLEDGEMENT OF APPLICANT I bereity acknowledge as applicant that the proposed stated herein is on of the depositions authorized by Section 193055 of the Health and Sefety Code, and was sufficient pursuent to Section 7100 of the Health and Sefety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA NEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS FERMIT NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR IBSUING PERMIT J.L.GAJON JR PERMIT \$11.00 04/07/2006 2604111 AUTHORIZATION OF LOCAL RESISTRAR 60. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # DEATH OCCURRED IN CALFORNA SE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - P DEPOSITION IS TO OCCUP IN ANOTHER DISTRICT IN OULFORNIA ANY CHANDE IN DISPOS-MICH REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BU 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED URE OF PERSON IN CHARGE OF BURIAL 11C SIGNA MOUNT HOPE CEMETERY, 3751 MARKER BURIAL ST., SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED ATURE OF PERSON IN CHARGE OF CREMATION CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE F 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE COMPLETE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER

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.

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

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE

COPY 1

TRANSIT

SCATTERING/BURIAL

AT SEA OR DISPOSITION OTHER

THAN IN CEMETERY

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

158 DATE OF

DISPOSITION

VS9e (REV.12/04)

OSER - IF APPLICABLE

15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CHARGE OF DISPOSITION CREMATED REMAINS DIS-

SPECIAL INSTRUCTIONS REGARDING CREMATION

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Printed on: 04/07/2006 11:26 AM

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAIN: USE BLACK INK ONLY - MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS

2. DATE OF BIRTH 1A. NAME OF DECEDENT - FIRST (CIVEN) 18. MIDDLE IC LAST FAMILY 3. DATE OF DEATH 4. SEX SEQUAR **ESTIFANOS** 04/04/2006 01/25/1960 SA CITY OF DEATH SH. COUNTY OF DEATH - OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SAN DIEGO OF INFORMANT SAN DIEGO ASTIER TEFAMICHAEL, NIECE ED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER - IF APPLICABLE **1969 DAIN DR** NERARIA AZTLAN MORTUARY SERVICE, 7856 LA LEMON GROVE, CA 91945 FD1658 MESA BLVD LA MESA, CA 91941 BA. SIGNATURE OF APPLICANT - Person taking p 04/07/2006 BOOK & ACKNOWLEDGEMENT OF APPLICANT of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RISHT OF DISPOSAL OUTSIDE OF CALIFORNIA. OR DATE PERMIT ISSUED SC. 9A. AMOUNT OF FEE PAID \$11.00 PERMIT 2604111 04/07/2006 AUTHORIZATION OF LOCAL REGISTRIAR SE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - F DISPOSITION IS TO GOOD IN AMADINE THE DISPOSITION OF THE PROPERTY OF T 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -- FORATH-DECIMENT IN CALIFORNIA ANY CHANGE IN DISPOS-ITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10 AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BU 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY, 3751 MARKER BURIAL ST., SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B. DATE CREMATED APPLICABLE ITEMS CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC DISE COMPLETE ALL 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 148 DATE SHIPPED REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CHARGE OF DISPOSITION CREMATED REMAINS DISPOSER — IF APPLICABLE 15B. DATE OF 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION DISPOSITION SCATTERING/BURIAL SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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Printed on: 04/07/2006 11:26 AM

E 19669

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY - MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT - FIRST (GIVEN) 1B. MIDOLE SEQUAR 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX **ESTIFANOS** 01/25/1960 04/04/2006 5A. CITY OF DEATH 6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58. COUNTY OF BEATH - OUTSIDE CALIF., SAN DIEGO SAN DIEGO ASTIER TEFAMICHAEL, NIECE ED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER - IF APPLICABLE **1969 DAIN DR** NERARIA AZTLAN MORTUARY SERVICE, 7856 LA LEMON GROVE, CA 91945 FD1658 MESA BLVD LA MESA, CA 91941 SA SIGNATURE OF APPLICANT - Passas to 8B. DATE SIGNED 04/07/2006 ACKNOWLEDGEMENT OF APPLICANT of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. mon THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT MOTE. THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA A AMOUNT OF FEE PAID J.L.GAJON JR SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$11.00 PERMIT ▶ 2604111 04/07/2006 AUTHORIZATION OF LOCAL REGISTRAR BD ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -- IF DEATH GOCUMBED IN DALIFORNIA SE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - F DEPOSITION - TO DOOR IN AHOMER DISTRICT IN CALFORNIA. ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10 AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BU

11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY, 3751 MARKER BURIAL ST., SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION ALL APPLICABLE 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED COMPLETE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15D LICENSE NUMBER OF CREMATED REMAINS DIS-POSER - IF APPLICABLE 15B DATE OF 15C. SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION. SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN SEMETERY SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

C-19669

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

1A. NAME OF DECEDENT—FIRST (CIVEN) 1B. MIDDLE ESTIFANOS		SEQUAR	1C LAST (FAMLY) SEQUAR		2 DATE OF BIRTH 01/25/1960	15476	OF DEATH	4. SEX			
-	SAN DIEGO			ENTER STATE	SAN	DIEGO		RELATIONSHIP, FULL			ZIP CODE
3	funeraria a	AZTLAN MUNCO	MESA, CA 91941	IN ACTING AS SUCH 7	FD-16	CABLE	1969 LEMAN 8A. SIGNA	DAIN DR., N GROVE, CA TURE OF APPLICANT		HINE BB DATE	
	ACKNOWLEDGEMENT OF A	APPLICATET I hereby source of the Houth a	wedge as applicant the the proposed disposition and Safety Code, and was authorized pursuant to	n stated herein is one of the disp Section 7100 of the Health and	custors authori Sarwy Goda	and by Sentiur 103055	> 1	w from to	Cor.	2 04/0	7/2006
-	ALCHICOLZATION OF	THE CALIFORNIA HEALTH /	ACCORDANCE WITH PROVISIONS OF VAD SAFETY CODE AND IS THE AUTHOR SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL GUTSIDE OF CALIFORN	211.00	E PAID	04/07/200	M JK	UC. SIBNATURE OF LOCA	AL REGISTA	AR ISSUING PE	RMIT
		IF DEATH OCCURR	GISTRAR OF DISTRICT OF DEA ED IN CALIFORNIA P.O. B CA 92185-5222	Company of the second s				T OF DISPOSITION — I DISPINCT IN CALIFORNIA			
10	AUTHORIZED DISPOS	SITION(S) CHECK APPLICA	ABLE ITEMS		-	MUNI		FOR CO	ORONOR'S	USE ONLY	N S
The same of the same of	B. CREMATION G. DISPOSITION OF THAN IN A CEMET D. SCIENTIFIC USE	CHEMATED REMAINS O	пнея	E. TEMPORARY EN	HOFINIA			I DISPOSITION PI		REMAINS LOCAT	TED AT
	SURIAL.		CA 92102	MARKET ST.		IB. DATE BURIED	110	SIGNATONE OF BER	SON IN CH	ARGE OF BU	HIAL.
N.E. ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			1	28 DATE CREMA	TEN 120	SIGNATURE OF PER	ISON IN CH	HARGE OF CR	EMATION.
UL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			INS 1	38. DATE RECEIV	/ED 130	SIGNATURE OF PER	ISON IN CH	IARGE OF FA	CILIT
14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO 0		TO STATE OF THE PARTY OF THE PA		4B, DATE SHIPPE	D 140	14C. ADDRESS AND SIGNATURE OF PERSON IN OF PLACING WITH THE CARRIER		CHARGE			
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IF BURIAL AT SI	REST POINT ON SHORELINE O IDENTIFY FINAL PLACE AND CA EA, ONLY ENTER LATITUDE AND	DISTRICT OF DISPO		5B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		IND LICENSE CREMATED RE POSER — IF A	MAINS DIS-

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MT. HOPE CEMETERY

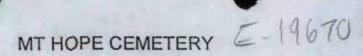
INTERMENT ORDER

City of San Diego

At Weed SD Resident

Date 4	10	Ole
20,000		

You are hereby authorized and instruct			er the remains
of Victor C. E	sabel fin	# 108010	10.0
in a Type of Burel Container	Funeral, date, t	me Thurs 13th	10:00
Church, Chapel Graveside All Funeral cars must arrive before 3:0		Goodbody	Mortuary
will be applied and billed to undersigned	ed		
Division 10 Section			•
Grave space & Care Fund			
Overtime/Late Arrival Fees			F22 -
Opening/Closing & Setup		19	200
Burial Container	APR 1 I	7 2006	2010-
Handling Fees	A	The state of the s	206.
Flower vases – Marker setting fee	TOTAL PROPERTY	CEMETERY	118.
Recording/Filing/Transfer Fees	MOUNT HOL	- 02	65.
Sales taxes			20.93
	Paid receipt number	Master God	12720
		Balance due	-0
I hereby certify I am the X and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	rization and I agree to	above indicated. I certif	amed decedent y and represent y harmless from
I hereby authorize the interment in lot I	X		
hold under deed.	Print Name		
(Address		
and the second s	Cay		Zip Code
Paulette	Telephone		
Work Order # E-19670	Invoice #		-
Work Order #	Acct. # _		-
The colonia of the co			



GRAVE BLIND CHECK FORM

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

•	Joinen Ella	X 41718	Jesus Alvarez		
Blind Ch	neck Initiated By	Sand Co	Carlos	Date:	4-11-0
Intermer	nt Date: 4 13		Time: 10		inurs.

Interment space for: VICTOR C. Gabel

Interment Date: 4 13 Time: 10 00 Thurs.

Div: 10 Sect: Blk/Row: Lot: 1218 Gr: Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: DARKEY Date: 4-11-06

E-19670

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT - FIRST JOVENI 3. DATE OF DEATH 4. SEX 2. DATE OF BIRTH CYRIL VICTOR GABEL M 02/17/1922 04/09/2006 54. CITY OF DEATH NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT 5B. COUNTY OF DEATH - OUTSIDE CALIF. SAN DIEGO SAN DIEGO LOIS E. GABEL, WIFE 74. TYPED NAVE AND ADDRESS OF CALIFORNIA - FLINERAL DIRECTOR OR PERSON ACTING AS SUCH 78. GALIF LICENSE NUMBER -- IF APPLICABLE 2152 REXFORD DRIVE GOODBODY MORTUARY, 5027 EL CAJON BLVD SAN SAN DIEGO, CA 92105 FD790 DIEGO, CA 92115 BA SIGNATURE OF APPLICANT - P 85 DATE SIGNED) ha 04/11/2006 ACKNOWLEDGEMENT OF APPLICANT of the regain and Safety Code, and was sulfunded pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALFORNIA HEALTH AND SAFFTY GOOD AND IS THE AUTHOR-ITY-FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GAY NO NIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA SC: SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT A AMOUNT OF PEE PAID 9B, DATE PERMIT ISSUED PERMIT 11.00 04/12/2006 NANCY L BOWEN, MD AUTHORIZATION OF LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - FERMINISTENSIA DESCRIPTION - PERMITTED TO DESCRIPTION ANY CHANGE IN DISPOS-THON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BURIAL

11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURGED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY, 3751 MARKET HURSAY. 4-14-06 STREET, SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B, DATE CREMATED 12C. 5/G ATURE OF PERSON IN CHARGE OF CREMATION ALL APPLICABLE ITEMS CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B DATE SHIPPED COMPLETE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION. 15C. SIGNATURE OF PERSON IN 15D, LICENSE NUMBER OF 158 DATE OF SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY CREMATED REMAINS DIS-POSER - IF APPLICABLE SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. DISPOSITION CHARGE OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9s (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

. LEED City	of San Diego				
At NEED City		Date_	4/7/06	2	
You are hereby authorized and instructed, sub	rdac Ja				ains
or Lois Jenser		Pin#			
ina ASH VALLIT	Funeral, date, ti	me SAT.	APRIL	15	1:00
Type of Build Coreaner Church, Chapel Graveside	1	famile	1	Mo	ntuary.
All Funeral cars must arrive before 3.00 p.m. o	of regular work of	day or an ext	ra charge of	s	
will be applied and billed to undersigned	Deliver, Indiana, College	1012-101-1121100			
Division TOOF Section Bile	/Row 24	_ Lot	Grave	8	
Grave space & Care Fund	655			201	
Overtime/Late Arrival Fees SA-T				100	2
Opening/Closing & Setup		AIL)		197	
Burial Container	APD n	7 0000		104	_
Handling Fees.	210	72005		114	-
Flower vases - Marker setting fee P - DOC Recording/Filing/Transfer Fees	119	0		01	
Recording/Filing/Transfer Fees		MEME	ERV	85	DI
Sales taxes				GOV	100
		R- SGS	-6-	700	0.00
Paid r	eceipt number	k- 242	07	70	00
		В	alance due	-6	1
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	of remains as a and I agree to	of t above indica hold Mt. Hop	ted. I certify	and repr	resent
I hereby authorize the interment in lot I hold under deed.	Print Name	S HA	50GN	970	1
HAGAHARM	ADZO L	The state of the s	THE RESERVE		1
Signature	City 619	992.3	2775	210	Zip Code
pauletle	1-1-1-1				
Pwork Order # E-19671	Invoice #		17.11		
I VVOIX Graer # S 12071	Acct.#_			menone ville	7,10

MT HOPE CEMETERY E -19671

GRAVE BLIND CHECK FORM

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

		Gillet	t Joh	mon	
•	Jensen Jensen	х			
			Booth	Flack	
Blind Check Initiate	ed By: Po	wette	- C.	Date: 4	10/06
Interment space for	r: Lois	Jens	en &	7	
Interment Date:	1-15-0	06 T	ime:	00 6	.S.
Div: TOF Sect:	BII	k/Row: Z	4 Lot:	5 G	r:_8_
Grave Laid out by:	Horma	n te	-		
Agrees with Legal	Card:	Yes [J No		
Agrees with Map:	Yes	01	10 t	109	
Blind Check & Ve	rified By:_	an	aven	Date:_	4-10-10

€ 19671

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1248

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 18 MIDDLE 2 DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT - FIRST (GIVEN) JENSEN LOIS VIRGINIA 10/09/1924 04/04/2006 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A, CITY OF DEATH 5B. COUNTY OF DEATH - OUTSIDE CALIF., **ENCINITAS** SAN DIEGO LOIS HARRINGTON, DPOA 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 320 W. PENNSYLVANIA AVENUE 78. CALIF, LICENSE NUMBER - IF APPLICABLE ACCU-CARE CREMATION CENTER, 2562 STATE STREET SAN DIEGO, CA 92103 FD1528 SUITE E CARLSBAD, CA 92008 BA. SIGNATURE OF APPLICANT - Person taking permit 88. DATE SIGNED Jolbert 04/10/2006 ACKNOWLEDGEMENT OF APPLICANT of the Househald service of the dispositions authorized by Section 193055 of the Househ and Safety Code, and was sulhorized pursuant to Section 7100 of the Househ and Safety Code. enera THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA MEALTH AND SAFETY CODE AND IS THE AUTHOR-ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT OR DATE PERMIT ISSUED 9A. AMOUNT OF FEE PAID NANCY L BOWEN, MD \$11.00 04/10/2006 PERMIT AL/THORIZATION OF LOCAL REGISTRAR BD ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCUPANIES OF DISTRICT SE, ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - F DISPOSITION IN TO COCUM MANORING DISTRICT IN CAUPO ANY CHANGE IN DISPOS-ITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY CR/BU 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY OF PERSON IN-CHARGE OF BURIAL 11B. DATE BURRED 11C SIGNATUR MOUNT HOPE CEMETERY 3751 MARKET BURIAL STREET SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C SIGNATURE OF PERSON IN CHARGE OF CREMATION 12B DATE CREMATED COMPLETE ALL APPLICABLE ITEMS **GATEWAY CREMATORY 1410 S. ACACIA** CREMATION OU AVENUE #D FULLERTON, CA 92831 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 148 DATE SHIPPED REMAINS R CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN 115D. LICENSE NUMBER OF 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. 15B DATE OF CREMATED REMAINS DIS-POSER - IF APPLICABLE CHARGE OF DISPOSITION SCATTERING/BURIAL DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN CEMETERY IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Preneed trust INTERMENT ORDER

City of San Diego

0	Date 4-10-	06
Pin# 226814	0.4 222,573	
You are hereby authorized and instructed	subject to your rules and regulations, to inte	er the remains
or FOR Paul Than, me	POTHA PHAM	
1-1		
in a (2) TS. Vaules Type of Burgi Container	Funeral, date, time	
Church, Chapel, Graveside		Mortuary
All Funeral cars must arrive before 3:00 p	o.m. of regular work day or an extra charge o	rs
will be applied and billed to undersigned.		
	1-11/1555	
Division 10 Cartino	4054 43	
Grave space & Care Fund E-99	BINROW 4554/4555	
Grave space & Care Fund	4 4	-0
Overtime/Late Arrival Fees N	19	
Opening/Closing & Setup. (2)	533-	1066
Burial Container (8) a	355 -	20 C
Handling Fees.	263 CAID	506 -
Flower vases - Marker setting fee	65 - APR 0 3 2008	
Recording/Filing/Transfer Fees 2 0	65AFR 000	130
Sales taxes 20	27.51 HOPE CEMETERY	55.02
(MOUNT HOPE CEMETERY	2,487,02
och IN VIII o	Paid receipt number P-00827	1580,30
Du malair	N cooperation	1,906.72
1 3/11/0	See attachment	1.001.00
I hereby certify I am the and this is your authority to make dispos	ition of remains as above indicated I certify	amed decedent
that I have the right to make this authorization any liability on account of said authorization	ation and I agree to hold Mt. Hope Cemetery	harmless from
any materialy of account of said dublonization	on and interment.	
I hereby authorize the interment in lot I		1
hold under deed.	Print Name	100
Signature	Address C. N.O.	r to a
	Address Sel attacks Tringhore	N Zip Code
11.	Telephone June June	7
Paulette	Valle	
	Invoice #	
Work Order # E-19672	Acct. #	

MIESS our hands this day and year above written.

	E-19672
TOTAL \$ 2,487.02	
DOWNPAYMENT \$ 497.40	Julieanne Pham ?:
23 MONTHS \$ 82.90	Juliculate
FINAL 24 MONTH \$ 82.92	cell # 114 -417-111.
TWO YEAR CONTRACT	PHONE 858-693-0357 cell 858-775-2813
I agree to pay the required monthly	Paul & Martha Pham
payments of \$82.90 for 23 months. Final payment to be \$82.92 on the 24 month.	X Mulle Phillips Signature
First monthly payment to begin on:	7486 Rock Canyon
MONTH April	Street Address (Mail)
YEAR 2006	San Diego CA 92126
Rurchaser's Signature Mulunung Co-Purchaser: Julieanne Pham	City State Zip Code City OF SAN DIEGO Mt. Hope Cemetery
(Daughter)	

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

Pre-need trust	+ Pin# 112173	each month 17	hly	Pin # 1		-19672
Pin# 176814	forther 7/86 Pac	k Canyon , SD CA	92126 day	ghter Jul		
THOUGH LOUI	Lot 4554 & 4555	te oversjere y me me	,	DEBIT	CREDIT	BALANCE
4/10/2006 dwn p	ym't on trust:	Trust includes: tw		3,		2487.02
		26, Two R/F fee #1				/580.30
tax charges \$2	7.51 each = \$55.	02 for two TS Vaul	ts.P-0022	7		1,906.72
5-8-06 C	oupon #1	P-00275 MI	ty 06 .		7945	1827,28
6-5-06	#2	P-00 323/ Ju	ne alo		7945	747.83
7-19 06	11 #3	P-00 388 V JUN	4 06		79.45	7668.38
8-3-06 1	44	P-0 0428 aug	06		7945	158893
TO POP	4 4 5 P-	00478 , Sept	06		79.45	15 09 48
10/10/100 11		.00 517 OCF (00		79.45	1.430.03
11-13-06 "	#7 P.	00574 NOV	06		7945	1350.5
12806 1	8	2-00615 Dec	206		7943	1271.13
1-8-07	11 9 9	-00645 V Jan			79.43	1191.68
2113107	# 10 P-	00 694 VFeb	07		79.45	1112-23
379107	11 11 6	- 00741V M	ar07		79.45	103278
4/3/07 (oupun#12 7	2-00773 VS AI	Pri107		7945	95333
58107	11 13	2-00816 × Ma	407		7945	878.33
	45 P	- 00903 Ju	nechalu	07	15890	+1492
0 0 07	160	P-00 977/	aug 67		7945	635,53
9-11-07	" 17	P-00965V 5	Sept o	7	7945	55 08
		-Over	- 0		李五	

Pham, Paul & Manha E-19672 Carpon# 18 8-01002

P 00615 CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT PRE-NEED PURCHASE TO CUSTOMER WHITE MOUNT HOPE CEMETERY (619) 527-3400 12-8 2006 Date: From: Paul + marcha Phon Address: record Dollars (\$ 79 4 5 Selecty Mine Payment of Fre-need Blk/ Lot 4554 Row Invoice No. € - 19672 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. Trust 77186 BALANCE DU \$ 1271-13 DEC 0 8 2006 Pre-Need Lot Money Order Pre-Need Trust Charge ISSUED BY AC-212 (11-05) TOTAL PAID This information is available in alternative formets upon request.

00 574 A CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: Phom From: Address: Dollars (\$ 79 43 truct Payment of Pre - need Blk/ Sec Row Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. Trust 77186 BALANCE DUE \$ 1,350.56 NUY : 3 2006 Pre-Need Lot Money Order Pre-Need Trust _ Charge SSUED BY Daulett AC-212 (11-05) TOTAL PAID This information is available in alternative formats upon request

	OFFICIAL RECEIPT WHITE CANARY	MOUNT HOPE CEME (619) 527-3400 Date:	TERY	10517 per 420. de
1	From: Pham, Julieans	ne Praddress: On rec		7945
. 1	Payment of	Pre-need trust.	1155119 450	55
,	NO. 9 1, 430.03	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186	79.45
. [Pre-Need Lot Money Orde	OCT 0 4 2006		5
	AC-212 (11-05) Check Check	MOUNT HOPE CELEBRATE STATE OF THE STATE OF T	TOTAL PAID S	79 45

OFFICIAL RECEIPT WHITE TO CANARY	MOUNT HOPE CEN	HASE FETERY	00478
From: Julicanne P. Ph	(619) 527-3400 OM Address: On record	(A) m	, 200 6
Seventy-Mine 45	100	Dollars (\$	79.45
in Day Payment of 7)	re-need Trust	1111 1500	
Div Sec	Blk/ Row	ot 4654 s # STS	1
Invoice No <i>E</i> - 1967 <i>&</i> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 — Pre-Need 53033 Trust 77186	79 45
BALANCE DUE \$ 1509.48	0 5000		
Pre-Need Lot	MOUNT HOPE CELET		
Pre-Need Trust Charge AC-212 (11-05) This information is available in alternative formats upon reques	S ISSUED BY P MILLETT	TOTAL PAID \$	79, 45

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT P 00428 PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: Dollars (\$ 79-43 Payment of Blk/ Row Grave Sec Invoice No. E 1967 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 57007 Acct. No. 20% Sales Care 77184 Pre-Need B3033 W.O. 77186 Trust BALANCE DUE AUG 0 3 2006 Money Order Pre-Need Lot Charge Pre-Need Trust AC-212 (11-05)

This information is available in alternative formats upon request

From: Julieanne P. Mam	MOUNT HOPE CEMI (619) 527-3400 Date	ASE PUETERY	10388 20 06 2010 Ana 9210
Seventy Ning	e — 45/00	Dollars (\$ _	74.45
DivSec	Blk/ RowLot	4554 E 4555 Grave	1
	JUL 1 4 2006 MOUNT HOPE CEMETERY	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186	79 45
Pre-Need Lot	SUED BY Maria O,	TOTAL PAID \$	79 45

CITY OF SAN DIEGO CALIFORNIA

OFFICIAL DECEIPT

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CAL PRE-NEED PURCH	IFORNIA P	P 00323		
CANARY	MOUNT HOPE CEM (619) 527-3400	10-1-	20 06		
From: Julieanne P. ?ha	Address: On record				
Seventy - Mine To	Interment Order pro	-need Dollars (\$	79.45		
Div 10 Sec	Blk/	4554 Grave	,		
Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184	7915		
W.O	JUN - 5 2006	Pre-Need 63033 Trust 77186	1100		
Pre-Need Lot	- Marin	-			
AC-212 (11-05) This information is available in atternative obmats upon	82 issued by paulette C.	TOTAL PAID \$ _	1945		

CITY OF SAN DIEGO, CALIFORNIA P 00275 OFFICIAL RECEIPT PRE-NEED PURCHASE WHITE TO CUSTOMER CEMETERY CANARY MOUNT HOPE CEMETERY (610) 527-3400 5-8 Date: Marcha Pham Address: 07 Dollars (\$ 79 45 - need Payment of Blk/ Row Lot 4554 Grave Sec Invoice No. E - 19672 NOT VALID FOR PURPOSES STATED UNLESS. STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. 77186 Trust BALANCE DUE MAY 0 8 2006 Pre-Need Lot Money Order MOUNT HOPE CEMETERY Pre-Need Trust Charge Daulette AC-212 (11-05) TOTAL PAID This information is available in alternative formats upon request

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

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

P 00227

			Date:	4-	10	, 20	06
From: Julieanne	P. Pham	Address: 7486 Ro	CK Canyon	SD CF	92126	2	
Fire hundred	Eighty a	ind 30/00 —			ollars (\$_	580.3	0
		re-need trust o	n (2) 9 ra	ue plo	13.		
DivLO	Sec	Blk/ Row _	Lot 45	194/4555	Grave _		
Invoice No. E-196	72	NOT VALID FOR PURPOSES STATE	DUNIESS	1			
Acct. No.		STAMPED "PAID" IN THIS SPACE	CF	REDIT 0% Sales Care	67007 77184	-	-
W.O		LAIR	1.5	re-Need rust	63033 77186	580.	30_
BALANCE DUE \$1,90	06,72	APR 1 0 2006			1 1	1	
and the particular of the part)	
Pre-Need Lot	Money Order	MOUNT HOPE CEN	METERY		_	(
Pre-Need Trust	Charge				-	- 1	-
AC-212 (11-05)	John 3800	SSUED BY Paulette				550	30
MUTE I I I I I I I I I I I I I I I I I I I			1.10	TAL PAID		200	00

CITY OF SAN DIEGO, CALIFORNIA P 01078 OFFICIAL RECEIPT PRE-NEED PURCHASE TO CUSTOMER WHITE CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: From: Dollars (\$ 15890 Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 Trust 77186 BALANCE DUE Z 38. 28 DEC 2 4 2007 Pre-Need Lot Money Order Charge Pre-Need Trust AC-212 (11-05) TOTAL PAID

This information is available in alternative formats upon request.

CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT P 01027 PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date Dollars (\$ 7945 Blk/ Row Sec Invoice No. E-19672 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. 77186 Trust BALANCE DUE Pre-Need Lot Money Order Pre-Need Trust Charge ISSUED BY AC-212 (11-05) TOTAL PAID

This information is available in alternative formats upon reques

OFFICIAL RECEIPT WHITE CANARY

VHITE TO CUSTOMER CANARY CEMETERY

PRE-NEED PURCHASE MOUNT HOPE CEMETERY

P 01002

From: Paul YM	atthe Pham	Address:	on file Date		0-11	, 20	07
in Part		Pre-need trus		± 18	Dollars (\$_	79.45	
Div10	Sec	↑ BR		14554 + 4	555 Grave	1	
Acct. No		NOT VALID FOR PURPOSE STAMPED "PAID" IN THIS S	PACE	CREDIT 20% Sales Care Pre-Need Trust	67007 6 77184 63033 77186	79.	42
Pre-Need Lot	☐ Money Order ☐ Charge	MOUNT HOPE					
AC-212 (11-05) Trus information is available in a	Ticheck 300	ISSUED BY Paule	tte C.	TOTAL PAID	\$_	79	45

OFFICIAL RECEIPT WHITE GANARY

WHITE TO CUSTOMER CANARY CEMETERY

PRE-NEED PURCHASE MOUNT HOPE CEMETERY

P 00965

From: J. fram	(619) 527-3400 Date:	9-11	, 2007
a Marie and a second		Dollars (\$_	79.45
Div Sec	PN trust Coupon # Lot	4554/4555 Grave	1
Invoice No. E - 19672 Acct. No W.O	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186	79 45
BALANCE DUES 556 08	SEP 1 1 2907		
Pre-Need Lot Money Order	MOUNT HOPE CEMETERY		
AC-212 (11-05) Charge	ISSUED BY PAUL LETT	TOTAL PAID S	79 45

	OFFICIAL RECEIPT	O CUSTOMER I	Y OF SAN DIEGO, CA	HASE	P00	927	
•	From: J.P. Pham	MC Address:	ON A LE	o 8-	9	, 20	07
	Div 10 Sec_	re-need-	trust cou	pot 16	Collars (\$ TO	1.45)
	Invoice No. E 19672 Acct. No W.O BALANCE DUE\$ 635.53	NOT VALID FOR PURP STAMPED PAID IN TH	19	CREDIT 20% Sales Care Pre-Need Trust	87007 77184 63033 77186	79.	45
•	Pre-Need Lot	MOU. MOU! PAU	LETTERY LETTERY	TOTAL PAID	5	79.	45

OFFICIAL RECEIPT	WHITE	O CUSTOMER	PRE-NEED PURCHASE MOUNT HOPE CEMETERY		SE	P00903		
FromJulienne	P. Pham	Address:	on file	Date: _		7/19	15890	
one hundred in part Div 10	Payment of	ight and Re-need	10/00 trust acc			Dollars (\$_ DonA_ 4553 Grave	14012	
Acct. No	9672	NOT VALID FOR PU STAMPED "PAID", II	URPOSES STATED UN		CREDIT 20% Sales Care Pre-Need Trust	67007 77184 — 63033 77186	158.	90
BALANCE DUE			1800					
Pre-Need Lot Pre-Need Trust AC-212 (11-05) This information is available in all.		,	uleuc	-144	TOTAL PAID	- - -	158.	90

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

PRE-NEED PURCHASE MOUNT HOPE CEMETERY

P00816

Tham	(619) 527-5	Date 5	- 18	, 20	7
From: // ·	PN Couport 13		Dollars (\$	79.45	
Div 10 Sec Invoice No. 4 - 1012 Acct. No. W.O. BALANCE DUE \$873.33	NOT VALID FOR PURPOSES STATED UNLESTAMPED "PAID" IN THIS SPACE. MAY - 8 2007	Lot 4554 455 CREDIT 20% Sales C Pre-Need Trust	67007	79	45
Pre-Need Lot	GISSUED BY PAULTLE	TOTAL PAID	\$	79	45

OFFICIAL RECEIPT	WHITE TO GUE CANARY CE	PRE-NE MOUNT H	DIEGO, CALIFO ED PURCHA OPE CEME	SE	00741	
From: Julied	inne P. Pham	Address: O N Ye	9) 527-3400 Date: _ Covds	319	, 20 0	7
in Part Div 10	Payment of Pre-	need this!	. #//	11/52	79.45	_
Acct. No	(07)- NC ST	PAID MAR - 9 2007		CREDIT 87007 20% Sales Care 77184 - Pre-Need 63033 Trust 77186	79,4	5
Pre-Need Lot Pre-Need Trust AC-212 (11-05) This information is available in all	Check 3850	OUNT HOPE CEME		TOTAL PAID \$ _	79 4	15

00694 CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT PRE-NEED PURCHASE TO CUSTOMER WHITE CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: record Address: Dollars (\$ 79.45 We-need Payment of NOT VALID FOR PURPOSES STATED LINLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Acct. No. 20% Sales Care 77184 Pre-Need 63033 W.O. Trust 77186 BALANCE DUE \$ 1,112.23 FEB 1 3 2007 Pre-Need Lot Money Order Charge 4Pre-Need Trust AC-212 (11-05) TOTAL PAID

This information is available in alternative formats upon request.

		VHITETO	OUSTOMER CEMETERY	PF MOUN.	HA	ORNIA ISE TERY	Р (00645	,
	From: Phum		Address	(619) . :: On Ve	Date:	1-8			07
+	in part F	Payment of Pr	re-ner	d trust	- CO	4554/4	Dollars (\$_ / 7	79,45)
	Acct. No		NOT VALID FOR STAMPED "PAID"	ID	JNLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 — 63033 77186 —	79	45
	Pre-Need Lot Pre-Need Trust AC-212 (11-05) This information is available in alternative	3854	OUISION BY	P.C.		TOTAL PAID	- s _	79	.45

CA	TO CUSTOMER NARY CEMETERY	. 0.	METERY O te: 1/37 /0	1122
From: Taul	Nam Address	- 00 to	e	
in part pa	syment of PN P-	01122 Ca	pon # 22	1
Div_10	Sec		ot 4554/4556 ave	/
Invoice No. E -196	NOT VALID FOR STAMPED "PAID"	PURPOSES STATED UNLESS IN THIS SPACE	CREDIT 67007 20% Sales Care 77184	
W.O	93	PAID	Pre-Need 63033 Trust 77186	79 45
DALANCE BOLY S		AN 3 1 2008		
☐ Pre-Need Lot ☐	Money Order	IODE OFMETERY		
Pre-Need Trust	Charge	HOPE CEMETERY		
AC-212 (11-05) This information is available in alternative	Check 3402 ISSUED BY	paulette C-	TOTAL PAID \$	79 45

OFFICIAL RECEIPT	WHITET		HASE F	1177
From: Pham		(619) 527-3400 Dai	2/19	00
in part	Payment of	IN Drust Coupon	# 23 Pollars (\$	79.45
Div	572 Sec_	Row L	ot <u>455 4/ 4555</u> Frave	
Acct. No.		NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033	2015
W.OBALANCE DUE 7	938	PAID	Trust 77186	19.93
BALANCE DOBS		MAR 1 9 2008		
Pre-Need Lot	☐ Money Order	MOUNT HOPE CEMETERY	1	
AC-212 (11-05) This information is available in all	Charge Check	ISSUED BY Paulotte	TOTAL PAID \$	79 45

OFFICIAL RECEIPT WHITE TO CANARY		O CUSTOMER	PRE-NEED MOUNT HOP	PURCHASE"	, P	01188
From: Paul F	ham	Address:	(619) 53	27-3400 Date:	4-4	,20 08
in Full	Payment of M	e-need	Just	24 to	Dollars (\$	79.38
Div_/O	Sec		Blk/ Row	Lot 45	54/4555 Grave	1
Invoice No. E-1	9672		JRPOSES STATED (
Acct. No.		STAMPED "PAID" IN	THIS SPACE:	CREDI 20% S Pre-N	Sales Care 77184 -	79 28
W.OBALANCE DUE	9		Ark 0 3 200)8 Trust	THE RESERVE TO SERVE THE PARTY OF THE PARTY	1700
		MOLL	NT HOPE CE	METERY	- 100	7
Pre-Need Lot	Money Order	MOO	141 110.			
Pre-Need Trust	Charge 39/1	ISSUED BY	Daulette			79 38
Trus information is available in a		1		TOTAL	L PAID \$	1100

-

AT-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-11-06

You are hereby authorized and instructed, suit of					
of MATSATET	CICHEO	Ent	0	111111	-
in a TS VauIt	Funeral, date, time	FRICO	y story	14 11	11
Church Chapel Graveside			ad'		100
All Funeral cars must arrive before 3:00 p.m.	of regular work day	or an extra	charge of \$	213.0	20
will be applied and billed to undersigned.					-
Division 12 Section 3 BI					
Grave space & Care Fund E-136	1 + 6-946	3		0	-
Overtime/Late Arrival Fees				-	Ę
Opening/Closing & Setup					-
Burial Container 75	Vault			0	_
Handling Fees				0	
Flower vases - Marker setting fee				0	
Recording/Filing/Transfer Fees				-	
Sales taxes					
at service	To	otal Due		0	Ę
. I H	eceipt number	H15000000196-001			
	Marked Hallband Co	Ba	lance due _	0	00 100
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hol nd interment.	ove indicate id Mt. Hope	Cemetery h	nd represe armless fro	ent:
I hereby authorize the interment in lot I hold under deed.	Print Name for	e au	ack	×	-
V	for	2 sign	othere	X	-
Dignature				X	
	City			X	Me
	Telephone				
	Invoice #				-

5194608747 5194608747

SD MT. HOPE CEMENTERY + CONRAD LG MORTUARY

....PAGE

AT-need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

DOTE 4-11-06

	ibleat to your rules and requisitions, to inter she remains
The state of the s	RAL FRI DUE TO SER. AL CONRADS
ins TS Vault Fore	Caramer, Mare, Orres 15 11 11 11 11 11 11 11 11 11 11 11 11
Church, Chapel, Cravesida	CENTAL Montany
	of regular work day or an extra charge of \$ 13.00
will be applied and billied to undersigned	Marie Morrow, Daughter K
Division	nuFrom Lot _ 7 _ Grave _ 4
Grave space & Care Fund E-136	1 + E-9 Y63
Overtime/Late Arrival Fees	annount management morning at the second
Opening/Closing & Setup	
Surial Container	Vault D.
Heraning Fees	
Flower veges - Nearker setting fee	
Recording/Filling/Transfer Face	
. Seles tenes	
Sat Service .	Total Due
	repeipt number
	Relense due
I hereby certify I am the DAUGHTE	R Y of the above named decisions
and this it your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. (certify and represent n and I agree to noid Mt. Nope Cemetery harmless from and interment.
I hereby authorize the interment in lot !	MARIE O'NEIL MORROW &
hole under deed	77890 OAK CREEK DRIVE Y
me Other Monoul	LAKESIDE, CA 92040 Y
arie D'Neil Morrow	619/443-0084
	Invitice #
Mark Order # E-19673	Acct #
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	netton le available in alternative formers upon request.

ESTIMATED ARRIVAL TIME TO CEMETERY: FRIDAY APRIL 10, 2006 11:15 -- 11:30 a.m.

MT HOPE CEMETERY E-19673

GRAVE BLIND CHECK FORM

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

	#4 X		to clarene - ROSS # 12- Lawrence Sheehane
	#10	#11 VICTOR WEST	#12 Lawrence Sheekans

Blind Check Initiated By: Sandia Date: 4-11-06
Interment space for: Margaret Etcheberry
Interment Date: April 14, 06 Time: 10,00
Div: 12 Sect: 3 Blk/Row: Lot: 7 Gr: 4
Grave Laid out by: Norman Fengusan
Agrees with Legal Card: Yes No
Agrees with Map: Yes
Blind Check & Verified By: Mauer Date: 4-12-

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS ove 93

E 19673

USE BLACK INK ONLY - MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 3. DATE OF DEATH 1A. NAME OF DECEDENT - FIRST IGIVENI 18 MIDDLE **ETCHEBERRY** MARGARET MAY

02/10/1913

04/11/2006

4 SEX

5A. CITY OF DEATH **EL CAJON**

5B. COUNTY OF DEATH - OUTSIDE CALIF., SAN DIEGO

6 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIE O'NEIL MORROW, DAUGHTER

10690 OAK CREEK DRIVE

LAKESIDE, CA 92040 BA. SIGNATURE OF APPLICANT - Persentering permit

IBB DATE SIGNED 04/12/2006

LEMON GROVE, CA 91945-1533

ACKNOWLE DOLLMENT OF APPLICANT In Health and Safety Code, and was sufficiently pursuant to Section 7100 of the Health and Safety Code.

FD941

78 CALIF LICENSE NUMBER

Kun

Beculie BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

PERMIT

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CAUFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT SIVE NO RIGHT OF DISPOSAL QUIEDE OF CAUFORNIA

VA. AMOUNT OF PEE PAID 11.00

04/13/2006

OB DATE PERMIT ISSUED

NANCY L BOWEN, MD

AUTHORIZATION OF LOCAL REDISTRAN ANY CHANGE IN DISPOS-ITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

SAN DIEGO COUNTY VITAL RECORDS

3851 ROSECRANS ST SAN DIEGO, CA 92110

7A TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DERECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY

SD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - FINANCIANIES CATOMIA 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - FINANCIAN STATEMENT AND ADDRESS OF REGISTRAR OF DISPOSITION - FINANCIAN STATEMENT AND ADDRESS OF TRANCIAN STATEME

10. AUTHORIZED DISPOSITION(S)

BURIAL

FOR CORONER'S USE ONLY

BURIAL	MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	4-14-06	► AD AUTA Y	CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	128, DATE CREMATED	120 SIGNATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B DATE RECEIVED	13C SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	148. DATE SHIPPED	14C ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER - 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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 5

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT- Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 4-11-06

or Jerom	e Reed II	#130111
	Funeral, date, time	April 14.06 1:00
Church Chapel Graveside	10.00	gsdale Mortuary
All Funeral cars must arrive before 3		
will be applied and billed to undersig	- 0	Reed X
Division 12 Section 3	Bik/Row Lot /	44 Grave on one Grave
Glave space & Care Fund		2, 264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		533,00
Burial Container	Liner	270,00
Handling Fees	PAIN	206.00
Flower vases - Marker setting fee		_0_
Recording/Filing/Transfer Fees	APR 1 1 2006	65.00
Sales taxes	2700	20.93
MOST TO Pay IVIC	DUNT HOPE CELETOTAL DE	3,358.93
	Paid receipt number59	565 3358-73
	,	Balance due
I hereby certify I am the and this is your authority to make that I have the right to make this authority in the authority on account of said authority in the authority of said authority in the	isposition of remains as above in horization and I agree to hold Mt.	
I hereby authorize the interment in to hold under deed.	Y Address 540	2 OLVERA Dieg 0 92119 630632
Work Order # E-19674	Invoice #	
REA-104 (3-04)	nis information is available in alte	mative formats upon request.

A Printed on months super

E-19674



Father of decease

MT HOPE CEMETERY £ 19674

GRAVE BLIND CHECK FORM

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

	wickware James	castro	pelgado Arroyo		
•			7,8,9		

Blind Check Initiated By: Sandra Date: 4-11-06
Interment space for: Jerome Reed II
Interment Date: FRI April 14,06 Time: 1,00 Church
Div:_/2_ Sect:_3_ Blk/Row: Lot:_/44 Gr:\[7,8,9\]
Grave Laid out by: Norman Penguen grave
Agrees with Legal Card: Yes O No
Agrees with Map: 🔯 Yes 🔲 No
DESIGNATION OF THE PORT AND THE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-19674

		USE BLACK INK ONLY - MA	KE NO ER	ASURES, WH	ITEOUTS OR OTHE	RALTERATIONS		
JEROME	NT - FIRST JONE	WARREN	REE			2. DATE OF BIRTH MONTH, DAY, YEAR 01/26/1975	3. DATE OF BEATH MONTH, DAY, YEAR 04/06/2006	M. SEX
SAN DIEGO		DOCTOR BELLEVIEW	ENTER S		and the second	NAME, RELATIONSHIP, FULL OF INFORMANT JEROME WARRE	MICHAEL MANAGEMENT CONTROL	
	- RAGSD	ORNIA - FUNERAL DIRECTOR OR PERSON ACTING A ALE MORTUARY, 5050 FED 3 92102		78. CALIF. LIC -IF APPLI FD132	CABLE 0	5402 OLVERA AN SAN DIEGO, CA BIGNATURE OF APPLICANT	92114	TE SIGNED
ACKNOWLEDGEMENT OF	APPLICANT I here	by acknowledge as applicant that the propried idebid her Health and Safety Code, and was authorized pursuent to	en is en of the di Section 1100 of 1	ispecifium sufficie the Health and Safe	ed by Bection 103055 ity Gods.	Teaulo	wasle 04/1	11/2006
PERMIT	THE CALIFORNIA	SBUED IN ACCORDANCE WITH PROVISIONS OF HEALTH AND SAFETY CODE AND IS THE AUTHOR POSITION SPICIFIED IN THIS PERMIT IT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CAUFORNIA	11.0	OF FEE PAID	04/11/2006		OWEN, MD	PERMIT E
AUTHORIZATION OF LOCAL RECISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NOW PERSIST TO SHOW THAT DISPOSITION	SAN DI 3851 R	DE REDISTRAR OF DISTRICT OF DEATH - # PRAIN EGO COUNTY VITAL RECO OSECRANS ST EGO, CA 92110	ALCOHOL: NAME OF THE PARTY	DELADOR	RESS OF REGISTRAR OF	DISTRICT OF DISPOSITION	- y company (see ha coccur) is weather	MARINE N. (A PENNA
BURIAL	POSITION(S)			FOR C	CORONER'S USE	ONLY	AT I	
BURIAL	MTHO	EAND ADDRESS OF CALIFORNIA CEMETERY DPE CEMETERY, 3751 MARI ET, SAN DIEGO, CA 92102			118. DATE BURIED	11C SIGNATURE OF PI	ERSON IN CHARGE OF BI	URIAL
CREMATION	-	E AND ADDRESS OF CALIFORNIA CREMATOR	RY.		12B. DATE CREMATE	12C SIGNATURE OF PI	ERSON IN CHARGE OF C	REMATION
CREMATION HISTORY SCIENTIFIC USE	ISA. NAM	E AND ADDRESS OF CALIFORNIA FACILITY R	ECEIVING R	EMAINS	138. DATE RECEIVED	13C. SIGNATURE OF P	ERSON IN CHARGE OF FA	ACILITY:
THE THE PERSON NAMED IN COLUMN 1		E AND ADDRESS OF RECEIVING STATE OR CAINS R CREMATED REMAINS ARE TO BE SH		ERE	14B. DATE SHIPPED	14C ADDRESS AND SHOP OF PLACING WITH	GNATURE OF PERSON IN	CHARGE

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 19 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.

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

SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE.

CORY 1

SCATTERING/SURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

8

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

15B. DATE OF

DISPOSITION

VS9e (REV.12/04)

15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CHARGE OF DISPOSITION CREMATED REMAINS DISPOSER - IF APPLICABLE

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need hairs 7	ny or oarr biogo	Date 4	12/06
You are hereby authorized and instructed, of DAVID RUG			
ina Liner	Funeral, date, 1	me SAT. A	PRIL 15 this
Church, Chapel Graveside		Commun	thy Mortuary
All Funeral cars must arrive before 3:00 p.	m of regular work	day or an extra ci	Wan Brak
will be applied and billed to undersigned.			
Division 9 Section 3	Bik/Row	_ Lot 169	Grave
Grave space & Care Fund		***************************************	0
Overtime/Late Arrival Fees 5A1	FEE		851
Opening/Closing & Setup	DAID		369-
Burial Container	PAID		359-
Handling Fees	ADD 1 2 and	Service and the service of the servi	ハフィー
Flower vases – Marker setting fee	***	В	
Recording/Filing/Transfer Fees 440114		d propries page	85-
Sales taxes	A COLUMN TO THE THE BOAT	Extend a see that a	47 07
	***************************************	Total Due	10/20
	id receipt number	The state of the s	1,966 8
	io receipt number		8
× 60	and fat	11 -	ice due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	n and interment.	hold Mt. Hope Co	emetery harmless from
I hereby authorize the interment in lot I	Sec	alo K	ugama
hold under deed	ASA 3	02 Sev	ugama illa Ave
Superior September 1	Applement	rrieta,	
	Telephone		
	Invoice #		
Work Order # E-19675	Acct.#_		

O Primed on received paper

MT HOPE CEMETERYE-19675

GRAVE BLIND CHECK FORM

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

C MARKET -> # 134 # 157 #169 King #132 Small OFFICE Blind Check Initiated By: Sandra Date: 4-13-06 Interment space for: DAVID RUGAMA Interment Date: 4-15-06 Time: 11:00 G-S Div: 9 Sect: 3 BIWRow: ___ Lot: 169 Gr:_ Grave Laid out by: Norman Feralesco Agrees with Legal Card: Yes No Agrees with Map: Tyes No Blind Check & Verified By: Hennet Calling Date: 4/10/06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS are 11

AVID	T - FIRST (GIVEN)	18 MICOLE		RUGAMA	A	Difference of the Control of the Con		2. DATE OF BIRTH MONTH, DAY, YEAR 10/13/1994	3. DATE O MONTH, 0 04/10	DAY, YEAR	4. SEX
AN DIEGO				SAN DIEC		TSIDE CALIF.	OF INFO	RELATIONSHIP, FUL DEMANT A DELGAD			
	MORTUARY,			LA VISTA -	D1682	BLE	CHL	NEW HAV	CA 91913	3	ATE SIGNED
OKNOWLEDGEMENT OF AR	PPLICANT I hereby school of the Health and	edge as applicant the Safety Code, and w	of the proposed stated here as authorized pursuent to 3	on is on of the disposition Section 7100 of the Heat	ns authorized by the and Safety C	y Section 103055	1/	Elou H	much	44	-14-06
	THIS PERMIT IS ISSUED IN THE CALFORNIA HEALTH! TY FOR THE DISPOSITION NOTE: THIS PERMIT GIVE NO	IND SAFETY CODE SPECIFIED IN THIS	AND IS THE AUTHOR- PERMIT.	\$11.00	FEE PAID	98 DATE PERMIT	Section 1	NANCY LE	TO SOUTH TO SHOW		PERMIT E
AUTHORIZATION OF LOCAL REGISTRAR	O ADDRESS OF REGIS	TRAR OF DISTRIC	T OF DEATH - # OF ATH	OCCUPACIO NO CACADANA	SE ADDRES	S OF REGISTRAR	OF DISTRI	CT OF DISPOSITION	N — ir ausrasinos is	TO DOOR IN ARTO	ER JATRICT WEALPO
OF CHANGE IN DISPOS- ION REQUIRES A NEW INNET TO SHOW FINAL DISPOSITION	3851 ROSEC		VITAL RECO	RDS	4						
1	SAN DILOC.	and the second second		- 1							
AUTHORIZED DISP			-		FOR COF	RONER'S US	E ONL				
AUTHORIZED DISP					FOR COF	RONER'S US	E ONL)				
	OSITION(S)										
	OSITION(S) - 11A. NAME AND AD	DRESS OF CAL	FORNIA CEMETERY Y SAN DIEGO		1116	DATE BURIED	1110	signifure or	PERSON IN CH	HARGE OF B	URIAL
URIAL	11A. NAME AND AD MT. HOPE O	DRESS OF CAL	Marie	D, CA	1116		110		rade	1	
BURIAL	11A. NAME AND AD MT. HOPE C 92102	DRESS OF CAL	Y SAN DIEGO	D, CA	1121	1 DATE BURIED	1100 TEO 120	signiffure of	PERSON IN CH	HARGE OF C	REMATION
BURIAL CREMATION SCIENTIFIC	11A. NAME AND AD MT. HOPE O 92102 12A. NAME AND AD 13A. NAME AND AD 14A. NAME AND 14A. NAME AND AD 14A. NAME	DRESS OF CAL	Y SAN DIEGO	D, CA	118	DATE BURIED	1100 1200 ED 1300	SIGNATURE OF	PERSON IN CH	HARGE OF C	REMATION

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.

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V\$9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

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CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego Date 4-14-06 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of will be applied and billed to undersigned. Grave space & Care Fund Overtime/Late Arrival Fees . 20 708 Opening/Closing & Setup. **Burial Container** Handling Fees Flower vases - Marker setting fee Sales taxes. MOUNT HOPE CEMETER Balance due I hereby certify I am the e above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed Zip Code mulette Invoice # Work Order # E-19676 Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

pre-need NON-RES

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

-	9	676	
e	3-1	3-06	

Da

TrusT

of Scott	+ Pam Schultz/ Veatch
in a DD CrypT Type of Burial Contactor Church, Chapel, Graveside	Funeral, date, time
	: Mortuary
	:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersig	ned:
Division 10 Section	Blk/Row Lot 5342 Grave
Grave space & Care Fund	E-15307 (1999) 6
Overtime/Late Arrival Fees	8
Opening/Closing & Setup. 2	e \$708.00 \$ 1,416.00
Burial Container	DD CTYPT 717.00
Handling Fees	604,0
Tower vases - Marker setting fee	0
Recording/Filling/Transfer Fees	1 - BOE 100 \$ 12000
Sales taxesAPR 1 7 200	
- HODE CE	Paid receipt number <u>P-00191</u> # 593.00
MOUNT HOPE OF	Balance due 2 3 6 9.5
hereby certify I am the	X of the above name Recedent
nd this is your authority to make dis	position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from
ny liability on account of said author	ization and interment
hereby authorize, the interment in lo	* (COTT SCHOLTZ
old under deed	19902 JAMACHA BLYD
1000 ent	SPRING VALLEY OR 919.
	7 (619) 469-9461 Ep Code
	Invoice #
ork Order # E-19653	Acct. #

O Primot on mouthly pages

OFFICIAL RECEIPT	WHITE TO	CUSTOMER CEMETERY	MOUNT HO	D PURCH PE CEMI 527-3400	ASE ETERY 2/0	PO	00191	N/ A
From: Laynela Spring in	Vectory Valley Payment of	Addres	11977	Jama UST	cha &	(VU) Dollars (\$	#30	
Div 10	Sec	NOT VALID FOR	BIK/ Row_	Lot	5342	Grave	1	-
Acct. No		STAMPED "PAIC	IN THIS SPACE	DONLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 63033 77186	593	0
Pre-Need Lot	☐ Money Order ☐ Charge	IVi	MAR 2 2	2006 CEMET				
AC-212 (11-05) This information is available in alterna	Check	ISSUED BY	teulett	IC,	TOTAL PAID	s	593	00

Pin# 225243 C/O Purchaser Pam Veatch Schultz Pin# 227095 E-19653 Schultz, Scott 9902 Jamacha Blvd Sp# 3 Spring Valley, CA. 91977 (619)469.9461 Div 10 Lot 5342 BALANCE DEBIT CREDIT 03-23-06 Opened Pre-Need Trust, Trust to include \$2.962.57 \$593.00 \$2,369,57 (2) O/C, DD Crypt B/C, H/F, (2) R/F, taxes as 1-00235 Coupont 1 4/17/06 Paid-in-full for 1st & 2nd Burial APR 1 7 2006

MT HOPE CEMETERY E 19676

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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	Toda	wrapt	DINCIA
				Koike		Direct
	ck Initiate	10.00			Date: 4	-17_
	space for			3		
Interment	Date:	wes t	Apr. 1 9	ime: 2"	00	
Div: 10	_ Sect:_	BII	VRow:	Lot: 5	5343 GI	:
Grave La	id out by:	Norma	anter	quen		
				J No	108	
	ith Map: T					
Blind Che	eck & Ver	ified By:_	DAKK	6/1	Date:_	4-17-01

E-19676

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

COTT	DENT - FIRST (OWEN)	LEE		SCHULTZ		1	DATE OF BIRTH MONTH, DAY, YEAR 04/26/1944	MONTH,	OF DEATH DAY, YEAR 3/2006	A. SEX
	ADDRESS OF CALIFOR	NA - FUNERAL DIRECTOR OF PE COLL CHAPEL, 6	REON ACTING AS BUC		DENSE NUMBER	CRIS 7440	WOODRO	ARTHE W WILS	N, DTR.	IP CODE
	DIEGO, CA		0322 EL CA.	FD108	3		ANGELES,		g pormit (88. De	ATE SIGNED
CKNOWLEDBEMENT	DEAPPLICANT I hereby in the He	acknowledge as applicant that the pro ath and Safaty Code, and was author	repeated stated herein is o orized pursuant to Scotle	on of the dispositions authorize in 7100 of the Health and Bah	ed by Section 103055 ify Code.	> n	n Non	40	04	18/2006
PERMIT AUTHORIZATION OF	THE CALIFORNIA HE ITY FOR THE DISPO	UED IN ACCORDANCE WITH PRO- EALTH AND SAFETY CODE AND IS SITION SPECIFIED IN THIS PERMI EVE NO RIGHT OF DISPOSAL OUTSID	S THE AUTHOR	\$11.00	04/18/200		NANCY L B			S PERMIT
LOCAL REGISTION ANY CHANGE IN DISPO TON REQUIRES A NE ERMIT TO SHOW FIN DISPOSITION	SAN DIE 3851 RO	GO COUNTY VITA SECRANS ST GO, CA 92110			RESS OF REGISTRAR	OF DISTRIC	CT OF DISPOSITION	i — # parcamon	HE TO COCUM NO ANOT	ENDERHOT HUMANDHAL
. AUTHORIZED I	000000000000000000000000000000000000000	00,000		FOR	ORONER'S US	E ONLY				100
BURIAL	ISPOSITION(S)	ND ADDRESS OF CALIFORN PE CEMETERY: 3	Control of the Contro		118, DATE BURIED		Spel (PERSON IN	CHARGE OF	SURIAL O
BURIAL	11A. NAME A MT. HOI SAN DIE	AND ADDRESS OF CALIFORNIA	751 MARKE			6 h		er.	rale,	, •
BURIAL BURIAL CREMATIC SCIENTIFI USE	11A. NAME A MT. HOE SAN DIE 12A. NAME A	IND ADDRESS OF CALIFORN PE CEMETERY: 3 EGO, CA 92102	751 MARKE	T ST.,	118. DATE BURIED	6 h	SUCHWITURE OF I	PERSON IN	Dale CHARGE OF	CREMATION
BURIAL	11A. NAME A MT. HOI SAN DIE 12A. NAME A	IND ADDRESS OF CALIFORN PE CEMETERY: 3 EGO, CA 92102 IND ADDRESS OF CALIFORN	751 MARKE	T ST.,	118. DATE BURIED 4-17-0 128. DATE CREMA	110 120 120 ED 130	SIGNATURE OF I	PERSON IN	CHARGE OF	CREMATION

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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.



COPY 5

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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E-19676

CITY OF SD MT HOPE CENETE 3751 HARKET ST SAN DIEGO CA 92182 619-527-5474 4391322156665644

DATE: 84/17/86 TIME: 18:36:48 HER#: 322156665644 STR#: 4381 TER#: 8082 S-A-L-E-S D-R-A-F-T

REF: 0001 BATCH: 088 CD TYPE: UISA TR TYPE: PR

TOTAL: \$2270.57

ACCT: **********9531 EXP: ****

AP: 894349

NAME: CHRISTINA SCHULTZ

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

> THANK YOU PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

04-17-06 pd in full for E-19676 for Scott Schultz

Div 10 Lot 5342

MT. HOPE CEMETERY

AT- Need

INTERMENT ORDER

10-Chairs

City of San Diego

Date 4-18-06 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 0,92 Funeral, date, time witness burial: All Funeral cars must arrive before 3:00 p.m. of regular work day will be applied and billed to undersigned Location Very uso. Blk/Raw E-17504 Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... LINEr Burial Container Handling Fees Flower vases - Marker setting fee Recording/Filing/Transfer Fees Total Due Paid receipt number Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetely harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Invoice # Work Order # E-19677 Acct #

REA-104 (3-04)

This information is available in alternative formats upon request.

Daughter Ru Deaz 818 259-0472

74 760 722-2953 Oceanside mart.

MT. HOPE CEMETERY

INTERMENT ORDER E 19677

City of San Diego

199

Date DCC 23, W

in n	Funeral, date, tim			
Type of Burial Container	_ Funeral, date, tim			Montre
Church, Chapel, Graveside		Mar Wall		Mortuary
All Funeral cars must arrive before 3:30 p.m	n. of regular work da	ay or an	extra charge of \$	
will be applied and billed to undersigned				
Lot 171 Grave 4 Row_		1	_	15
Lot Grave Row _	Section _	a	Division/Block	
Grave space & Care Fund				8950
Additional spaces and care fund				
Opening/Closing & Setup				375-0
Burial Container #5 Lij	rer			190-a
Handling Fees				145 OC
Flower vases - Marker setting fee				
Decedies and tiles to		**********		450
Recording and filing fee	EC 23 2002			14.73
Sales taxes	LULA.MATA		1	46473
147	HODE CEMETA	pra Du	55738	1/44/72
CITA	OPERADDEG	1.15		0
I hereby certify I am the DAUGHT	T P		Balance due	-0
I hereby certify I am the DHO HITTE and this is your authority to make disposition	on of remains as ab	ove indi	If the above nam cated. I certify ar	ed decedent nd represent
that I have the right to make this authorization any liability on account of said authorization	on and I agree to he	old Mt. H	ope Cemetery ha	unhless from
ary manny on account or only authorization	¥/4.	-010	10.00 V	NAME
I hereby authorize the interment in lot I hold under deed.	Signature	1 Al	ichawa	Die
field drider deed.	Address	77/	TROVA E	or.
Signature of recorded helder of deed	XMO	ez. (14 92064	-4602 Zie Coe
	X 858.	486	.0176	29.100
	Telephone			
	Invoice #_			
Work Order # E 17504				

MT HOPE CEMETERY = 19677

GRAVE BLIND CHECK FORM

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

#1 Tre	e tree	#4 X	#5	#6 Lillian	
	#9 LINZY PIRMON	#10	#11	申八	
		4		-	

Blind Check Initiated By:	Sancha	_ Date: _4-18-4	36
Interment space for:	Daniel Diaz	SR.	-
Interment space for: weds Interment Date: April	19,06 Time: 1	1,00 GS	
Div: 1> Sect: >			
Grave Laid out by: No	man fergues	/	
Agrees with Legal Card:	e Yes O No		
Agrees with Map: Ye	s 🗆 No		
Blind Check & Verified B	y. David Morie	Date: 4-18-0	6

F-19677

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90 USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS DATE OF DEATH DIAZ SR. 1A. NAME OF DECEDENT - FIRST (OVEN) 18 MIDDLE 2. DATE OF BIRTH 4. SEX DANIEL 03/16/1916 M 04/16/2006 SB. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO E. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND 2IP CODE SA, CITY OF DEATH. VISTA RU DIAZ, DAUGHTER 74. TYPED NAME AND ADDRESS OF CALFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS BUCH OCEANSIDE MORTUARY, 602 S COAST HWY 7B. CALIF, LICENSE NUMBER — IF APPLICABLE 455 HILLSIDE TERRACE VISTA, AL 92084 FD253 OCEANSIDE, CA 92054 8B. DAYE SIGNED IATURE OF APPLICANT - Person taking permit. John J ACKNOWLEDGEMENT OF APPLICANT in the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 04/19/2006 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR-TRY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA A, AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 04/19/2006 NANCY L BOWEN, MD 11.00 PERMIT IID. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - FORMY COUNTY NEW PEACHTON OF DISTRICT OF DISPOSITION - FORMY DEATH AND THE MEMBER HER FORMY SEED OF THE STREET OF DISPOSITION - FORMY DEATH DEA ANY CHANGE IN DISPOS-THON REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BU 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY, 3751 MARKET ST., BURIAL 4-19-00 SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION

CREMATION COMPLETE ALL APPLICABLE 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED SCIENTIFIC USE 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED. 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 14B. DATE SHIPPED TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. 15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED REMAINS DIS CHARGE OF DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN CEMETERY IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

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

V59e (REV.12/04)

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AT-Need (Res)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-18-06

You are hereby authorized and instructed, sub of	ject to your rules and regulations, to inter the remains 6.5.5 + 0.0 # 130160
	71105
in a TS VauIT I	
Church Chapel Graveside	: Ragastale Mortuary.
	of regular work day or an extra charge of \$ 213.0
will be applied and billed to undersigned.	ango Kaparran X
	/RowLot 154 Grave_/
Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533,00
Burial Container	5 Vault 355.00
Handling Eees, p# 4871	763.00
Fibwer vases) (Marker setting fee	PAIL 243.71
Recording/Filing/Transfer Fees	PR 2 1
Sales taxes	27.51
MOTT TO PAY MOUNT!	Total Due #3,751.12
per Lois Paid	eceipt number R-159581 43, 751. L.)
	Balance due _
	Friend Y of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	xCarla Koberson
Caroa Rdenon X	X 1421 Peach Ave #D XEI Cayon, CA 92021 X 619 440 2715
F-10678	Invoice #
Work Order # <u>E-19678</u>	Acct.#

E-19678

DMU CALIFORNIA DMU

SENIOR CITIZEN IDENTIFICATION CARD N8068129



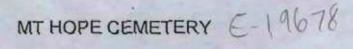
WILLIAM GASTON 4383 POLK AVE SAN DIEGO CA 92185

HAIR:GRY HT:167 SEX:M HT:5-11



EYES:BRN DOB:08-30-38

88/86/2882 586 F6 FD/12



GRAVE BLIND CHECK FORM

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

10			
	#1		
	X		
	# 6 JR	#7	
	PACTOR	shorte	

Blind Check Initiated By: Saraha Date: 4-20-06
Interment space for: William L Gaston
Interment Date: April 2506 Time: 11,00 Chapel
Div: 12 Sect: 2 Blk/Row: Lot: 154 Gr: 1
Grave Laid out by: Norman Fer
Agrees with Legal Card: Yes No
Agrees with Map: 🖾 Yes 🗆 No
Blind Check & Verified By: A Daylo Date: 4-270-1

E19678

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

		L.		GAST	NC			08/30/1938		6/2006	M
CAJON		68. COUNTY OF DEATH - OUTSIDE CALIF, 6 ENTER STATE SAN DIEGO		FELL	RELATIONSHIP, FUL DRIMANT ICIA ROBES	RSON,	FRIEND	P CODE			
NDERSON - I	RAGSDALE	MORTUARY,			FD132	9	EL C	N. MOLLISC CAJON, CA TURE OF APPLICAN	92021	all and a	TE SIGNED
CKNOWLEDGEMENT OF APP	UCANT of the Health an	redge as applicant that the if Bullely Code, and was au	proposed stated hoven therized pursuant to Sec	is an of the dispo- ction 7100 of the I	stone authorize lanth and Safe		-61	auto	uebe		18/2006
PERMIT NO	E CALIFORNIA HEALTH Y FOR THE DISPOSITION	ACCORDANCE WITH PR AND SAFETY CODE AND SPECIFIED IN THIS PER HIGHT OF DISPOSAL OUT!	IN THE AUTHOR-	11.00	OF FEE FAID	98 DATE PERMIT	Section 1	NANCY L			PERMIT E
	ADDRESS OF REGIS	ETRAR OF DISTRICT OF	F DEATH - MORATHOOD	CLASED IN CALFORN	SE, ADDR	ESS OF REGISTRAR	OF DISTR	ICT OF DISPOSITIO	N – e percenc	N 6 TO DODOR IN MOT	ER DETRICT H CALFOR
DISPOSITION	SAN DIEGO 3851 ROSEG SAN DIEGO		TAL RECOR	RDS	-						
					FOR C	ORONER'S US	E ONL	4			
AUTHORIZED DISPO	SITION(S)				1,000						
	11A NAME AND A MT. HOPE (DDRESS OF CAUFOR CEMETERY, AN DIEGO, C	3751 MARK	ET		118, DATE BURIED		SIGNATURE OF	PERSON IN	-	
BURIAL	114 NAME AND A MT. HOPE (STREET, S)		3751 MARK A 92102			118, DATE BURIED 4-25-00 128 DATE CREMAT	6	SIGNATURE OF	120	rueza	
BURIAL BURIAL CREMATION SCIENTIFIC USE	11A NAME AND A MT. HOPE (STREET, S) 12A NAME AND A	CEMETERY, : AN DIEGO, C	3751 MARK A 92102 RNIA CREMATORY			4-25-00	G > TED 12	David	PERSON IN	CHARGE OF C	REMATION
BURIAL	11A NAME AND A MT. HOPE (STREET, S) 12A NAME AND A - 13A NAME AND A -	CEMETERY, : AN DIEGO, C DDRESS OF GALIFOR	3751 MARK A 92102 RNIA CREMATORY RNIA FACILITY REC	CEIVING REM	AINS	4-25-00 128 DATE CREMAT	G P TED 120	Land SIGNATURE OF	PERSON IN	CHARGE OF C	REMATION

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

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

(Res) PAT- Need Estate-Case

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-19-06

A# 10060011	Date
	subject to your rules and regulations, to inter the remains
You are nereby authorized and instructed	subject to your rules and regulations, to inter the remains
	Anderson Thurs, 12 M GIZ
ina <u>CINER</u>	Funeral, date, time April 27, 06 9,34
Church, Chapel, Graveside Deliv	1814 : Mayer Mortiery
	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division / 1 Section /	Blk/Row Lot 6 9 Grave //
Grave space & Care Fund	\$2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	CONTRACTOR OF THE STATE OF THE
Handling East	106.00
Handling Fees	APR 2 6 2006
	65.00
Recording/Filing/Transfer Fees.	OUNT HOPE CEMETE IT 30.93
Sales taxes	#3 308 9
	Total Due 7,35 0 - 73
P	aid receipt number <u>R-59588</u> 3,358.93
	Balance due
	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from on and interment.
I hereby authorize the interment in lot I	x see attack
hold under deed.	Here Name See attach
Bignature	Address
A Lynn Calhoon	City Zip Code
858 694-3529	Telephone
Cay 858 495-5127	Invoice #
Work Order # E- 19679	Acct.#
THE PROPERTY OF THE PARTY OF TH	THE PARTY OF THE P

11:39

(Res)		
AT- Need	MT. HOPE CEMETE	
AL MEGO	INTERMENT OR	DER
Estate-case	City of San Diego	
PA# 20060017		Date 4-19-06
You are hereby authorized an	nd Instructed, subject to your rul	es and regulations, to liner the remains
of MACY	D Anders	ON
In a CINET	Funerel, date, (ime _ Bor! 1 21 06 9.30
	The state of the s	A STATE OF THE PARTY OF THE PAR
	selere 3:00 p.m. of regular work	pay of His Exitty Curanda on a
will be applied and billed to un	nciersigned.	
Division 11 Section	1	Lot 6 9 Grave 11
Grave space & Care Fund		01,164.00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Opening/Cleaner & Setut.		533.00
Burial Container	The state of the s	170.00
The desired and the second and the s	MAIN	206.00
Handling Fees		
Flower vases - Marker setting	APR 7 6 2000	65,00
Recording/Filing/Transfer Fes	35	OV 37.63
Sales taxes,	- WOE CEMET	M
MO	UNT MORE	Total Oue
14100	Paid receipt number	R-59588 3358.9
61/		Balance dua
The state of the s	wie Gradia	V of this above named decedent
I hereby certify I am the 122 and this is your authority to I that I have the right to make I any listellity on account of safe	make disposition of remains at this authorization and I agree to	above indicated. I certify and represent hold Mr. Hope Cometery harmless from

I hereby authorize the interment in let the hold under deed. CONCEPUBLIC ADMINISTRATOR PUBLIC GUARDIAN 5201-A RUFFIN ROAD MUNTRALDRAGGARDIAN SAN DIEGO CALIFORNIA 92123-1699 Character and a Lloun 694-35-19 858 495-5117 Involce & Work Order = E-19679 Acct.# This information is available in alternative formats upon reduest. REA-104 (3-04)

PUBLIC ADMINISTRATOR/GUARDIAN ESTATE OF SY

COUNTY OF SAN DIEGO PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN

5201-A RUFFIN ROAD SAN DIEGO, CALIFORNIA 92123 ANDERSON, MARY D.

ESTATE OF 20060017
CASE NO. P 189216

REASON FOR PAYMENT WORK ORDER# E-19679, DATE: 04/19/06

REE THOUSAND THREE HINDRED FIFTY-FIGHT

THREE THOUSAND THREE HUNDRED FIFTY-EIGHT....

NINETY-THREE

MT. HOPE CEMETERY

3751 MARKET STREET SAN DIEGO, CA. 92102

ORDER OF:

PAY TO

THE

U.S. BANK 600 West Broadway, Suite 100 San Diego, CA 92101-3302

90-3582/1222

CHECK NO.

CENTS

283707

DATE OF ISSUE

04/24/2006

DOLLARS 3358.93

3358

100

Charles & Mat Disse

" 283707" :: 122235821:: 161843219148"

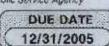
CANARY,	TO CUSTOMER CEMETERY	AT-NEED MOUNT HOP (619) 5	PURCHAS PE CEME 527-3400	SE	-06	5958	38
From: Public Admin	Addre	ss: 5201-A	Pate:	0.0		, 20	000
Thee thousand The	whundreal of	ifly - Eight		93	Dollars	(\$ 3, 358	.93)
in Full Payment	of AT Nee	d Service	es For	SAME THE PARTY OF		derson	
Div /1 s	ec/	Blk/ Row	Lot	69	Gra	ve _ //	
Invoice No		PURPOSES STATED		CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 100 77184	452	80
BALANCE DUE θ		APR 2 6 20		Opening/ Closing Bunal	100 77181 100	5.33	000/0
Money Order	— MK	DUNT HOPE C	EDIE (C	Containers Handling Fee	77182 100 77185	206	00 BIC
Charge		,		Recording & Misc. Fees Sales Tax	77183 60101	65	OO RIF
AC-212A (11-05) 2 8 3 7 0 7 This information is available in atternative formats up	ISSUED BY _	Sandra		TOTAL PAID	78390	3,358	93 tax

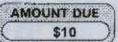


RENE "AL NOTICE FOR VESSEL REGI" TRATION









CF NUMBER: CF 4717ER

HIN KK23777

BUILDER: IMP

VESSEL TYPE: CRUISE

RENEWAL INSTRUCTIONS

California law requires the vessel certificate of number to be renewed by December 31, on every odd numbered year. To register this vessel, you must renew via the internet, CALL 1-800-921-1117, or mail the bottom portion of this notice with a check or money order in the enclosed envelope to. DMV RENEWAL, SACRAMENTO, CA. Make your check or money order payable to DMV and print the CF number on the back of the check.

RENEW VIA INTERNET OR TELEPHONE

RENEWAL via Internet or Telephone (1-888-921-1117) is an option available to you (see insert). Your Renewal Identification Number is 377177.

DMV's Internet address is WWW.DMV.CA.GOV

RENEWAL FEE

The biennial vessel renewal fee is:

\$10

LATE RENEWAL If your renewal is postmarked or processed via the Internet after the due date, your penalty will be: YOUR ADJUSTED TOTAL FEES WILL BE:

\$5 \$15

PROPERTY TAX LIABILITY

Unlike vehicle registration, vessel fees do not include personal property tax payments. The assessor of the county in which your vessel is principally kept may assess this tax directly. DMV will refuse vessel registration if notified that property taxes are not paid.

DMV records show that this vessel is located at:

VESSEL LOCATION SAME AS MAILING ADDRESS

If this vessel is no longer at this location, renewal via the Internet is no longer an option available to you. The box on the return portion of this notice must be completed and your transaction mailed in the envelope provided If the vessel is permanently located in another state or used only in another state, the vessel cannot be registered in California.

RENEWAL OF VESSEL REGISTRATION IS PROCESSED BY MAIL, INTERNET or BY CALLING 1-888-921-1117.

RENEWAL NOTICES PRESENTED AT DMV OFFICES WILL BE FORWARDED TO SACRAMENTO FOR PROCESSING. ONCE FEES HAVE BEEN SUBMITTED IN THE MAIL, CALIFORNIA LAW ALLOWS YOU TO OPERATE YOUR VESSEL WHILE DMV PROCESSES YOUR RENEWAL.

If you have any questions regarding your renewal or this bill, please contact your local DMV office.

DETACH AND MAIL WITH CHECK OR MONEY ORDER AND APPROPRIATE FORM(S) DO NOT STAPLE, TAPE OR FOLD

- 101	Change of Addres	s (see back) 100000000	01071427 0001000 000 0000000500 at another address, pleas	30033988 6	130037	\$09	93005P03 .017
	For DMV U	se Only	at another address, press	e comprete.	C.F.	NUMBER	BUILDEF
1	1 1	Address where v	essei is kept.		CF	4717ER	IMP
						HULL NUM	BER .
		City	State	Zip	KK23	3777	
1		EN TO	2007	17075	DMV US	E AMOUNT DUE	ON OR BEFO
		()				\$10	12/31/200

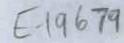
Halandalan Hardallan allah adalah dalah da ANDERSON PETER A DR MARY D 3394 BALTIMORE ST SAN DIEGO CA 92117-6164

DMV RENEWAL P.O. BOX 942897 SACRAMENTO CA 94297-0898

MAKE PAYMENT TO:

163101368407010714270001080365510231300371000000000000000005003003398861





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

DATE.

FAX COVER SHEET

DILL.	4/12/00
TO FAX #:	619-527-3403
NAME:	Sandra
AGENCY:	Mt. Hope Cemetery
FROM:	Lynn Calhoon
PHONE:	(858) 694-3529
FAX:	(858) 495-5127
SUBJECT:	Mary D. Anderson
NUMBER OF PAG	GES:1 (NOT INCLUDING THIS COVER SHEET)
MESSAGE: I	Per your request, I have included a DMV letter
	ssed to Peter and Mary Anderson. The letter is
sent to their	home address that proves they resided in San

4/19/06

CONFIDENTIALITY NOTICE:

Diego, CA.

This Fax, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this fax is not the intended recipient, or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this fax is prohibited. If you have received this fax in error, please notify the sender by replying to this fax immediately.

MT HOPE CEMETERY E 19679

GRAVE BLIND CHECK FORM

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

			LH S
	#5 Sylveste Clark	-	
# 10 The great Huff	STATE OF THE PARTY		
**	-=-		

Blind Check Initiated By: Sancha Date: 4-25-00
Interment space for: MARY D Anderson
Interment Date: April 27.06 Time: 9:30 (Delivery
Div: 12 Sect: 1 Blk/Row: Lot: 69 Gr: 11
Grave Laid out by: Norman Length
Agrees with Legal Card: Tyes No
Agrees with Map: Yes D No
Blind Check & Verified By: Alain Moring Date: 4-25-06

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO FRASURES WHITEOUTS OR OTHER ALTERATIONS

uge 79

ARY	DELIGHT		ANDE	ANDERSON		07/27/1926 04	ATE OF DEATH NTH, DAY, YEAR 1/17/2006
OF DEATH AND DIEGO LD NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS		SAN D	SAN DIEGO		AME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE FINFORMANT YNN CALHOON, PUBLIC GUARDIAN		
		ADAMS AVENUES		FD1424	CABLE	5201-A RUFFIN RD. SAN DIEGO, CA 9212 SIGNATURE OF APPLICAND, PURSUA	Sales permit 188 DATE SIGNED
NOMEDICATED OF APPLI	CANT of the Health and	edge as applicant that the proposed sta Sarety Code, and was authorized purs	ated herein is on of the dispo want to Section 7100 of the	pastn and Safet	d by Sertion 103055 y Code	M. Mulu	04/21/2006
THE	E CALIFORNIA HEALTH A FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS ON SAFETY CODE AND 18 THE AUT SPECIFIED IN THIS PERMIT RIGHT OF CHROSAL OUTSIDE OF CALL	11 00	T OF FEE PAID	98 DATE PERMIT IS 04/24/2006		and the second s
Y CHANGE IN DISPOSED ON REQUIRES A NEW RWIT TO SHOW FINAL DISPOSITION				SE ADDRI	ESS OF REGISTRAR OF	DISTRICT OF DISPOSITION P partoc	POOR IS TO OCCUSE AN ANOTHER DESTRICT IS CALF
AUTHORIZED DISPOS	8171014(8)		TE DES	FOR C	DRONER'S USE	ONLY	
	S(T10N(S)			FORC	DRONER'S USE	ONLY	
AUTHORIZED DISPOS	11A. NAME AND A	DRESS OF CALIFORNIA CEM DEMETERY, 3751 M			118 DATE BURIED	11C SIGNATURE OF PERSON	IN CHARGE OF BURIAL
AUTHORIZED DISPOS	MT. HOPE O	CEMETERY, 3751 M , CA 92102	MARKET ST.,		118 DATE BURIED 4-27-04	11C SIGNATURE OF PERSON	James
AUTHORIZED DISPOS	MT. HOPE O	CEMETERY, 3751 M	MARKET ST.,		118 DATE BURIED	11C SIGNATURE OF PERSON	NIN CHARGE OF BURIAL
AUTHORIZED DISPOS U BURIAL	11A NAME AND AS MT. HOPE (SAN DIEGO 12A. NAME AND AS	CEMETERY, 3751 M , CA 92102	MARKET ST.,		118 DATE BURIED 4-27-04	D 12C. SIGNATURE OF PERSON	VIN CHANGE OF CREMATION
BURIAL CREMATION SCIENTIFIC	11A. NAME AND AS MT. HOPE O SAN DIEGO 12A. NAME AND AS 13A. NAME AND AS 14A. NAME AND AS 14A. NAME AND AS	CEMETERY, 3751 M , CA 92102 DDRESS OF CALIFORNIA CREI	MARKET ST., MATORY ILITY RECEIVING REA	AAINS	118 DATE BURIED 4-27-06 128 DATE CREMATE	D 12C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF WITAL RECORDS

VS96 (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

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MT. HOPE CEMETERY

AT- Need (Res)

REA-104 (3-04)

INTERMENT ORDER

City of San Diego

Date 4-19-06

WILL AR VIEW	W 1991 No. 1	PIN# 23011	8
You are hereby authorized and instruct			
of stephanie	Mirelle C	124019	4
of STephanie ina uru Garden Type of Burga Configuration	Funeral, date, t	ime April X	06 2:00
Church, Chapel, Sraveside	The same of	Community	416 - 1606 Mortuary
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extra charge	of \$ 2/3.0
will be applied and billed to undersigne	ed		X
Division 8 Section 4	Blk/Row		
Grave space & Care Fund			416.00
Overtime/Late Arrival Fees			
Opening/Closing & Setup	amarine all control and the	***************************************	149.00
Burial Container	2 Vault Reg	ţ	-
Handling Fees		,	
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees			65.00
Sales taxes			
APR 1 9 2006		Total Due	\$640,00
7.1.1.2.2000	Paid receipt number	R-59574	\$640,00
MOUNT HOPE CENT		Balance due	0
I hereby certify I am the_ and this is your authority to make disp that I have the right to make this autho	position of remains as	above indicated. I certi	
any liability on account of said authoriz	ation and interment.	1 72011 d	ly naminoss nom
I hereby authorize the interment in lot I hold under deed.	Print Name	De Attack	1)
Y	Address	hick	20
Digneture	city	, Atau	Zip Code
	Telaphone	Du "	
E 10000	Invoice #		
Work Order # E- 19680	Acct.#_		

© Fround on secuciosi paper

This information is available in alternative formats upon request.

E1.9680

CLASSIC DRIVER LICENSE D2666307 EXPIRES 84-84-82 STEPHANIE MIRELLE LIZAGLA ALSO MILSON AVE SAN DIETO, CA 92184 SEX:F HAIR:BLK EN BROWN HT:5-88 KT: 128 DOB: 04-04-84

\$1/21/2005 \$86 C1 F0/09

MT. HOPE CEMETERY

AT- Need (Res)

INTERMENT ORDER

City of San Diego

Date_ 4-19-06

You are hereby authorized and instructed, sul	bject to your rules and regulations, to inter the remains
or <u>STephanie</u> m	ireile Liznola (8)
ma urn barden	Funeral, date, time FR 11 06 1'00 Community 416-1606 Mortuary
Church, Chapel, Graveside	Community 416-1606 Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$ 2/3.00
will be applied and billed to undersigned	Don Jack X
	k/RowLot_352_Grave
Grave space & Care Fund	#416.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container NO 2	rault Reg
Handling Fees	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	65.00
CONTRACTOR OF THE PARTY OF THE	
APR 1 9 2006	Total Due 4640.00
Paid r	eceipt number R-59574 8640.00
MOUNTPOP	Balance due
I hereby certify I am the mothry and this is your authority to make disposition	and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Dora Lizaola
Dera Jacob 4	4 4180 wilson ave
Spraise	4 SAN DIEGO CA 92164 City (69) 624 0961
	Invoice #
Work Order # E-19680	Acct.#
This information	ation is available in alternative formats upon mount

MT HOPE CEMETERY 6 19680

GRAVE BLIND CHECK FORM

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

#351 #354 #353 #354

Frances X

Walker X

Blind Check Initiated By: Sandra Date: 4-19-06
Interment space for: Stephanie m Lizaola pei Mon at Interment Date: April 21, 06 Time: 1:00 65
Div: 8 Sect: 4 Blk/Row: Lot: 352 Gr: Grave Laid out by: Norman Fengus
Agrees with Legal Card: BYes
Agrees with Map: 19 Yes No
Blind Check & Verified By: Xenneth Collins Date: 4/ 10

E-19680

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	- FIRST (SIVEN)	18 MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YE		4. SEX
TEPHANIE				34 04/10/2006	F		
OF DEATH DIEGO		SB. COUNTY OF DEATH ENTER STATE SAN DIEGO	- OUTSIDE CALIF., 6	MARIA SANTA	MARIA SANTA CRUZ, GODMOTHER		
		, 855 BROADWAY CH		JICENSE NUMBER PUCABLE 82	8241 BEAVER SAN DIEGO, C NA SIGNATURE OF APPLIC		ATE SIGNED ,
KNOWLEDGEMENT OF APP	LICANT I hereby acknow	wholes as applicant that the proposed eland at Safety Code, and was authorized pursuar	d hereor is on of the dispositions author of to Section 7100 of the Health and S	nzed by Section 193055 efety Code.	Allere	Burley 4	124/04
TH IT	E CALIFORNIA HEALTH FOR THE DISPOSITIO	N ACCORDANCE WITH PROVISIONS OF I AND SAFETY CODE AND IS THE AUTHO N SPECIFIED IN THIS PERMIT D RIGHT OF DISPOSAL OUTSIDE OF CALIFOR	P44 00	04/24/200		BOWEN, MD	PERMIT'
AUTHORIZATION OF LOCAL REGISTRATE SO	ADDRESS OF REGI	STRAR OF DISTRICT OF DEATH - #0	DEATH COCURRED IN DAUFORMA BE. AD	DRESS OF REGISTRAR C	OF DISTRICT OF DISPOSITI	ION — этомеровання торохия в мил	HER DIETHIGT PLICAL POW
TOTAL BUILD MANY TOTAL PROPERTY STREET, AND THE PARTY STREET, AND	3851 ROSE		CORDS				
	SAN DIEGO	CASZIIO					
		, 0.7 32110	FOR	CORONER'S USE	EONLY		
		, 0.4 92110	FOR	CORONER'S USE	EONLY		
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AUTHORIZED DISPO	SITION(S)	ADDRESS OF CALIFORNIA CEMETI	ERY	CORONER'S USE	and the second	OF PERSON IN CHARGE OF I	SURIAL
AUTHORIZED DISPO	SITION(S)		ERY		11C SIGNATURE C	E1	BURIAL.
AUTHORIZED DISPO	11A NAME AND A MT. HOPE 92102	ADDRESS OF CALIFORNIA CEMETI	ERY EGO, CA	118 DATE BURIED	11C SIGNATURE C	OF PERSON IN CHARGE OF I	
AUTHORIZED DISPO	11A NAME AND A MT. HOPE 92102 12A NAME AND A	ODDRESS OF CALIFORNIA CEMET CEMETERY SAN DIE NODRESS OF CALIFORNIA CREMA	EGO, CA	118 DATE BURIED 4 24-00 128 DATE CREMATI	11C SIGNATURE C	PERSONAL CHARGE OF	CREMATION
AUTHORIZED DISPO	11A NAME AND A MT. HOPE 92102 12A NAME AND A	ODRESS OF CALIFORNIA CEMETI CEMETERY SAN DIE	EGO, CA	118 DATE BURIED	11C SIGNATURE C	F. James	CREMATION
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COPY 1

OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

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OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA WHITE .. TO CUSTOMER AT-NEED PURCHASE CANARY ... CEMETERY 59579 MOUNT HOPE CEMETERY (619) 527-3400 4-21-06 ,20 06 Ponce 4150 Wilson Ave s.n. 92104 hundred of twenter - Two Dollars (\$ 211, 17 marker setting FEE & Temp 90 Nay MARKER STEPHANIE Full Payment of Blk/ Row 352 Grave E-19680 Invoice No. NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. CREDIT 67007 Acct. No. 20% Sales Care 77184 BO% Sales 100 W.O. _ 77184 of Lots APR 2 1 2006 Opening/ 100 BALANCE DUE Closing 77181 Burial 100 Containers 77182 MOUNT HOPE OF ... 100 Money Order Handling Fee 77185 Recording & 100 Charge Misc. Fees 77183 Sales Tax Check 78390 ISSUED BY AC-212A (11-05) # 2/O
This information is available in alternative formats upon reques TOTAL PAID Service Aprildyth 2006 90-7162/3222 210 SALVADOR L. PONCE 0921573326 4150 WILSON AVE. DATE 5-21-06 SAN DIEGO, CA 92104 PAY TO THE MT. Hope Cementery 1\$222. Two hundred twenty two DOLLARS (1) Gold Gustomer W Washington Mutual

Dora Squala

Washington Mutual Berik, FA San Diego-North Park Financial Center 1467 3921 30th Street Sen Diego, CA 92104 94 hour Customer Senior

NOTES

INTERMENT ORDER

City of San Diego

Atnead			Date	4-17	-00	_
You are hereby authorized a		PI	n# 13	0117		400
1 - 1		1 - 1-			the rema	ins
of <u>Carlos</u>	Lopez	(ITHAT	1-11	nas.	2 81	700
In a Type of Burnel Conte	F	uneral, date, tin	rida	y Hpri	(41	_11
Church, Chape, Graveside	20377	:	Guady	lapan	9 Morte	ary.
All Funeral cars must arrive	before 3:00 p.m. of	regular work da	ay or an extra	charge of s	544-	73
will be applied and billed to u						
Division 9 Section	n T BIKA	Row	10 89	9 Grave	1	
					142	-
Grave space & Care Fund				William	400	-
Overtime/Late Arrival Fees					470	_
Opening/Closing & Setup	10				20	
Burial Container	XPATX	lah				=
Handling Fees		A-1-7			36	=
Flower vases - Marker setting	ig fee	AIL			SAG	_
Recording/Filing/Transfer Fe	es				65.	
Recording/Filing/Transfer Fe Sales taxes	APR	2 0 2006			1776	all
			Total Due	9	597	147
	MOUNTHO	PE CEME	R 595	76	537	6
	III O . Paid re	ceipt number _			0	5
			1	ance due _		_
I hereby certify I am the and this is your authority to	make disposition of	of remains as a	bove indicate	e above nan d. I certify a	ned dece	dent
that I have the right to make any liability on account of sa	this authorization a	and I agree to h	old Mt. Hope	Cemetery h	armless f	from
I hereby authorize the interm	ent in lot I	Point Name				-
noid dilder deed.	V	*			- 25	
Signature		Address		+ 1		
		City			Zip	Code
		Tethphorse	1919			
aulette		Invoice #				
Work Order # E- 1968	81	Acct.#				
				Nathan and		
REA-104 (3-04)	This informat	tion is available	in alternativ	e formate iii	non negu	12.9

O President immedial paper

MT HOPE CEMETERY E-19681

GRAVE BLIND CHECK FORM

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

			19			
			x			
		Fandin	Fleming			
			cavin	necley		
Blind Che	ck Initiate	ed By:	wette	C.	Date:	4-20 infant)
Interment	space fo	r: Carl	os Lope	2 (7 mos	infant)
Interment	Date:	Fridan	4/21 7	ime:	11:00	63.
Div: 9						
Grave Lai			1)			
Agrees wi	th Legal	Card:	Yes [No E		
Agrees wi	th Map:	Yes	01)
Blind Che	ck & Ve	rified By:_	00	ruen	Date:	4200

MT. HOPE CEMETERY
INITIAL Ist CALL SHEET
DATE / TIME RECEIVED CALL: 4-19-06 1.30pm
CALL TAKEN BY: Paulette
RECEIVED CALL FROM:
MORTUARY NAME: Guadulagana
MORTUARY NAME: FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON:
TELEPHONE NUMBER: 6P1) 5449894
RELATIONSHIP TO DECEASED:
NAME OF DECEASED:
10007 - F (7moc)
FIRST NAME CANS INITIAL:
, D.O.D D.O.B
VETERAN: yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET, ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: 10 W x 38 L x 19
PHARMAI CRIMAR.
FUNERAL SERVICE:
TYPE OF SERVICE: CHURCH HOPE GRAVE SIDE
DATE OF SERVICE: 4/8/ TIME OF SERVICE: 11:00 FRI day
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:
0 20 40
CEMETERY PROPERTY: DAN DPM DPM Trust
9 11 49
DIV: SECT: BLK/ROW: LOT: GR:
☐ SINGLE GRAVE ☐ CREMATION
DBL/DEPTH I BURIAL 2 2 BURIAL
CEMETERY SERVICE:
TYPE OF SERVICE: COMMITTAL GRAVE SIDE SAY
□ WITNESS ONLY □ DELIVERY ONLY 9334
□ P/A DELIVERY □ MILITARY DETAIL
() 10 010 0 1 1

- 106-01

favents address. 210 so. 29 thst SD CG 92113

277- Lot 135. \$ 835.46 \$ 835.46

E-19681

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

months

CARLOS	NT - FIRST (GIVEN)	GAEL	LOPEZ		MAT		2. DATE OF BIRTH MONTH, DAY, YEAR 09/21/2005	DATE OF MONTH, DA 04/16/2	Y YEAR	M SEX
AN DIEGO		SAN DI	ENTER STATE 0			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CARLOS LOPEZ, UNCLE			XXDE	
SUADALUPA	NA MEMORIA	UNERAL DIRECTOR OR PERSON ACT. L CHAPEL & MORT EGO, CA 92102		FD1425	NSE NUMBER ABLE	SAN	DIEGO, CA	The second secon	es (88. DATE	SIGNED
CHNOWLEDGEMENT OF	APPLICANT I hereby acknowled the Herellis and	edge as applicant that the proposed claim I Safety Code, and was authorized pursui	ed herein is on of the dispot and to Section 7100 of the in	itions authorized ealth and Safety	thy Section 103055 Code,	1	1 //	hour		9/2006
PERMIT	THE CALIFORNIA HEALTH /	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTH SPECIFIED IN THIS PERMIT, WIGHT OF DISPOSAL OUTSIDE OF CALIF	C11 00	OF FEE PAID	04/20/20		NANCY L BO		ALE DE ACRES CHAR	EMIT
AUTHORIZATION OF LOCAL REGISTRAR	UD. ADDRESS OF REGIS	TRAR OF DISTRICT OF DEATH - #	FOR - OCCUPANT H CAL FORM	BE. ADDRE	SS OF REGISTRAR	OF DISTR	BCT OF DISPOSITION -	- FORFURNONIS TO	COLUMN WATER	DESTRUCT OF CHAPTER
NY CHANGE IN DISPOS- TION REQLITIES A NEW ERMIT TO SHOW FINAL DISPOSITION	SAN DIEGO 3851 ROSEO SAN DIEGO,		CORDS	-						
AUTHORIZED DIS	POSITION(S)			FOR CO	DRONER'S US	SE UNL	T			
BURNAL	11A NAMEAND AS MOUNT HO	DERESS OF CALIFORNIA CEME PE CEMETERY, 375			18 DATE BURIEF) 10	C SICHATURE OF FI	ENSON IN CHA	ARGE OF BUI	RIAL
BURIAL	11A NAMEANDAI MOUNT HO ST.,SAN DIE		1 MARKET		18. DATE BURNEL	6		nsu	los	,
BURNAL CHEMATION SCIENTIFIC USE	11A NAME AND AI MOUNT HO ST.,SAN DIE 12A NAME AND AI	PE CEMETERY,375 EGO,CA.92102	1 MARKET		118. DATE BURIES) 11 6 • TED 12	C SIGNATURE OF FI	OCTAL ERSON IN CH	LOS. ARGE OF CRI	EMATION
BURIAL	11A NAME AND AI MOUNT HO ST., SAN DIE 12A. NAME AND AI 13A. NAME AND AI 14A. NAME AND AI	PE CEMETERY, 375 EGO, CA. 92102 DDRESS OF CALIFORNIA CREM	ATORY ITY RECEIVING REMA	uns 1	18. DATE BURIES 4-21-0- 28. DATE CREMA	11 12 12 TED 12	C SICHATURE OF PE	PORTO ALL ERSON IN CHA	ARGE OF FAC	EMATION

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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103080.

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INTERMENT ORDER

At need

REA-104 (3-04)

City of San Diego

Date 4/20/66

the state of the s	ted, subject to your rules and regulations, to	nter the remains
or westey wo	gers # 130/63	
in a Liner	Funeral, date, time Wass. Apr	1 26 100
Church, Chapel, Graveside	Hinderson-Rea	Sale Mortuary
All Funeral cars must arrive before 3:0	O p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned	ed.	
Division 12 Section 2	BIK/Row Lot 207 Gr	ave 6
Grave space & Care Fund		21/4
Overtime/Late Arrival Fees	PAID	
Opening/Closing & Setup	PAID	533
	APR 2 4 2006	
Handling Fees.		206.
Flower vases - Marker setting 100 U	NT HOPE CEMETERS	
Recording/Filing/Transfer Fees	THE OCINETERY	65
Sales taxes		20.93
and	Total Due	3,358.93
1 101	Paid receipt number R-59582	
most to Pay		De
I hereby certify I am the X and this is your authority to make disp	position of remains as above indicated. I cer prization and I agree to hold Mt. Hope Cemetr	ery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name	-
7	Address	11
Signature	Cay Jel Otto	Che O zp com
al a	Telephone Ill W	
au ette	Invoice #	
Work Order # E-19682	IIIYOICE III	

Control on mendal paper

This information is available in alternative formats upon request.

INTERMENT ORDER

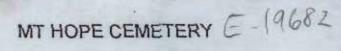
01	need
At	11220
111	1 5

City of San Diego

Date_ 4/20/66

Var. and he sales as theretaed and instruction	t, subject to your rules and regulations, to inter the remains
of Wesley Wicas	
ina Liner	Funeral, date time Wads. April 210 100
Church, Ct apel, Graveside	Anderson-Reason Mortuery
	om of regular work day or an extra charge of \$ 2/3.0
will be applied and billed to undersigned.	*
(1 3	Bik/Row Lot 207 Grave 6
Division 3 Section 3	Blk/Row Lot Grave
Grave spac : & Care Fund	2114
Overtime/Li te Arrival Fees	
Opening/Cir sing & Setup	533
Burial Container	APR 2 4 2006 270 -
Handling Feas	μοδ.
Flower vase : - Marker setting ()	Mephyspur — — — — — — — — — — — — — — — — — — —
Recording/Fling/Transfer Fees	_ 65. ~
Sales taxes	_20. 93
244	Total Due
of tot l p	aid receipt number <u>R-59582</u> 3,358.9
more to pay	Waller Balance dua 6
hereby cert 'y i am the X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M. Of the above named decedent lition of revialns as above indicated. I certify and represent ation and I agree to bold Mt. Hope Cemetery harmless from
any liability or account of said authorization	#230164
hereby auth xize the interment in lot i	Florence Wiggers
KAlenenco Wiago	M Y1010 N. 40th Street
mine the continuation	X San Diego, CA 92102
00	Z (619) 262-3714
aurette	Priestrone
The same of the sa	Invoice #
Nork Order# E-19682	Acct #
(SA-104 (3-04) This info	ormation is available in alternative formats upon request

O Primerias mendra para



GRAVE BLIND CHECK FORM

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

					1	+
		CALLED			ANG ANG	
	WYLES		х		-	
			New AND WHILE		JONES	
	Check Initiated					/24/06
	ent space for:	70	and the same of	F.I. I		
Interme	ent Date: U	Deds.	4 26 I	ime: \	200.	C 19
Div:	[] Sect:_	2 BI	WROW:	Lot:	207 G	r. 6
	Laid out by:					
Agrees	with Legal C	ard: Ø	Yes [3 No		
HART -	s with Map: 2		DN			
Blind (Check & Veri	fied By:	Unid!	Vocies	Date:	4-24-00

E-19682

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

WLOLL!	E OF DECEDENT - FIRST (OVEH) 18 MIDDLE MAJOR			WIGGERS			V YEAR	04/17/2006	4 SEX M
ANDERSON - F	RAGSDALE N	UNERAL DIRECTOR OF PERSON AC MORTUARY, 5050 F	SAN DIE		USE NUMBER	NAME RELATIONS OF INFORMANT FLORENCE 1010 N. 40 SAN DIEGO	E WIGGE	ERS, WIFE	DZIP CODE
BLVD SAN DIE	I hereby unmow	odge as applicant that the proposed sta Safety Code, and was authorized pure	ded herein is on of the disposi	done sufferiged !	by Section 183055	CEIGNATURE OF A	APLICANT - No		DATE SIGNED 4/20/2006
PERMIT IN	IS PERMIT IS ISSUED IN E CAUFORNIA HEALTH FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS O NAD SAFETY CODE AND IS THE AUT SPECIFIED IN THIS PERMIT HIGHT OF DISPOSAL OUTSIDE OF CAU	PA. AMOUNT O		04/20/2006	WESTERN BRIDGESTON		VEN, MD	ING PERMIT
ANY CHANGE IN DISPOS- ITION REGUNES A NEW PERMIT TO SHOW FINAL DISPOSITION				BE ADDRES	S OF REGISTRAR OF	F DISTRICT OF DISA	OSITION — PIX	REPORTED IN TO COOL P. N. A	NUMBER OF A CASOMIC
O. AUTHORIZED DISPO	SITION(S)		No.	FOR CO	RONER'S USE	ONLY		7	
BURIAL									
10 20 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20	MT. HOPE	CORESS OF CALIFORNIA CEME CEMETERY, 3751 M AN DIEGO, CA 9210	MARKET	12	B DATE BURIED	11C SIGNATI	URE OF PERS	Nonie C	F BURIAL
BURIAL	MT. HOPE O	THE RESERVE OF THE PARTY OF THE	MARKET 02	4	A DATE BURIED	- Da	vid 7	MOCHARGE O	
BURIAL	MT. HOPE (STREET, SA 12A NAME AND AI	CEMETERY, 3751 M AN DIEGO, CA 9210	MARKET 02 WATORY	12	4-26-06	D 10 SIGNATI	JINE OF PENS	Mories	FCREMATION
BURIAL	MT. HOPE O STREET, SA 12A. NAME AND AL - 13A. NAME AND AL	CEMETERY, 3751 M AN DIEGO, CA 9210 DORESS OF CALIFORNIA CREM	MARKET D2 WATORY LITY RECEIVING HEMA	12 12	H-26-06 B DATE CREMATE	D 13C SIGNATU	JIRE OF PERS	MOCIES SON IN CHARGE O	F FAGUTY

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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AT- Need

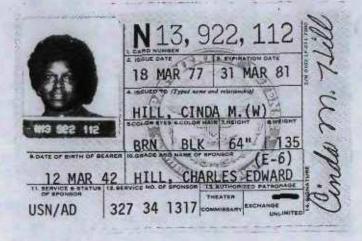
INTERMENT ORDER

(Res) City of San Diego

Date 4-20-06

	Pin# 230126
You are hereby authorized and instructed, subject	
of <u>Cinda</u> mae	
in a TS Vault Fun	eral, date, time
Church Chapel, Graveside	Ragsdale Mortuary
	egular work day or an extra charge of \$ 13.60
will be applied and billed to undersigned.	lendow E Vell X
Division / 1 Section 1 Bik/Rd	ow Lot 106 Grave 3
Grave space & Care Fund	#2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container T5	Van1+ 355.00
Handling Fees	163.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees.	
	17.51
APR	2 0 2006 Total Due 3, 507.51 R-54577 3, 507.51
Paid rece	ipt number R-54577 3,507,51
MOUNT HO	DE CEMETER Balance due
I hereby certify I am the SOU	X of the above named decedent
and this is your authority to make disposition of that I have the right to make this authorization and	remains as above indicated. I certify and represent d I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and in	nterment. PIn#130/117
I hereby authorize the interment in lot I	* Hill, Winslow E
hold under deed.	+ 5053 Septem Pine Avenue
3 Jundow E Hell Y	Y Statesburo GA 50458
	X 912 541-2060 Zecode
	Invoice #
Work Order # E-19683	Acct.#
With Order # = 17000	MULT.

E 19683





MT HOPE CEMETERY E 1 9683

GRAVE BLIND CHECK FORM

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

1				1	
	THE PERSON				
		#3 X			
	It 8 marie Tackson	#9			#12 Gertrude Gillespie
Blind Check I	nitiated By:	Sandle	cı	_ Date:	4-21-06
Interment spa	ice for: Cin	da ma	e Hil	1	
Interment Dal	Thurs e: April &	7,06	Time:	100 (c)
	Sect: J BII	117.1			
Grave Laid o	ut by: Norma	n fe	alle		B. All
Agrees with L	egal Card:	Yes	□ No		
Agrees with f	Map: Ø Yes	0	No		
Blind Check	& Verified By:	Good	Novie	Date):

E19683

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 65

	NDA	- FIRST (CIVEN)	MAE MAE	HILL HILL	MEG			2 DATE OF BIRTH MONTH, DAY, YEAR 03/12/1941	04/19/20	YEAR F
LA	MESA			SAN D	EGO	OUTSIDE CALIF	SH	RELATIONSHIP FULL NORMANT URLETTE HILL	L-BURCH.	
AN	DERSON -		INERAL DRECTOR OF PERSON ACTING A MORTUARY, 5050 FED 12		FD1329		SPI	1 KINGS VIEV RING VALLEY ATURE OF APPLICANT	CA 9197	88 DATE SIGNED
HOKN	OWLEDGEMENT OF API	PLICANT I hereby acknowled the Health and	odge us applicant that the proposed stated her Safety Code, and was authorized pursuant to	rest is an of the dispo Section 7100 of the	mitors suborge Health and Safet	d by Section 103055 ly Code	54	tailan	sour	04/20/2006
1000	PERMIT N	HE CALIFORNIA HEALTH A TY FOR THE DISPOSITION	ACCOMPANCE WITH PROVIDIORS OF AND SAFETY CODE AND IS THE AUTHOR- SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL GUTSIDE OF CALFORNA	44.00	OF FEE PAID	04/20/20		NANCY L BO	STATE OF THE PARTY	and the same of th
AU LO	THORIZATION OF GAL REGISTRASS 9	O ADDRESS OF REGIS	TRAR OF DISTRICT OF DEATH - + DOM	- OCCUPANT IN CAL FOR	M SE ADOR	ESS OF REGISTRA	R OF DIST	RICT OF DISPOSITION -	POMPORITION R TO GO	OF MAINTEN DETECT IN CASH OF
PERM	PIANCE IN DISPOS- I RECURRES A NEW AT TO SHOW FINAL DISPOSITION	SAN DIEGO 3851 ROSEO SAN DIEGO,		ORDS	-					
	UTHORIZED DISPI JRIAL	OSITION(5)			TORO	ORONER'S U				
		114 NAME AND AT	CORESS OF CALIFORNIA CEMETER CEMETERY, 3751 MAR			11B DATE SURIE		IG SIGNATURE OF PE	ERSON IN CHAR	GE OF BURIAL
BL	JRIAL	11A NAME AND AT MT. HOPE (STREET, SA		RKET			06		1760	ruga
BL	JRIAL BURIAL	11A NAME AND AS MT. HOPE (STREET, SA 12A. NAME AND AS	CEMETERY, 3751 MAR AN DIEGO, CA 92102	RKET		118 DATE SURIE	D 1	IG SIGNATURE OF PE	2 loc erson in char	GE OF CREMATION
	BURIAL CREMATION SCIENTIFIC	11A NAME AND AS MT. HOPE (STREET, SA 12A. NAME AND AS -	CEMETERY, 3751 MAR AN DIEGO, CA 92102 DORESS OF CALIFORNIA CREMATO	RKET PRECEIVING REM COUNTRY WHER	Airys	118 DATE SURIE 4-27-6 128 DATE CREM	ATED 1	TO SIGNATURE OF PE	PRSON IN CHARGE	GE OF FACILITY

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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VSDc (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

INTERMENT ORDER

(Res)	City of San Diego		
pre-need 10TS	ONLY		-24-06
You are hereby authorized and inst	ructed, subject to your rul	PIN# 1)9 es and regulations	357 to inter the remains
of Family			
ina	Funeral, date, t		
Type of Buriel Container Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before	3:00 p.m. of regular work	day or an extra ch	arge of \$
will be applied and billed to unders	igned		
Division / 2 Section) Blk/Row	Lot 235	Grave // 4/2
Grave space & Care Fund			
			<i>'</i>
Overtime/Late Arrival Fees	DAI	n	
Burial Container	4 2 2		
Handling Fees		2000	-
Flower vases - Marker setting fee		2000	
Recording/Filing/Transfer Fees	BAOLINETHON	NEATHER STATE	
Sales taxes			#4528.00
# 2.00 14		P-001U/	4,5-30.0
Clean	Paid receipt number		4
1.	10 F05	Baland	se due
and this is your authority to make that I have the right to make this ary liability on account of said authority.	uthorization and I agree to	above indicated.	
I hereby authorize the interment in hold under deed.	lot I X G	AROLE	NAILON ON
Signature / fullow	Abdress V	an Diego	22/14
do purchasen	x 61	9 698-59	16
Dallas NailON pin# 13011	o w/C	# 619 474	1-6430
Work Order # E-19684	Acct, #_		
REA-104 (3-04)	his information is availab	ble in alternative for	ormats upon request

В размени темпериям.

marked Deed on 4-24-06

€-19 684

CALIFORNIA DHU

DRIVER LICENSE

EXPIRES 12-29-09

E0547768_

CAROLE ANNE NAILON 221 MIDDLEBUSH DR SAN DIEGO CA 92114 SEX:F HAIR:BLK HT:5-07 WT:270

RSTR: CORR LENS

CLASS:C



land Thillier

pre-need to At Need

MT. HOPE CEMETERY

INTERMENT ORDER

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CONSTANCE ICLA BIXING # \$20,170 In a SNACULE Told BIXING A Told BIXING A Told BIXING A TOLD TOLD A TOLD TOLD A TOLD TOLD A TO	1 Vopo old m	City of San Dieg	0	
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CONSTANCE TO BIXMY & # 230/70 In a SEN VOLUME Funeral, date, time 5-2-06 A Y D Type of faulat Container Church, Chapel, Gravesides Delivery Only Alhiser Comet Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Division Section H Bik/Row Lot 59 Grave II Grave space & Care Fund D - 154.69 Overtime/Late Arrival Fees Opening/Closing & Setup. Burial Container Handling Fees Handling Fees Sales taxes Total Due. Paid receipt number I hereby certify I am the Sec at Hached of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Bignuary Invoice #		Control of the last of the las	Date 4 - Z	4-06_
of Constance Tota Bixby & # >30110 in a ASN Vacut Funeral, date, time 5-2-06 A YD Type of Build Container Church, Chapel, Graveside Delivery any Alhiser-Comer Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$1.62 will be applied and billed to undersigned. Division Section Helix Row Lot 59 Grave II Grave space & Care Fund D-54.69 Overtime/Late Arrival Fees Opening/Closing & Setup Build Container Handling Fees Juliof 4.34 GAV Flower vases-Marker Setting fee Recording/Filing/Transfer Fees Sales taxes Total Due Paid receipt number Nife and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Name Address Signature Invoice #				
Funeral, date, time 5-3-06 AVD Type of Sural Container Church, Chapel, Graveside Mortuary, All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$1.62 will be applied and billed to undersigned. Division Section Blk/Row Lot 59 Grave 11 Covertime/Late Arrival Fees Opening/Closine Burlat Container Handling Fees Church Church Flower vases - Marker setting fee Recording/Filing/Transfer Fees Sales taxes Total Due Paid receipt number Paid receipt number Total Due Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mr. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Finance Address Signature Invoice #	Constance To		eles and regulations, to in	ter the remains
Church, Chapel, Graveside Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$1.62 will be applied and billed to undersigned. Division Section Blk/Row Lot S9 Grave 11 Grave space & Care Fund O'vertime/Late Arrival Fees Opening/Closing & Setup Burial Container Handling Fees Sales taxtes Total Due Paid receipt number NIR Balance due Paid receipt number I hereby certify I am the Sec & Hacked of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature Invoice # Invoice #		7	7 730110	NVIA-
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$162 will be applied and billed to undersigned. Division Section H Bik/Row Lot 59 Grave II Grave space & Care Fund D - 54 69 Overtime/Late Arrival Fees Opening/Closing & Setup E - 19 559 Burial Container Hendling Fees Hendling Fees Recording/Filing/Transfer Fees Sales taxes Total Due Paid receipt number N/R Balance due Paid receipt number of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and i agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature Invoice #	Type of Burial Container			HAD
will be applied and billed to undersigned. Division Section H Blk/Row Lot 59 Grave II Grave space & Care Fund D - 54 69 Overtime/Late Arrival Fees Opening/Closing & Setup E - 19 558 Burial Container Handling Fees Who fit H 324 GAV Flower vases - Marker setting fee Recording/Filing/Transfer Fees Sales taxes Total Due Paid receipt number Nift Balance due Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature Finance Invoice #	Church, Chapel, Graveside	ivery unly	Alhiser-Come	Mortuary.
Division Section Helik/Row Lot 59 Grave III Grave space & Care Fund D-6469 Overtime/Late Arrival Fees Opening/Closing & Setup. E-19 558 Burial Container Handling Fees Dust Helight Could Fees Flower vases - Marker Setting fee Recording/Filing/Transfer Fees Sales taxes Total Due Paid receipt number Paid receipt number Paid receipt number Flower vases - Marker Setting fee Paid receipt number Paid receipt number Paid receipt number Flower vases - Marker Setting fee Paid receipt number Paid receipt number Paid receipt number Flower vases - Marker Setting fee Paid receipt number	All Funeral cars must arrive before 3:0	00 p.m. of regular work	day or an extra charge	of \$
Grave space & Care Fund	will be applied and billed to undersign	ed		
Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup. Burial Container Handling Fees Who if 434 Gave Flower vases - Marker setting fee Recording/Filing/Transfer Fees Sales taxes Total Due Paid receipt number Paid receipt number Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature Invoice #				
Overtime/Late Arrival Fees Opening/Closing & Setup.	Division Section 4	Blk/Row	Lot 59 Gra	ve 11
Opening/Closing & Setup	Grave space & Care Fund	-6469		0_
Burial Container Handling Fees Work 1994 Canv Flower vases - Marker setting fee Recording/Filing/Transfer Fees Sales taxes Paid receipt number Paid receipt number NIR Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Bignature Print Name Address City Decode Telephone				
Handling Fees Wo If 4 34 GAV Flower vases - Marker Setting fee Recording/Filing/Transfer Fees Sales taxes Total Due Paid receipt number Paid receipt number Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature Final Name Address Total Due Balance due Of the above named decedent and represent that I have the right to make this authorization and interment. Print Name Talephone Talephone	Opening/Closing & Setup.	-10 558		0_
Handling Fees Work 1934 Ganv Flower vases - Marker setting fee Recording/Filing/Transfer Fees Sales taxes Total Due Paid receipt number Balance due I hereby certify I am the See affected of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature Recording/Filing/Transfer Fees Total Due Balance due Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and interment. I hereby authorize the interment in lot I hold under deed. Address Gity Talephone Zie Code Talephone	Burial Container	li .		0_
Flower vases - Marker setting fee Recording/Filing/Transfer Fees Sales taxes Total Due Paid receipt number	Handling Fees.	11		0-
Recording/Filing/Transfer Fees Sales taxes Total Due. Paid receipt number	Flower vases - Marker Setting fee	ત		A
Paid receipt number Paid receipt number Balance due Balance due I hereby certify I am the Sec attached) I hereby certify I am the Sec attached of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Print Name Address City Disputation Telephone Invoice #				9
Paid receipt number Paid receipt number Paid receipt number		,,		A
Paid receipt number			Total Disa	0
I hereby certify I am the		Daid social sumbs	110	
I hereby certify I am the		raid receipt numbe		A
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Address City Telephone Invoice #	(50)	attached)		
any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signature City Telephone Invoice #	and this is your authority to make dis	position of remains a	above indicated. I certi	fy and represent
Point Name Address City City Telephone Torvice #	that I have the right to make this authorized any liability on account of said authorized.	orization and I agree t zation and interment.	o hold Mt. Hope Cemete	ry harmless from
Point Name Address City City Telephone Torvice #				
Paulet e Invoice #		Print Name	1-01	1
Paulet e Invoice #		Address	attach	-)
Paulet e Invoice #	Bignature	City	Sellies	Zie Code
Paulet e Invoice #		Telephone	ach	11/2/15/3/16/2
Work Order # E- 19685 Acct. #	Dulete			
Work Order # <u>L-19003</u> Acct. #	F. 10695	Invoice	#	
	Work Order # <u>L-19003</u>	Acct. #		

REA-104 (3-04)

This information is available in alternative formats upon request.

on the grading

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

of your acc	thurling-Birby &	227969
in a ASHUVAULT Type of Bural Container	Funeral, date, time	
Church, Chapel, Graveside	11	Mortuary.
All Funeral cars must arrive before 3:	00 p.m. of regular work day or an extra chan	ge of \$
will be applied and billed to undersign	ed.	
Division 6 Section 4		srave
Grave space & Care Fund	D-5469	<u> </u>
Overtime/Late Arrival Fees		
Opening/Clasing & Setup	PAID	116.00
Burial Container		> 83.00
Handling Fees	JUN 2 8 2004	94.00
Flower vases Marker setting fee		
Recording/Filling/Transfer FeesMOL	JNT HOPE CEMETERY	50.00
Sales taxes	\$ 325.55 Topion	6 Y3
	6 32 7 Total Due	3 49.43
	Paid receipt number R-57726	349.43
	Balance	~
I hereby certify I am the daugh	Eter (Trustee for) of the abo	ve named decedent
that I have the right to make this auth	position of remains as above indicated. I o	entity and represent stery harmless from
any liability on account of said authori	zation and interment. 2.2	7970
hereby authorize the interment in lot	Frances Box	y Spoar
hold under deed	14617 Merritt	The Ly
Mencea Lixty Jefler	Poway CA	92064-295
	(858) /748-41	95 zp Code
Work Order # E 18558	Invoice #	

REA-104 (3-04)

This information is available in alternative formats upon request. O Printed on excycles paper

GRAVE BLIND CHECK FORM

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

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		usbuist+		in	
		х	meyer	(Chescule	
		40%av.R			
			里 畫		
Blind Check Initiate	d By:	Paulet	le_	Date:	5-2
Interment space for					
Interment Date:					
Div: Sect:_				59 0	6r: 11
Grave Laid out by:	Jama	in fer	~	-	
Agrees with Legal					1
Agrees with Map:)	X Yes	ON	lo	76	7
Blind Check & Ver	ified By:_	DARRE	YL	Date;	5200
			-		

E-19685

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS age 98

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

ONSTA		- FIRST (SWEW)	IDA		BIXBY		2 DATE OF BIR MONTH, DAY, Y 09/08/19	EAR MONTH DA	Y, YEAR	F
OWAY					SB COUNTY OF DEATH- ENTER STATE SAN DIEGO		NAME REATIONSHIP, OF INFORMANT FRAN SPEAR 14617 MERRI	R, DAUGHTE	R	E
LHISER	R-COM	IER MORTU CA 92025	JARY, 225 S BRO	ADWAY	11.00	LICABLE	POWAY, CA	92064		
KNOWLEDGEME	ENT OF AFF	UCANT of the Health a	wiedge as appricent that the proposited Selfety Code, and west authorized	ed gurnoused to George of grantspared to George	on of the dispositions without on 7100 of the Health and Saf	ent Dy Deutson 100000	vanes	mohr) 04/12/2	.000
PERMIT	TH IT?	E CALIFORNIA NEALT Y FOR THE DISPOSITION	IN ACCORDANCE WITH PROVING H AND SAFETY CODE AND IS THE ON EPECIFIED IN THIS PERMIT NO RIGHT OF DISPOSAL GUTTING OF	E AUTHOR	11.00	04/12/2006		L BOWEN, M		er E
AUTHORIZATION LOCAL REGISTR	RAR 90	ADDRESS OF REG	ISTRAR OF DISTRICT OF DEAT	TH - F DEATH OCCU	MILLI WOLLTOWN SE ADD	RESS OF REDISTRAR OF	DISTRICT OF DISPOSI	TION FORFORDS IN	OCCUP H AND - 471 COLUMN	ICT IN CALIFORNIA
Y CHANGE IN ON ON REQUITES A RWIT TO SHOW DISPOSITION	A NEW FINAL	3851 ROSE	CRANS ST C, CA 92110	RECORE	os -					
	A REAL PROPERTY.	ACCRET AND THE PARTY OF THE PAR			and the second s	and the sale of th				
AUTHORIZE R/BU		11A NAME AND MT HOPE	ADDRESS OF CALIFORNIA CEMETERY 3751	THE RESERVE OF THE PARTY OF THE		118. DATE BURIED		OF PERSON IN CH	ARGE OF BURIA	L
R/BU		11A NAME AND MT HOPE DIEGO, CA	CEMETERY 3751 A 92102	MARKET		118. DATE BURIED	11C SIGNATURE			
R/BU	IAL	11A NAME AND MT HOPE DIEGO, CA 12A NAME AND LAKEPOIN	CEMETERY 3751	CREMATORY UM 571 J	F ST SAN		11C SIGNATURE D 12C SIGNATURE	OF PERSON IN CHA		
R/BU suri	IAL XTION	11A NAME AND MT HOPE DIEGO, CA 12A NAME AND LAKEPOIN ST LAKE E	CEMETERY 3751 A 92102 ADDRESS OF CALIFORNIA ITE CREMATORIU	CREMATORY UM 571 J	F ST SAN CRANE	118 DATE BURIED	11C SIGNATURE D 12C SIGNATURE		ARGE OF CHEM	ATION
SURI CREMA	ATION	11A NAME AND MT HOPE DIEGO, CA 12A NAME AND LAKEPOIN ST LAKE E 13A NAME AND	CEMETERY 3751 A 92102 ADDRESS OF CALIFORMA ITE CREMATORIL ELSINORE, CA 921	CREMATORY UM 571 J 2530 FACILITY RECE	F ST SAN CRANE EMING REMAINS	118. DATE BURIED 128. DATE CREMATEI APR 1 3 201 138. DATE RECEIVED	11C. SIGNATURE D 12C. SIGNATURE 13C. SIGNATURE 14C. ADDRESS A	OF PERSON IN CHA	ARGE OF CREM	ATION

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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS96 (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSONS DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

at Do	ty of San Diego	11-21	1-0/0
Pin 229705		Date 4-24	1-00
You are hereby authorized and instructed.		and regulations, to inter	the remains
11/2	Funeral, date, tim	MAV 26 Fr	tion In
Type of Burial Container Church, Chapel, Graveside	_ runeral, date, on	Family	Mortuary.
All Funeral cars must arrive before 3:00 p.r	n of regular work de		
will be applied and billed to undersigned	or regards from da	, , , , , , , , , , , , , , , , , , , ,	
Divisin 8 Section 4	Bik/Row	Lot <u>214</u> Grave	1
Grave space & Care Fund	E-190	715	0
Overtime/Late Arrival Fees	***************************************		
Opening/Closing & Setup	11		
Burial Container	U/H		
Handling Fees			
Flower vases - Marker setting fee	MA		
Recording/Filing/Transfer Fees	"//		
Sales taxes			_
		Total Due	-
Pa	d receipt number _		
+		Balance due _	0
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	ion and I agree to h	of the above nar bove indicated. I certify a old Mt. Hope Cemetery h	and represent \
I hereby authorize the interment in lot I	Dark Name	WEL DANIELS	fugy.
hold Grider deed hours	Address 5	50 STATE ST	7101
Quette	City City	in sign, ci. 1.	Zip Code
Couled	Votephone		
100	Invoice #		
Work Order # E-19686	Acct. #		

REA-104 (3-04)

This information is available in alternative formats upon request.

GRAVE BLIND CHECK FORM

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

	COURT	Danne		
KEEVAN		Cone		
	SWAY	x		
	Dans			

Blind Check Initiated By:	Paylette	_ Date: 5-22-00
Interment space for: Mar	tha Booke	200
Interment Date: MAY 216	7 Time:	11:00
Div: Sect: 4 BI	k/Row: Loi	:214 Gr:
Grave Laid out by:	fe	
Agrees with Legal Card: 8	The state of the s	
Agrees with Map: D Yes	D No F	lag
Blind Check & Verified By:_	Kenneth al	Deno Date: 5/28/00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	MARTAA	NT-FIRST (GIVEN)	1B. MIDDLE JANE	1C. LAST	(FAMILY)			2. DATE OF BIRTH MONTH DAY YEAR 12/30/1924		DAY YEAR	4. SEX
5A. (SAN DIEGO YPED NAME AND ALL WMS SINK D	TEGO MEMORI	A FUNERAL DIRECTOR OF TAL CHAPEL, 2	SB. COUN ENTER S R PERSON ACTING AS SI	TY OF DEATH STATE AN DIEG ICH PE CALIF I — IF APS	3	2754 92102	RELATIONSHIP FULL ORMANT JEWELL E. STREET,	MAILING ALL L DANII SAN DI	DDHESS AND ELB-DAU IEGO, C	GHTER A
-	OXNOWLEDGEMENT OF A	I hereby ackny	release as applicant that the propose and Safety Code, and was authorized	of disposition stated hensel is one o	the dispositions with with anti-Salety Code	orized by Section 103055	1	-12	_	04/2	7/2006
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

INTERMENT ORDER

At Need res)

City of San Diego

Date 4-25-06

(/	
NI -1- ALI	bject to your rules and regulations, to inter the remains
	mora & # 230111
ina ASH VAULT	Funeral, date, time Fri may 12,0610.3
Church, Chape (Graveside) Tamily 4	CONTRACTOR OF THE CONTRACTOR O
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$ 283.0
will be applied and billed to undersigned	×
Division Section BI	k/Row Lot 30 Grave
Grave space & Care Fund	
Overtime/Late Arrival Fees	100
Opening/Closing & Setup	199 a
Burial Container ASA	Van/+ 1040
Handling Fees	TAIL 114.00
Flower vases – Marker setting fee	MAY n -
Recording/Filing/Transfer Fees	95.00
Sales taxes	15.0C
remains must be	THOPE CENTER # 5 10.06
ecompanied by Paids	receipt number pd by VISS 4510.06
alif Burial permit	Balance due
	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from ind interment.
I hereby authorize the interment in lot I hold under deed.	X JANET A. BUYSON PYT Name BIZ ESPERANZA PL
DAPONIJA X	Address CHULAVISTA CA 91914
Paul ett C	\$ 619-397-5102 Ze Code X Telephone
F 10/97	Invoice #
Work Order # E-19687	Acct. #

Janet Buyson will coll when ashes comes to CA.

Family come Family rodey Needs TO Sign INTerment

block marked existing market	ame of the dece with "X". Place er's in the appro	eased for the name	which the e's, lot # a pace(s) tha	grave is for nd grave a t are adjace	of all cent to
the burial space	ce. In grau	re of w	life 85	ter All	nambra
		х	mosher	mosher	Bates
	borker				
Blind Check I	nitiated By:	Paul	ette	Date:	5/8
Interment spa	ce for: Abe	lardo	Albant	vg R	
Interment Dat	e: 5-12-	26	Time:	10:3	0 Am
Div: 7 8	Sect: 2 BI	WRow:_	Lot:_	30 G	. 6
Grave Laid ou	ut by: 305	e			
Agrees with L	egal Card: Ø	Yes	0 No _		
Agrees with M	Map: Yes	0	No +	lag	
	& Verified Bv:	11		Date:	5-10-0

€-19687

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Age 17

TA	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	TC LAST (FAMIL	Y)			2 DATE OF BIRTH		OF DEATH	4. SEX
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		Laguna		Phil	ippi	nes	OF INF	RELATIONSHIP, FULL & FORMANT et Buyson -			D ZIP CODE
77	Commun		a FUNERAL DIRECTOR OR PERSON ry 855 Broadway 91911	ACTING AS SUCH 7	FD1	LICENSE NUMBER	S12 Chul	Esperanza P la Vista, CA	1ace 9191	14	SIGNED
	ACKNOWLEDGEMENT OF		twistige as applicant that the proposed disposition of and Safety Code, and was authorized pursuant to Se			vired by Section 103065.	16	the /fu	wo	04/	26/2006
		THE CALIFORNIA HEALTH TY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHORI- SPECIFIED IN THIS PERMIT. RIGHT OF DEPOSAL OUTSIDE OF CALFORMA.	\$11.00	E PAID	04/28/2 D. Hump	77777	260421	arman, and	ARTEBUING PI	ныт
- 3	DEPOSITION PROJECTION OF DISTRICT OF DEATH OCCURRED IN CALIFORNIA DEPOSITION PAIL DEPOSITION DEPOSIT				San	Design County Dept. of Vital Record D. Box 85222 San Diego, CA 92186-522					
-	B CREMATION OF COMPANY OF COMPANY OF CREMATION OF COMPANY OF COMPANY OF CREMATION O	HA NAME AND AC	DORESS OF CALIFORNIA CEMETER Ope Cemetery	F DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO OL	ITSIDE OF	CALIFORNIA HB. DATE BURIEL	5 110	C. SIGNATURE OF PERS	ON IN C	HARGE OF BI	JRIAL
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	SCIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				138. DATE RECEIV	VED 136	SIGNATURE OF PERS	SON IN CO	HARGE OF FA	ACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPI	ED 140	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
0	SCATTERING/BURIAL AT SEA OR OSPOSITION OTHER THAN IN A CEMETERY	IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE				15B DATE OF DISPOSITION		C. SIGNATURE OF PERS CHARGE OF DISPOSI	STIDS BUT TO STATE OF THE STATE	150 UCENSI CREMATED F POSER — IF	

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

AT- need

MT. HOPE CEMETERY

INTERMENT ORDER

(Kes)	ty of San Diego
7.7 - 401	14"- W Date 4-16-05
unborn Smonths IN womb	The state of the s
You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
of michelle	Arlene Ramirez # 130166
ina Liner O	Funeral, date, time THES MAY 1, 06 9:00 h
Church, Chapel Graveside	Berge Roberts Mortuary
	n of regular work day or an extra charge of \$ 2/3.00
will be applied and billed to undersigned (
Division 9 Section 1	BIK/Row Lot 861_ Grave
Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
*Burial Container	ver 6 99.00
Handling Fees	APR 2 6 2006 36.00
Flower vases - Marker setting fee	APR 2 0 2000
Recording/Filing/Transfer Fees	- LONE PEMETERY 65,00
Sales taxes MC	OUNT HOPE OF 7,67
	Total Due
Pa	id receipt number 6-595-85 517.67
	Balance due
I hereby certify I am the Father	of the above named decedent
that I have the right to make this authorizat	on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	# 23016)
I hereby authorize the interment in lot I	& Gullermo Afrilar
Pullarum Haularx	4 3752 via de la Bandola
Solution Medicar	YSan ysidro 92173
	(619) 843-9342 Zip Code
	Invoice #
Work Order # E-19688	Acct.#
REA-104 (3-04) This info	rmation is available in alternative formats upon request.

© Printed on incided paper

E-19688

Father of Baley.
Michelle Arlene Ramerey

DAY CALIFORNIA DAY

CLASS: C

DRIVER LICENSE

D5916411 EXPIRES 18-27-88

GUILLERMO

AGUILAR VILLARREAL 3752 VIA DE LA BANDOLA SAN YSIDRO, CA 92173

SEX:M HAIR:BLK EYES:GRN HT:6-01 WT:210 DOB:10-27-86

RSTR: 47 59

Guillermo Hyulav

89/82/2004 613 31/AS FD/89



GRAVE BLIND CHECK FORM

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

		42/1		
tessantia pressidi	#860 D'Angelo Barksdale	X		

Blind Check Initiated By: Sandia Date: 4-16-06
Interment space for: Michelle Arlene Ramirez
Interment Date: MAY 2,06 Time: 9:00 A.M
Div: 9 Sect: 1 Blk/Row: Lot: 861 Gr:
Grave Laid out by: Norman Fergus
Agrees with Legal Card: Yes O No
Agrees with Map: & Yes D No
Blind Check & Verified By: David Noves Date: 4-26-60

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC		19A NAME AND A	DODESS OF CALIFORNIA CORMATI	NOV			ON IN CHARGE OF C	DEMATICAL	
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC	COCHITICAL	Walling Manual Establishment Comments of the Comment of the Commen		411	TED DATE GREAT	120. Signations of Fenc	ON IN BRANCE OF C	DEMMINUM	
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	SCIENTIFIC	13AL NAME AND AL	JUHESS OF GALIFORNIA FAGILITY	HECEIVING HEMAINS	138. DATE HECEIV	ED 13G SIGNATURE OF PERS	SON IN CHARGE OF FA	IGITI C	
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14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 14B. DATE SHIPPED 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE HE 15C, ADDRESS A		14A, NAME AND ADDRESS IN RECEIVING STATE OR COUN REMAINS OR CREMATED REMAINS ARE TO BE SHIPP			Transfer and a second of the s			CHARGE	
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	TRANSIT	TIESTONIO ON	on Control of the Con		OF FEMALIA WITH THE CA		IL GMINIEN		
8	3								
15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERINGSURIAL SUFFICIENT TO DENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION CH	-	The second secon			A STATE OF THE PARTY OF THE PAR				
AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE POSER - IF APPLICAS	AT SEA OR.	IF BURIAL AT S			DISPOSITION	CHARGE OF DISPOS			
DISPOSITION OTHER THAN IN A CEMETERY									

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

Pre- need INTE	RMENT ORDER
FOR 3- Cremains	City of San Diego
pd IN Full Reserve Fo	OR Anna 8192c Date 4-16-06
You are hereby authorized and instructed	d, subject to your rules and regulations, to inter the remains
	MArsh Family
ina 3- Ash Vaults	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 2 Section 1	
Grave space & Care Fund	DAID
Overtime/Late Arrival Fees	[AID
Opening/Closing & Setup	APR 2 6 2006
Bunal Container	
Handling Fees	NT HOPE CEMETERS
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	CALLED THE CONTROL OF
ok per maria Aprensky	Total Due 38 / 08,98
4-16-06 MPD	Paid receipt number pd by VISA 108.98
TS Naul TO 3 - cremains	Balance due
I hereby certify I am the FAM and this is your authority to make dispotent I have the right to make this authority	of the above named decedent sition of remains as above indicated. I certify and represent teation and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorizat	
I hereby authorize the interment in lot I hold under deed.	Y MARIA M. MARSH
Marie M. Mareli X	YSAN DIEGO CA
	SANDIEGO 92107-2329
(over)	Telephone 619-224-4721
	Invoice #
Work Order # E-19689	Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Maria Marsh exchanged E-15811 from TS Vault to E-19689 (3) Ash Vaults///Balance from the E tickets is 108.98 for the exchange was pd in full by visa on 4-26-06

Family has pd for Lot & trust for 3 cremains, trust to include (3) 0/C, (3) Ash Vault (3) H/F, (3) R/f, (3) taxes

INTERMENT ORDER

A INTE	KWENT ONDER
at Need phyllismurphy	City of San Diego Date 4-26-66
in Cyron wither you are hereby authorized and instructed	City of San Diego Date 4-26-66 d, subject to your rules and regulations, to inter the remains
or Rachel Bu	Her #130165
ina DI) CRYPT "B"	Funeral, date, time MON MAY I, I COOM
Type of Striat Continuer Church Chapel, Graveside	Anderson - Mortuary
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of \$ 213,0
will be applied and billed to undersigned	
Division 12 Section 2	Blk/Row Lot \@ Grave
	5-12943
Grave space & Care Fund	PAID
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees MOU	INT HORE CEMETERY -
Flower vases - Marker setting fee	/ /05 00
Recording/Filing/Transfer Fees	1 W GD
Sales taxes	\$ 598 0
	Paid receipt number R-59594 5 598 a
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make dispo	sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I	X
hold under deed.	Prix Name
X	- Appress Q (the party)
tle.	Appless See attached 200 cons
Paulate	Tylephone /
100	Invoice #
Work Order # E-19690	Acct. #
ber and a second This is	of small and the small at the state of the s

REA-104 (3-04)

This information is available in alternative formats upon request

15:41

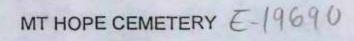
MT. HOPE CEMETERY

INTERMENT ORDER

ANEX City of Sun Diego

Date 4-26-de

NI COUDT "B"	Man Manual Lincom
U a DI) CKALI D	Funeral, date, timeMon. IMAY 1, Loopm
Church Chapel, Graveside	- Hourson- Mortuary
All Fune rel dars must arrive before 3:00 p	.m. of regular work day or an extra charge of \$ 213,0
bengiarebnu of dellid bne delique ed Illw	
Division ia Section 2	BILIROW Lot 161 Grave 11
Control of the contro	
Grave space & Care Fund	-12943
Openini /Closing & Setup	
lurial Container	······································
tandir 3 Fets	
lower rases - Marker setting fee	
Record ng/Filing/Trensfer Fees	and the second s
Mes t 265	65.00
	Total Due
P	sid receipt number
MARKET BELLEVILLE	Balance due
herebicertify i am the DAUG	riTER of the above named decedent tion of remains as above indicated. I certify and represent
set I have the night to make this purported	afron and I Runas to hold Mt. Hope Camatery hamiless from
ny ligi riky on account of said authorization	on and interments.
heree / authorize the interment in lot I	Pris NOTA LYONS
Ale 1 This	X+345 NORDICA AVE
- And Mine	JAN Deco (1-92/13
ette U	619263-1005
culate gran	
X 0	Invoice 9
Nork (most # E- 19690	The state of the s



	* 3	GRAVE B	LIND CH	ECK FO	DRM	
block i existin	marked w	ne of the de ith "X". Pla s in the app	ce the nam propriate sp	e's, lot # ace(s) th	and grave nat are adj	e # of all acent to
Doral	den xen	wier				
8	9	10	it X			
			1			
Blind	Check Ini	tiated By: _	tauler	te_	Date:	4/27/06
Intern	nent space	e for: R	schel bu-	Her	O. Y	
Intern	nent Date:	5/1/01	٠	Time: 1	:00 4	m Church
		ect: X			100.00	1114
		by: Now				
				1	-	010
Agree	s with Le	gal Card: [Yes	IJ No	+1	any
		ip: Ø Yes	//			U
Blind	Check &	Verified By	he		Date):

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 49-89

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

RACHEL 16 MIDDLE LOUISE			BUTLER SS COUNTY OF DEATH - OUTSIDE CALIF. IS NAME.			Y YEAR M	0ATE OF DEATH ONTH, DAY, YEAR 4/25/2006	F SEX	
		UNERAL DIRECTOR OR PERSON ACT	SAN D	E	NSE NUMBER	LINDA LYC 4245 NORE	NS, DAU	NUE	CODE
LVD SAN DIE			EDERAL	FD1329		SAN DIEGO	Committee to be dealers to be designed to the second	on, twing permit BB, DAT	E SIGNED
NNOWLEDGENERY OF APP	LICANT I hereby ecknow of the Hoalth and	edge as applicant that the proposed sta I Safety Code, and was authorized pure	ted herein is on of the disp until to Section 7100 of the	estions authorized Health and Safety	by Semon 103055 Code.	- Dlain	Camp	bell 04/2	28/2006
PERMIT NO	E CALIFORNIA HEALTH FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS O AND SAPETY CODE AND IS THE AUT SPECIFIED IN THIS PERMIT HIGHT OF DISPOSAL OUTSIDE OF CAU	HOR. 11 00	OF FEE PAID	98. DATE PERMIT 04/28/200		Y L BOW	REGISTRAR ISSUING EN, MD	PERMIT
AUTHORIZATION OF LOCAL REGISTRAN 90	ADDRESS OF REGIS	TRAR OF DISTRICT OF DEATH -	# (Birth-Cott AWED M CALE)	M SE. ADORE	ESS OF REGISTRAR (OF DISTRUCT OF DISP	POSITION # DIRE	CENTONE TO OCCUR A RIGHT	RAMINET HOUSE
DISPOSITION	SAN DIEGO 3851 ROSEO SAN DIEGO		CORDS	-					
AUTHORIZED DISPO	SITION(S)			FOR C	DRONER'S USI	EONLY			
BURIAL	THE REAL PROPERTY OF THE PERSON.	DDRESS OF CALIFORNIA CEME DEMETERY, 3751 N			118 DATE BURIED	11C SUSNATI	RE OF PERSO	ON IN CHARGE OF B	BIAL
URIAL	MT. HOPE (CEMETERY, 3751 N AN DIEGO, CA 9210	MARKET 02		5-1-0	6-4	re le	vzalk	,
URIAL	MT. HOPE (CEMETERY, 3751 N	MARKET 02		118 DATE BURIED 5-1-0 128 DATE CREMAT	6-4	re le	ON IN CHARGE OF B	,
BURIAL	MT. HOPE (STREET, S) 12A NAME AND AI	CEMETERY, 3751 N AN DIEGO, CA 9210	MARKET 02 MATORY	7	5-1-0	ED 12C SUSTNATI	URE OF PERSO	vzalk	REMATION
BURIAL CREMATION SCIENTIFIC	MT. HOPE (STREET, S) 12A NAME AND A - 13A NAME AND A -	CEMETERY, 3751 N AN DIEGO, CA 9210 DDRESS OF CALIFORNIA CREM	MARKET D2 MATORY LITY RECEIVING REA	AINS 1	5-1-0 IZB DATE CREMAT	D 13C SIGNATU	URE OF PERSO	ON IN CHARGE OF FA	REMATION COLUTY

OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V890 (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

in grave with wife	Date 4/27/06
Udshimi Uyeji	
You are hereby authorized and instructed, subje	ect to your rules and regulations, to inter the remains
or KIKUO	Uyeji # 224965
in a Double-Depth "B" F	uneral, date, time SAT. MAY (0 17:00
Church, Chapel Graveside	Community Mortuary
All Funeral cars must arrive before 3:00 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 7 Section 11 Bik/	Row Lot 135 Grave 3
Grave space & Care Fund	E-4423 0
Overtime/Late Arrival Fees SAT FEE	1133.00
Opening/Closing & Setup. 2 nd 6/4	708.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	3500
Calar tayer	<i>*</i>
APR 2 7 2006	Total Due 1, 926 00
MOUNT HOPE CERTIFIE	ceipt number R-59589 1,936_D
MOUNT HOPE CEME	Balance due
I hereby certify I am the A daught	
and this is your authority to make disposition of	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from I interment.
	X Christine Takeguchi
I hereby authorize the interment in lot I held under deed.	Print Name
Y. Coheme	Address charles 1) the ca area
Signature	Address Chula Vista, CA 91411 Zay Chula Vista, CA 91411 Zay Chula Vista, CA 91411 Zay Cook Z 6612-
	L WIG- 410 WIT
Paulette	paragraph at
Work Order # E- 19691	Invoice#
Work Order = 17071	Acct #

MT HOPE CEMETERY 6/9691

GRAVE BLIND CHECK FORM

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

the burial space.					
2-mmania	Furoka	x			
Blind Check Initia	0	III a Ha			
Interment space f	or:_Ki	Kuo	Uyeji	_ Date: <u>5</u>	
Div: 7 Sect		VRow: _	Lot: _	135 Gr	3
Agrees with Lega	I Card:	Yes (J No	ias	
Agrees with Map: Blind Check & Vo			Novies	Date:	-1-06

E 19691

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

				USE BLACK INK	ONLY - MAK	E NO ERASU	RES, WHIT	EOUTS OR OTH	ER ALTERATION	5			
	1A. NAME OF DECEDENT - FIRST (GIVEN) 18. MIDDLE -			UYEJI	irsú		2 DATE OF E MONTH, DAY 09/19/1	YEAR	3. DATE OF DE MONTH, DAY, 1 04/27/200	EAR	4 SEX M		
CHULA VISTA			SAN DIEGO C		NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CHRISTINE TAKEGUCHI, DAUGHTER								
C				FUNERAL DIRECTOR OR PERS , 855 BROADWA		VISTA	FD1682	ALC: NO	225 INKOPA CHULA VIS	TA, CA	4 91911	88. DATE S	IGNED
ACK	HOW LEDGEMENT OF	APPLICANT	I hereby acknown the Health as	wiedge as applicant that the proposed Safety Code, and was authorize	sed stated hemin i ad pursuant to Sec	is on at the disposition 7100 of the He	tions authorized with end Safety		Wha	my	they	5/2	404
PERMIT		THE CAUS	FORNIA HEALTH HE DISPOSITIO	N ACCORDANCE WITH PROVIS FAND SAFETY CODE AND IS TO IN SPECIFIED IN THIS PERMIT IN RIGHT OF DESPOSAL OUTSIDE O	E AUTHOR	\$11.00	OF FEE PAID	98 DATE PERMIT	Second of the Hand of the	100000000000000000000000000000000000000	WEN, MD	SSUING PER	E C
ANY	THORIZATION OF COAL REGISTRAN CHANGE IN DISPOS- N REQUIRES A NEW MIT TO SHOW PINAL CHEPOSITION	SAN 385	N DIEGO	STRAR OF DISTRICT OF DEA COUNTY VITAL CRANS ST 0, CA 92110		-5.000 / 0.000 - 1000	9E ADDRE	SS OF REGISTRAR O	OF DISTRICT OF DISPO	STION	F DRIPUETIJA IE 70 000.	N (N ANDSTHEIN CO.	THE THE DALP CHANA
	UTHORIZED DIS	SPOSITION	4(S)				FOR CO	RONER'S USI	EONLY				
	BURIAL,	M00940395	. HOPE	ODRESS OF CALIFORNIA	Control of the Contro	CA		5/06/06	The state of the s	E OF PE	RSON IN CHARG	lli.	AL COMPANY
LE ITEMS	CREMATION	12A.	NAME AND A	DDRESS OF CALIFORNIA	CREMATORY		1	B. DATE CREMAT	ED 12C. SIGNATUR	RE OF PE	RSON IN CHARG	E OF CREA	MATION

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

13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED

15A ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

COPY 2

SCIENTIFIC

TRANSIT

SCATTERING/BURIAL

AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

138. DATE RESEIVED

14B DATE SHIPPED

DISPOSITION

15B DATE OF

VS9e (REV.12/04)

13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF CHARGE OF DISPOSITION CREMATED REMAINS DISPOSER - IF APPLICABLE

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103080.

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MT. HOPE CEMETERY

City of San Diego

At Need	1 Date 4/27/de	
OK MFD Alzilos LOW in	come	
	bject to your rules and regulations, to inter the remains	
or Opal Mae	Rivers #13014,5	- 53
ina Liner	Funeral, date, time MAY 9, 11:00	FG .
(Church) Chapel Graveside	CA BURIAL Mortuary	1
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of	
will be applied and billed to undersigned.	13.00 QQ. Glong 229-27	14
	OA KET KEY	
Division BI	III/Row Lot Grave 303	
Grave space & Care Fund	1132.0	0
Cyertime/Late Arrival Fees N	7A	
Opening/Closing & Setup	266.5	Z
Burial Container	135.0	D
Handling Fees	103.0	0
Flower vases - Marker setting fee	A	
Recording/Filing/Transfer Fees	MAY 0 5 2006 32.50	Û
Sales taxes	10.4	1
in collections M	OUNT HOP Total Due	7
17 AVE OF 4-17-01 Paid	receipt number R - 59607 1679.4	7
879, 41 raid yet	Balance due	
I hereby certify am the DALLO H	of the above named deceden	ıt
that I have the right to make this authorization any liability on account of said authorization a	n and I agree to hold Mt. Hope Cemetery harmless from	n
any natural of account of said authorization a	- # 130/16 DUZIN	0
I hereby authorize the interment in lot I	Print Name	11
Acqueling Brine	Print Name 4755 Home AUET	′
Confine There	ON DIESTIEN GOID	-
110	X 614-528-2169	-
Paulette	110000000000000000000000000000000000000	
Work Order # E-19692	Invoice #	
Work Order # L-19092	Acct. #	

REA-104 (3-04)

This information is available in alternative formats upon request.





MT HOPE CEMETERY E- 19692

GRAVE BLIND CHECK FORM

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

	nero francisco		INCR			
			#3			
	#7 Willie Reed	#8	#3 X #9	#10 George Landry		
Intermer	nt space fo	or: 0p	al ma	e Rive	Date: 5-8	1-06
Div:/1		<u> </u>	lk/Row: _		6 Gr	3
Agrees Agrees	with Legal with Map:	Card: 🛛	Yes	No		
Blind Cl	neck & Ve	rified By:	bse		Date: 5	-8-01

Name of Deceased:

OPAL MAE RIVERS



E-19692

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services 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.

Address: 4755 HOME AV	ENUE #11		
City: SAN DIEGO	State_CA	_Zip Code_92	105
City of San Diego resident? (Circle)	YES) N	О
Size of Family (check one)			
Annual Income		Annual Income	
(1) \$13,440 \$ 9,744.00	(4) \$37,31	0	
(2) \$22,020	(5) \$44,03		
(3) \$30,230	(6) \$51,49	1	
I hereby certify under penalty of perjury to above statements are true. Signed/Relationship	under the laws of		formia that the 7-06
Proof of Residency: Valid California Driver's Licens one of the following: Current Utility Bill Current M current month rent receipt property tax statement Other Approved by	onthly Checking/Bank	Splaying City of San I Statement Rental/Lear 4/27/ Date	se Agreement and
Currentdocuments verified on: Approved By Date			



Mr. Hope Cemetery

DØ3

E19692

Guidelines Mt. Hope Low-Income Fee Waiver

✓ I. Applicant must be a City of San Diego resident, not County of San Diego

2. The low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:

x a. Social Security - Award/Benefit Letter

b. Internal Revenue (IRS) Tax Return

L. c. Health & Human Services Notice of Action (dated within 30 days)

3. The Department of Labor has published the 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of F	amily	Annual Income
(1)	\$ 9,744	\$13,440
1 2	" "	\$22,020
2 3		\$30,230
) 4		\$37,310
5		\$44,030
6		\$51,490
More than 6	Each additional me	mber add \$ 7,460

4. If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.

Residency can be proven by the following methods

 a. <u>Valid</u> California driver's license/ identification card displaying City of San Diego address

b. Current utility bill

- c. Current monthly checking statement
- d. Rental/lease agreement and month rent receipt

e. Property tax statement

f. Active/Retired duty military ID with City of San Diego address

 Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility

7. The Mt. Hope low income fee waiver does not apply to grave marker installation

fees, late charges, or Saturday services

- 8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the <u>first burial</u>. Eligibility for the 2nd deceased person in the low-income program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.
- The low-income fee waiver cannot be applied retroactively to already purchased lots/services
- √ 10. The low-income fee waiver is intended for "At Need" services only.

PØ4



E19692

ESTIMATE SHEET ONLY

Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102 527-3400

4-24-06

Lowincome

Date.	104	
11 2 30_	6	
Div. Sec Blky how Lot	Cr.	\$ 1132
Opening and Closing	0/C	\$ 766.50
Vault/Liner/Double Crypt/Ash Vault	B/C	\$_135,00
Handling Fee	H/F	\$ 103.00
Recording-Fee	R/F	\$ 32.50
Sales Tax	TAX	\$ 10.47
TOTAL (LOT & TRUST)	TOTAL	\$ 1,679.47

Flower Vase and Installation (OPTIONAL) OPT. \$_____

OPT.

(OPTIONAL)

Total: (WITH MARKER SETTING FEE . & FLOWER VASE)

\$ 1679.47

Estimate Given By:

Marker Setting Fee

The above charges are an estimate only. The figures shown reflect the current prices and are subject to charge without notice.

THIS INFORMATION SHEET DOES NOT CONSTITUTE ANY DURIAL ARRANGEMENT. THIS IS FOR INFORMATION PURPOSES ONLY.

TA-103 (9-00)

Social Security Administration Supplemental Security Income

Notice of Change in Payment

Planse BURT BACK E19692

Date: March 5, 2005 Claim Number: 328-34-5450 DI

954 CMP3, M02, 218, 051846

000051846 01 AV

OPAL M RIVERS 4755 HOME AVE APT 29

襚

0.278

SAN DIEGO CA 92105-4448

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

SSA-L8151

19692

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

OPAL		T - FIRST (GIVEN)	MAE MAE	R	IVERS		MON' 02	TE OF BIRTH TH, DAY, YEAR 1/27/1939	3. DATE OF MONTH, DAY 04/20/2	Y, YEAR	F F
SA	N DIEGO			SA	COUNTY OF DEATH- ER STATE AN DIEGO	- OUTSIDE CALIF.,	JACQU	ELINE RI	WERS, DA		
CA	LIFORNIA	CREMATION	& BURIAL CHAPE, NAL CITY, CA 919	2200	FD168	30	SAN DI	OME AVE EGO, CAY OF APPLICANT		nt 88 DATE	SIGNED
CKN	OWLEDGEMENT OF A	PPLICANT I hereby acknowl of the Health and	edge as applicant that the proposed star Safety Code, and was authorized pure	ha herein is on of Want to Section 711	the depositions author 00 of the Health and Se	ped by Section 103065 lety Code	· Ma	- lin	4	- 05/	09/04
THE		THE CALIFORNIA HEALTH	ACCORDANCE WITH PROVISIONS O AND SAFETY CODE AND IS THE AUT SPECIFIED IN THIS PERMIT. RIGHT OF DISPOSAL OUTSIDE OF CALL	HOR-	AMOUNT OF FEE PAIR	98 DATE PERMIT	100		OWEN, M	The state of the state of	ERMIT E
LO	THORIZATION OF CAL REDISTRAR	90. ADDRESS OF REGIS	TRAR OF DISTRICT OF DEATH -	P DEATH OCCUPRED	HOLPONIA SE ADD	RESS OF REGISTRAR	OF DISTRICT O	FDISPOSITION	- # DEPOSITION IS TO	OCOUR IN ANOTHER	DISTRICT IN GALFORN
TION	HANGE IN DISPOS- REQUIRES A NEW IT TO SHOW FINAL DISPOSITION	SAN DIEGO 3851 ROSEO SAN DIEGO		CORDS	-						
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BU		11A NAME AND ALL MT HOPE CO	EMETERY 3751 M.	ARKETS			110.80	Kust	ERSON IN CHA	100	1
BU	BURIAL	11A NAME AND AL MT HOPE C SAN DIEGO 12A NAME AND AL	EMETERY 3751 M CA 92102	ARKET S	STREET	115. DATE SURIED	11C. SIC	Hust I	7.2	VRGE OF CR	EMATION
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OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REG-ISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	11	1	7.	0	1	
Date	4-	×	10	-0	6	

NON-Res Pre-Need Trust

You are hereby authorized a of Donne				
ina TS Vau	1+			
Type of Burial Conta Church, Chapel, Graveside	aner	Settle Hotel Settle		Mortuary.
All Funeral cars must arrive	before 3:00 p	o.m. of regular w	ork day or an extra o	charge of \$
wii, be applied and billed to	indersigned.			
Division /) Section	n 2	Blk/Row	Lot 18/	_ Grave
Grave space & Care Fund	E	-18317		0
Overtime/Late Arrival Fees				
Opening/Closing & Setup				708.00
Burial Container	T5 1	vault	O-DIREK.	472.00
Handling Fees		PA		350.00
Flower vases Marker settir	ng fee	***************************************	,	237.00
Flower vases Marker setting/Recording/Filing/Transfer Fe	105	APK 27	2006	85,00
Sales taxes	Mou	NT HOPE	'EMETER.	B 36.58
			O O O O S	1 1000,50
	F	Paid receipt num		1 1,888.58
	011			nce due
I hereby certify I am the and this is your authority to that I have the right to make any liability on account of sales.	this authoriz	ation and I agree	e to noid Mt. Hope C	emetery harmless from
I hereby authorize the intermination under deed. But		Address AC	Donna L' 1425 Zha hula Vis	ADE SP337
Work Order # E-196 9	93	Telepho	0(9-420	1818
REA-104 (3-04)	This in	formation is ava	ilable in alternative	formats upon request.

@ Printed on moreled super

MT. HOPE CEMETERY

INTERMENT ORDER

AT-Need

MILKWENI OKD

City of San Diego

Date_ 4-28-06

You are hereby authorized and ins		The second secon	
ot Be	tty Jones	# 13	0174
na Liver	Funeral, date,	time Fuck	at 12 06 1.00
Church, Chape, Graveside		Ragsda	Mortuary
All Funeral cars must arrive before	3:00 p.m. of regular work	k day or an extra	charge of \$ _2/3,00
will be applied and billed to unders	signed.		×
Division 7 Section			
Grave space & Care Fund			# 2,264.0
Overtime/Late Arrival Fees			
Opening/Closing & Setup		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	533.00
Burial Container	LINE	C	270.00
Handling Fees	PAL	U	106.00
Flower vases – Marker setting fee			
Recording/Filing/Transfer Fees	APR 28	2006	65.00
Sales taxes			20.93
	MOUNT HOPE	Total Due	#3,358.9
	Paid receipt number	P-0025)	3,358.93
		Bala	nce due
hereby certify I am the and this is your authority to make that I have the right to make this are liability on account of said authority.	uthorization and I agree to norization and interment.	of the sabove indicated to hold Mt. Hope 0	above named decedent I certify and represent Cemetery harmless from
hereby authorize the interment in nold under deed.	lot I Y-	see at	ynature_
	X Address	gon s	gratue_
imaria Sandra	Cay X Telephone		Zigi Code
	Invoice	#	

E19694

Alzilo6 (Kevin/Rognolde)
SKIPPEN CALLED AT-preed
Family of Betty Jones
Will come by Monday
To purchase/make
arrangements
Div 11, 15, 31, 2

Family momber buried in
7, 15, 30, 6

001

MT. HOPE CEMETERY INTERMENT ORDER

AT-Need

City of San Diego

Date_4-18-06

Church Chapel Breveside	uneral date time FRIDAY. Man A	
Church Chapel Breveside		2,200 1: PM chapel
Division 7 Section 15 But Grave space a Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup Buriel Container Handling Fees Flower vases - Marker setting fee Recording/Filing/Transfer Fees Sales taxes INDUIT Paid in the Sis your authority to make disposition that it have the right to make this authorization any liability on account of said authorization any liability on account of said authorization and said authorizatio	em : Ragsdele Mo	atuary.
Ordering/Closing & Setting fee Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee Recording/Fising/Transfer Fees NIOUT Paid in Thereby certify I am the Sister and this is your authority to make disposition that i have the right to make this authorization any simbility on account of said authorization any simbility on account of said authorization are	f regular work day or an extra charge of \$ 21	3,00
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and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	Balance due	
that I have the right to make this authorization are instilled on account of said authorization are		cadent
	and I agree to hold Mt. Hope Cometary harmles	resent is from
hereby suthorize the interment in lot I hold under deed Button Pilley maria Sandra junaria Sandra	y Bootha Dilay	
maria Sandra	4 643 56th Street	
maria Sandra	92 20 92	ud
maria Samar	\$ 30,CA 10	Ze Coso
Pr total	1 1619-264-5009	
Nork Order - E-19694	and the same of th	
SA104 (3-04) This informs	Invoice #	

MT HOPE CEMETERY E-19694

GRAVE BLIND CHECK FORM

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

,	LINET		
	# >- X	#3 Everett	ty Rosie Cooks
		# 9 Sallie Wosfe	
Blind Check Initiated E			
Interment Date: Fri	day Ay12,06	Time: /	Loo Chapel
Div:7_ Sect:/:			
Grave Laid out by:	KEN + JOH	3	
Agrees with Legal Ca	rd: dYes	□ No	

Date: 5-10-06

Agrees with Map: 27 Yes

Blind Check & Verified By Mond Maries

COUNTY OF

04-27-06

SF22

€-19694

CASE NAME NUMBER

NOTICE DATE

BETTY

DEL 04/06

WORKER NAME NUMBER TELEPHONE ADDRESS MARIA ORTEGA SF22 (619) 256-3795 4588 MARKET STREET SAN DIEGO CA

STE HHSA

BETTY JONES 6001 BROOKLYN AVE SAN DIEGO CA 92114-2421

THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY WILL IMPLEMENT CALWIN ON JUNE 5, 2006.

MAT IS CALWIN?

ALWORKS INFORMATION NETWORK (CALWIN) IS A NEW COMPUTER SYSTEM WHICH

BENEFITS FOR:

CALWORKS FOOD STAMPS MEDI-CAL GENERAL PELIEF CAPI FOSTE? CARE

THE NEW SYSTEM DOES NOT CHANGE FEDERAL OR STATE RULES AND WILL NOT CHANGE ELIGIBILITY OR BENEFIT AMOUNTS. HOWEVER, IT WILL REQUIRE SOME NEW WAYS OF COING BUSINESS. FOR EXAMPLE, MOST APPLICANTS WILL NOT BE REQUIRED TO FILL OUT AS MUCH PAPERWORK. INSTEAD, NECESSARY INFORMATION WILL GENERALLY BE GATHERED IN AN INTERACTIVE INTERVIEW PROCESS.

THIS MEANS THAT INTAKE AND RENEWAL INTERVIEWS WILL TAKE LONGER.

WHAT YOU CAN US TO REDUCE WAIT TIMES?

IN ORDER TO RECUCE WAIT TIMES, PLEASE MAKE AN APPOINTMENT BEFORE COMING TO THE CEFICE. THE AGENCY WILL MAKE EVERY EFFORT TO STREAMLINE BUSINESS PROCESSES, BUT YOU MAY EXPERIENCE SOME DELAYS AS WE BEGIN THE NEW SYSTEM. BENEFITS FOR JUNE 2005 WILL BE ISSUED TO ELIGIBLE RECIPIENTS BY THE THE EXISTING CASE DATA SYSTEM. CALWIN WILL BEGIN ISSUING BENEFITS ON JUNE 5, 2006.

YOUR LOCAL HEALTH AND HUMAN SERVICES OFFICES WILL CONTINUE TO BE OPEN DURING REGULARLY SCHEDULED BUSINESS HOURS.

IF YOU HAVE QUESTIONS. PLEASE CONTACT YOUR WORKER.

ORDER OF

DOLLARS

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

MEMO:

Gravesite: Betty Jean Jones Preneed

"O13216" :122238682:

7003850480#

0

9691 APPLICATION FOR LIFE INSURANCE **Executive Offices** 7.3.326.5 4343 E. Camelback Rd. Life of Boston Insurance Company PROPOSED INSURED(S) Phoenix, AZ 85018 bLincoln Heritage Life Insurance Comp Date of Amount of Relationship Name(s) of Proposed Insured s) Birth to Owner Insurance 4. 5. Total Premium \$ 6. Owner's Name: Social Security #: Relationship to Insured: DIFGO St.L 7. Will this cause any other in jurance or annuity to be replaced or changed? Yes No is automatic premium loan requested? Yes If yes, list company and policy #: Mode of Payment: MS-BAC 8. Plan: Whole Life Mall Policy to: # of Child Rider units Requested Due Date: Accidental Death Benefit ☐ Monthly Semi-Annual Owner 20 Payment Life Adent Modified Death E enefit Quarterly. Annual day of the month 9. APPLIES TO ALL PROPOSED INSUREDS: YES NO INSURED .) is any proposed insured curre thy hospitalized or confined to a nursing facility? .. b) Has any proposed insured be in diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? c) Has any proposed insured be in diagnosed with a terminal filness?... 10. APPLIES ONLY TO PROPOSET INSUREDS AGE 25 AND UNDER: a) Has any proposed incured ever had, taken medication for, been treated for, or been diagnosed as having Cystic Fibrosis, Diabetes, Down's Syndrome. | Autible Scienosia, Muscular Dystrophy, or Sickle Cell Anemia? 11. APPLIES TO ALL PROPOSED I ISUREDS In the past 2 years, has any proposed insured ever had, taken medication for, or been freshed for: a) A heart attack, congestive hee t failure, heart surgery, heart disease, angina pectoria, stroke, lung disease, internal cancer or malignant metanom; ? b) Kidney disease, Alzheimer's I issess, Organic Brain Syndrome, dementia, alcoholism, drug abuse, Lupus, cirrhosis or other liver disease? c) An amputation caused by discuse, had or been advised to have surgery for a heart condition or blood vessel disease? Both high blood pressure and flabetes together? ... e) is any proposed insured takin; any medications? If so, list medication and usage below 12. APPLIES TO POLICY OWNER: a) Do you have insurable interes in all persons to be insured? ... b) Do you have complete knowle ige of the health history of all persons to be insured? . c) If you are insuring children or mandchildren, are all such dependents being insured? If no, please explain: 13. Medication and usage: I HAVE READ THE ABOVE QUI STIONS AND ANSWERS. I AFFIRM THAT THEY ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, I UNDERSTAND THAT THE COMPANY WILL RILLY ON MY ANSWERS ABOVE IN ISSUING ANY LIFE INSURANCE HEREUNDER AND THE AGENT DOES NOT HAVE THE AUTHORITY TO WAIVE OR MODIF / ANY QUESTIONS OR ANSWER. Signature of Signature of roposed Insured Signature of Other beruent stubA To the best of my knowledge, episcement I is the not involved in this transaction. MOEME

LINCOLN HERITAGE LIFE INSURANCE COMPANY

A Stock Company

Executive Office: 4343 E Camelback Road, Phoenix AZ 85018

POLICY NUMBER: 733263

POLICY DATE: 04/12/99

INSURED: BETTY J JONES

ISSUE AGE AND SEX: 60 F

ULTIMATE FACE VALUE: 3,000

ANNUAL PREMIUM: 257.38

OWNER: BETTY J JONES

INITIAL PREMIUM

PAYS FOR 01 MONTH(S)

This Policy is a contract between the Owner named in the Application (and referred to in this Policy as "you") and the Company named above (and referred to in the following as "we").

We will pay the death benefit set forth in the Policy Schedule, less any debt, to the Beneficiary upon receipt in our Executive Office of the proof that the death of the Insured occurred while this policy s in force.

NOTICE OF TWENTY DAY RIGHT TO EXAMINE POLICY - Please check this policy carefully. If for any reason you are not satisfied, you may at any time within twenty days after receiving it return it to us at our Executive Office or to the agent through whom it was purchased. If the policy is so returned, we will void it from its effective date and refund any premium paid.

BENEFICIARY- or beneficiaries are named in the application. During the lifetime of the Insured, you may change beneficiaries by writing to us. Any change will be subject to: (a) assignment; and (b) the approval of each irrevocably named beneficiary. If no neficiary survives the Insured, the Owner becomes the beneficiary. beneficiary.

We are issuing this Policy in consideration of the application and payment of the lirst premium. This Insurance may be kept in force by paying the premiums as they come due.

Secretary

President.

MODIFIED DEATH BENEFIT PREMIUMS PAYABLE FOR LIFE NON-PARTICIPATING

MDB97

ANDERSON-RAGSDALE MORTUARY

FD-1329

PHONE: 619-263-3141 . FAX: 619-263-1507

):		FROM:	- andala III OFOR
1.5	Attn: Maria / San	idra		agsdale, III, CFSP
100000	(619) !i27-3403		April	28, 2006
2016P	Mt. Hope Cemeter	у		OF PAGES INCLUDING COVER cludes Cover Sheet)
101117 666	ENUMBER 2	*	SENDER'S R	ETERBNOS NUMBER
1	(619) 527-3400		(619)	263-3141
+				R REFERENCE NUMBER
	RE: Betty Jean Jone Work Order: E-196			
KUR	GENT X FOR REVIEW	□ PLEASE COMMENT	D DEFASE REPLY	□ PLEASIC RECYCLA:
	S/GOMME 41S.			

Please find attached, excerpts from Mrs. Betty Jones' Lincoln Heritage Police. The application states her current address. Please let us know if this will be accepted as proof of residency.

Thank You,

H. W. Ragsdale, III, CFSP

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ALCOHOL:	T - FIRST (GIVEN)	JEAN	JONE	S		2 DATE OF BIRTH MONTH, DAY YE. 09/18/193	8 05/07/2006	F F
SAN DIEGO			SAN D	ĒGO		BERTHA RILE		OP DODE
	RAGSDALE	FUNERAL CIRECTOR OR PERSON ACT MORTUARY, 5050 F 02		FD132	Q	663 56TH STR SAN DIEGO, C	A TOTAL CO.	ATE SIGNED
CKNOWLEDGEMENT OF APP	PLICANT I hereby access	wedge as applicant that the proposed state of Salety Code, and was authorized pursu	ed herein is on all the dispr will to Section 7100 of the	airons authoriz routh and Sek		Dlaw a	burbell 051	10/2006
PERMIT IT	HE CALIFORNIA HEALTH TY FOR THE DISPUSITIO	N ACCORDANCE WITH PROVISIONS OF I AND SAPILTY CODE AND IS THE ALITH IN SPECIFIED IN THIS PERMIT O RIGHT OF DISPOSAL OUTSIDE OF CALIF	14 00	OF PEE PAID	05/10/200		BOWEN, MD	PERMIT
ALTHORIZATION OF LICIAL RESISTRAR BY CHANGE IN DISPOSITION RESPONDED A NEW PERMIT TO SHOW FAMIL DISPOSITION				» 9E ADD	RESS OF REGISTRAR (OF DISTRICT OF DISPOSITI	ON e cystoeri as as túltacue e was	MEMBER NICKLEGOL
BURIAL	OSITION(S)			FOR C	ORONER'S USE	EONLY	A WAR	
BURIAL	MT. HOPE	ADDRESS OF CALIFORNIA CEME CEMETERY, 3751 M AN DIEGO, CA 9210	IARKET		118 DATE BURIED	1 1.	F PERSON IN CHARGE OF	BURAL
	MT. HOPE STREET, S	CEMETERY, 3751 M	ARKET 2			6 - Davie	PERSON IN CHARGE OF	_ 0
GREMATION SCIENTIFIC USE	MT. HOPE STREET, S 12A. NAME AND A	CEMETERY, 3751 M AN DIEGO, CA 9210	IARKET 2 ATORY	AINS	5-12-00	ED 176 SIGNATURE C	1 Novies	CREMATION C
	MT. HOPE STREET, S 12A NAME AND A - 13A NAME AND A	CEMETERY, 3751 M AN DIEGO, CA 9210 ADDRESS OF CALIFORNIA GREM	IARKET 2 ATORY ITY RECEIVING REM OR COUNTRY WHER		5'-12-00	ED 17C SIGNATURE O	PERSON IN CHARGE BY	CREMATION FACILITY

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

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Victims of Cr

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/6/2006

or Willie Clark 3			3010		
na_Bell_	Funeral, dat	e, time A	pril II,	2006	
Church Chape Graveside	am	50	memo	rial	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular wo	ork day or a	n extra cha	rge of \$ _	213.00
vill be applied and billed to undersigned.	MIL				9.6
Division 12 Section 2 Bill	k/Row	1-4	188	Custo	10
Grave space & Care Fund			100		64.00
Overtime/Late Arrival Fees				thirties.	
Opening/Closing & Setup	-	0		7	533.00
Burial Container	11/11/10	100		2	270.00
landling Fees		5000			206.00
lower vases – Marker setting fee	APR "		and and		1 = 50
Recording/Filing/Transfer Fees		OF CEN	/>-		65.00
Sales taxes	OH TURE				20.93
INC	,	Total C	A CONTRACTOR OF THE PARTY OF TH	31	358.93
↑ Paid	receipt numb	er R-S	9561	_3,3	58.93
.0 1		-	Balance	due	0
hereby certify I am the	-NEX		of the abo	ve named	decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and Nagree	to hold Mt.	Hope Cem	etery ham	nless from
my nability on account or said admonization a	no mermen	1.			_
hereby authorize the interment in lot I old under deed	Presi Nas	MARC	hay	35	1#1
and and	Address	4017	HIC	hlan	d 1
The state of the s	Sa	nd.	ego	Ca	1210S
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70	Telephon	1 0	201-01	U-Cu-	
	Telephon		20/- 0/		

O President may deal paper

This information is available in alternative formats upon request.

619-69194540 Adriana/ Victim Sicrime

E-19695 Willie Clark Jr. San Diego Memorial Chapel 02441 University ave. 5.D. CA 92104, (419) 692-3090 - Christopher Tenlatively: 4/11/06 @ 11 Am

FRYER-KNOWLES	INC.
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1858 NEWTON AVE., SAN DIEGO, CA 92113

DESCRIPTION OF THE PERSON NAMED IN	and the same		4	1000
FAX	Train	senn	ICCI	on
II AMBATA	8 2 CH	BASE NE		WII.

Date: 4/6/06 Sent to: MARIA P. SAUNDIRS MARIA P. SAUNDERS Attn: Fax number sent to: 619-527-3403 From: MATSON HAWKINS Number of pages (including this one): If you do not receive all of the pages, please call us as soon as possible. Voice: (619) 236-0091 Fax: (619) 236-9287 Message: MS SAUNDERS HERE IS THE COLY OF WILLIE CLASK VRY W-2. YOU REQUESTED PLEASE CALL ME IF I CAN BE OF SERVICE.

ederal Tax Return	With Employee's	2005 OMB NO.
· Control ourmoner	Wagas, ups other compensation	The second secon
	43159.90	648,05
	3 Soliket security wingers	d Social security tax withheld
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	ress, and ZIP code	
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MT HOPE CEMETERY E-19695

GRAVE BLIND CHECK FORM

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

Rodney Lacey	#10 X	#12 Leonia Goodman
Blind Check Initiate	ed By: Sancha	Date: 4 6/2006
Interment space fo	r: Willie Clark 4/11/06 Time:	Jr.
Div: 12 Sect:_		Lot: 188 Gr. 10
Agrees with Legal	Card: BYes D N	
	BYes DNo rified By: Kenneth (Ellin Date: 4/10/0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 54

NAME OF DECEDEN	VT - FIRST (OMEN)	18. MIDDLE	TO LAST (FAMILY)	MINISTER STATE	NUMBER OF STREET	2. DATE OF BIRTH	D. DATE OF DEATH	4. SEX
VILLIE	T This paren	3	CLARK JR			05/18/1951	04/03/2006	М
SAN DIEGO			SAN DIEGO	- OUTSIDE CALIF.,	MA	RCUS CLAR		PCODE
VMS SAN DI	EGO MEMOF	FUNERAL CIRECTOR OR PERSON ACTING AS RIAL CHAPEL, 2441 N DIEGO, CA 92104		LICENSE NUMBER PLICABLE 75	SAN	4 MARCIA CO N DIEGO, CA ATURE OF APPLICANT		YE BIGNED
CKNOWLEDGEMENT OF A	APPLICANT I hereby action	where as applicant that the proposed stated here and Safety Code, and was sufficient ourseant to S	in is an of the dispositions such Section 7100 of the Health and S	rized by Section 103055 afety Code.	-/	2:1	1. 04	1/10/200
PERMIT	THE CALIFORNIA HEALT	IN ACCORDANCE WITH PROVISIONS OF HAND SAFETY CODE AND IS THE AUTHOR- IN SPECIFIED IN THIS PERMIT IN RIGHT OF DIRPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PA	04/10/20	OTTOO TO STATE	NANCY L B	OWEN, MD	Persin E
AUTHORIZATION OF LOCAL REGISTIVAN	00. ADDRESS OF REG	ISTRAR OF DISTRICT OF DEATH - # SEATH	convenient acutement (9E AD	DRESS OF REGISTRA	R OF DISTI	RICT OF DISPOSITION	- # pre-centrum is to receive to vision	Her District in Californ
NY CHANGE IN DISPOS- TION REQUIRES A NEW ERMIT TO SHOW PINAL DISPOSITION	3851 ROSE	COUNTY VITAL RECO CRANS ST), CA 92110	RDS -					
THE RESERVE AND THE PERSON NAMED IN					THE RESERVE OF THE PERSON NAMED IN			
	POSITION(S)		FOR	CORONER'S U	SE ONL	Y		115
	V.			CORONER'S U	SE ONL	Y		
SURIAL SURIAL	11A NAMEAND MOUT HOP	ADDRESS OF CALIFORNIA CEMETERY PE CEMETERY, 3751 MA O, CA 92102		118. DATE BURIE			ERSON IN CHARGE OF	######################################
BURIAL	11A NAME AND MOUT HOI SAN DIEGO	PE CEMETERY, 3751 MA	ARKET ST.,		¢	C SIGNATURE OF P	E1	9
SURIAL SURIAL CREMATION SCIENTIFIC USE	11A. NAME AND MOUT HO! SAN DIEG! 12A. NAME AND	PE CEMETERY, 3751 MA O, CA 92102	ARKET ST.,	118. DATE BURIE	0 11	C SIGNATURE OF P	F. Janu	REMATION
BURIAL SURIAL CREMATION SCIENTIFIC	11A. NAME AND SAN DIEGI 12A. NAME AND 1	PE CEMETERY, 3751 MA O, CA 92102 ADDRESS OF CALIFORNIA CREMATOR	ARKET ST.,	118. DATE BURIE 4-11-0 128, DATE CREM	0 11	C SIGNATURE OF P	ERSON IN CHARGE OF F	REMATION ACILITY

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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV,12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/28/06

	#	230/32	
You are hereby authorized and instruc			nter the remains
or Paul Edwa	rd Lowe	Jr.	SAL
in a Sype of Burist Container	Funeral, date, t		MAY 6,06
Church Chapel Graveside	4	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 undersign	ed.		
Division 12 Section 2	Bik/Row	_ Lot <u>90</u> Gra	ve 5
Grave space & Care Fund	***************************************		8264.00
Overtime/Late Arrival Fees			861,00
Overtime/Late Arrival Fees Opening/Closing & Setup(/)	olc		. 53300
Burial Container			539,00
Handling Fees.		,	
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees A	recording f	225	6500
Sales taxes	3 2006		41.77
			11 77 7
ON DOWN MOUNT HOPE	Paid receipt number	R-59601	4,757.7
70.	4	Balance du	0_
I hereby certify I am the farl	her	of the above	named decedent
and this is your authority to make dis that I have the right to make this auth	orization and I agree to	above indicated. I cert hold Mt. Hope Cemete	fy and represent ry harmless from
any liability on account of said authori	zation and interment	7, / #1	30133
I hereby authorize the interment in lot	1 TA	at Lowe	
hold under deed.	Print Nartie	5134 LOGA	4 AVE
Signatural Acco	Address	S.D. CH	92114
	Cay (G)	9) 201-6718	Zip Code
	Invoice #		
Work Order # E-19696	Acct.#		A RANGE
TO SECOND	The state of the s		manufacture and

MT HOPE CEMETERY E-19696

GRAVE BLIND CHECK FORM

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

		marie De Rubulca	va		
	#4 Exzala Byas	#5 X	#6 Floy D Tranne		
		Shirer!	વાર્		
Blind Check Initi	ated By:	Sandre		Date:	5-1-06
Interment space		aul E	dward	Lowe	JR.
Interment Date:	MAY OF	, 06	Time://	:00 C	chapel
Div: 12 Sec	et: } Bl	k/Row: _	Lot:	90	Gr: <u>5</u> _
Grave Laid out h	Dr. Morma	n fo	gue		
Agrees with Leg		- VA	1		
Agrees with Map	o: 9 Yes	01	No		
Blind Check & V	Verified By:	Kenn	et all	Date	: 5/2/00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

uge 48

14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION CHEMATED REWINS DISPOSER - IF APPLICABLE

		USE BLACK INK ONLY - MA	KE NO ERA	ASURES, WH	ITEOUTS OR OT	HER ALTERA	TIONS	-1		
PAUL PAUL	ENT - FIRST (UMEN)	EDWARD	LOW	/E JR.		MONT	TE OF BIRTH TH. DAY, YEAR /22/1957	04/27/20	YEAR	4 SEX M
NATIONAL (CITY		ENTER ST		OUTSIDE CALIF.,	OF INFORMAL	NT	MAILING ADDRES		DE
ANDERSON		FUNERAL DIRECTOR OR PERSON ACTING AS MORTUARY, 5050 FED! 102		FD132		SAN DI	EGO, AR		BII DAYES	IGNED
ACKNOWLEDGEMENT OF	F APPLICANT I hursday selso of the Health	unlikelys as applicant that the proposed stated have and Safety Code, and was authorized pursuant to 8	in is an of the di laction 7100 of 1	monations authorize to Health and Safe	ed by Senton 103055 By Code	Staul	augh	ele	05/01/	
PERMIT	THE CALIFORNIA HEALT	IN ACCORDANCE WITH PROMISIONS OF THAND SAFETY CODE AND IS THE AUTHOR- ON SPECIFIED IN THIS PERMIT NO RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA	11.00	OF FEE PAID	98 DATE PERMIT		MAINTENANCE CONTRACTOR	OWEN, MD	MINISTER OF STREET	E
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOS THOM REQUIRES A NEW PERMIT TO SHOW TIME DISPOSITION	SAN DIEGO 3851 ROSE	COUNTY VITAL RECO		SE ADDI	RESS OF REGISTRAN	OF DISTRICT OF	F DISPOSITION -	P CHIPOSITION & TO GO	out an amorteur par	THE ROLFERS
10. AUTHORIZED DI BURIAL	SPOSITION(5)			FOR	ORONER'S US	E ONLY				
BURIAL	MT. HOPE	ADDRESS OF CALIFORNIA CEMETERY CEMETERY, 3751 MAR SAN DIEGO, CA 92102			11B DATE BURIED	11C SIG	NATURE OF PI	ERSON IN CHAR	GE OF BURI	,
CREMATION CREMATION OF THE CARLE ILEMS		ADDRESS OF CALIFORNIA CREMATOR	ťγ		12B DATE CREMA	TED 12C SIG	NATURE OF PI	RSON IN CHAR	GE OF CREA	ATION
SCIENTIFIC USE	Committee of the Commit	ADDRESS OF CALIFORNIA FACILITY R	ECEIVING RE	EMAINS	138 DATE RECEIV	ED 13C SIG	NATURE OF P	RSON IN CHAR	GE OF FACIL	ITY

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

14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED.

15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

COPY 2

TRANSIT

SCATTERING/BURIAL

AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

COMPLETE

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

14B DATE SHIPPED

DISPOSITION

15B. DATE OF

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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MT. HOPE CEMETERY

AT- Need Res

INTERMENT ORDER

City of San Diego

Date 4-18-06 # 130147 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time //1 Av Church Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 113.00 will be applied and billed to undersigned. Division / Lot /98 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 Sales taxes MOST TO PAY 2-55591 Paid receipt number # 5555 Balance due I hereby certify I am the FATHER Y of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under dee Invoice # Work Order # E-19697 Acct. #

Father OF Decease Tania Bataz Salgado Tania 18 under age 18 E-19697





BERNARDINO BATAZ VALDERRANG 939 BURNS CT SAN DIEGO CA 92113

SAN DIEGO CA 92113 SEX:M HATR:BL

X:M HAIR:BLK :5-09 WT:165

008:05-20-58

04/18/2001 505 ES \$0/05

MT HOPE CEMETERY 6-19697

GRAVE BLIND CHECK FORM

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

		# 9 mar; o quinone2	
	#7 LOT 198		#5
		LOT 198 # 9 McDaniels	

Blind Check Initiated By: Sandle Date: 4-18-0	6
Interment space for: Tania Salgado Tacs Interment Date: May 2,06 Time: 10:00(C)	
Div: 12 Sect: 2 Blk/Row: Lot: 198 Gr: 2 Grave Laid out by: Norman Lequem	
Agrees with Legal Card: Yes O No	
Agrees with Map: XYes Q No	
Blind Check & Verified By: 1 Date:5-1-00	9

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

age 17

ANIA				BATAZ			2. DATE OF BIRTH MONTH, DAY, YEAR 08/15/1988 04/26/2006 FND				
	ADDRESS OF CALIFORNIA -	PUNERAL DIRECTOR OR PERS	SON ACTING AS SU	SAN DIE	GO CALIF LICE	ENSE NUMBER	BEF 381	RELATIONSHEP FULL ORMANT NARDINO B B Z ST. I DIEGO, CA	BATAZ, F	CAMPBELL LANDERS	CODE
		DIEGO, CA 92102		F	D1425			TURE OPAPPLICANT			E BIGNED
O THEMSEDELINGHIS	FAPPLICANT I hereby action of the Health :	revolute as applicant that the prop- and Safety Code, and was authoriz	aned stated herein is sed pursuant to Secti	on of the disposition 7100 of the Heal	one authorizati Ith and Safety	Dry Section 102055 Code	10	ello 6	havy	05/0	01/2006
PERMIT	THE CALIFORNIA HEALT ITY FOR THE DISPOSITION	IN ACCORDANCE WITH PROVIS H AND SAFETY CODE AND IS TO DN SPECIFIED IN THIS PERMIT NO HIGHT OF DISPOSAL OUTSIDE	HE AUTHOR	\$11.00	FEE PAID	05/01/20		NANCY L B			PERMIT
AUTHORIZATION OF LOCAL REGISTRAN RY CHANGE IN DISPOSITION FOR TO SHOW THAN DISPOSITION	SAN DIEGO 3851 ROSE	COUNTY VITAL CRANS ST CA 92110			PE. ADDR!	ESS OF REGISTRAR	OF DISTR	ECT OF DISPOSITION	— и вымостон в	6 TO OCCUP #1 ANOTH	ER DETRICT H EALFORN
	CHOCKTONICS				FOR CO	ORONER'S US	EONL	Y			
AUTHORIZED D	promine(s)										
BURIAL	arualiun(a)							nadile.			
STATE OF THE PARTY	11A NAME AND MOUNT HO	ADDRESS OF CALIFORNIA DPE CEMETERY IEGO, CA, 92102	Company of the Party of the Par	RKET		118 DATE BURIED		C. SIGNATURE OF F	PERSON IN C	CHARGE OF B	URIAL
BURIAL	11A NAME AND MOUNT HE ST.,SAN D 12A NAME AND	OPE CEMETERY	7,3751 MA	RKET		A COMPANDED	,	C. SIGNATURE OF P	17	brie	-
BURIAL	11A NAME AND MOUNT HI ST.,SAN D 12A NAME AND	OPE CEMETERY IEGO,CA,92102	7,3751 MA			5-2-06	TED 12	Dario	PERSON INC	Dries	REMATION
BURIAL BURIAL CREMATION	11A NAME AND MOUNT HO ST.,SAN D 12A NAME AND 13A NAME AND	OPE CEMETERY IEGO, CA, 92102 ADDRESS OF CALIFORNIA	CREMATORY A FACILITY RECE	EIVING REMAIN	45 *	5-2-00 128 DATE CREMA	D 12	SIGNATURE OF	PERSON IN C	CHARGE OF F	REMATION

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS94 (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

At Need Res Fee

City of San Diego

Date 5-1-06

You are hereby authorized and instructed, subject to you	ur rules and regulations, to inter the remains
or Louis Rem Jr.	# 230137
in a	late, time Mon. May 8 1.00
Church Chapel Graveside	- Ragodale Mortuary
All Funeral cars must arrive before 3:00 p.m. of regular	work day or an extra charge of \$ 213,0
will be applied and billed to undersigned.	The M tolex
Division 12 Section 2 Bik/Row_	Lot 236 Grave 11
-Grave space & Care Fund	2264 -
Overtime/Late Arrival Fees	
Control of the Contro	533 —
Burial Container MAY 8 4 2006	270
rianding rees	106
Flower vases - Marker setting fee	Market Transfer
Recording/Filing/Transfer Fees Quantum	65
Sales taxes	2093
	Total Due 3 3 5 8 7
Paid receipt nur	nber R. 5960) 43,358.93
x Muchber	Balance due
I hereby certify I am the and this is your authority to make disposition of remain that I have the right to make this authorization and I agree any liability on account of said authorization and intermed	ee to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot hold under deed.	Jon'me M. POIK
Carlotte Mi Hold	empe, AZ 85281 480-720-5736
THE STATE OF THE S	at .
1000	pice #
Work Order # E-19698 Acc	.#

€-19698

DAY CALIFORNIA DAY

DRIVER LICENSE ...

EXPIRES 12-28-85

J0934646

LOUIS REM, JR 724 40TH ST SAN DIEGO CA 92182

SEX:M HAIR: GRY

HT:5-09 NT:196 DOB:12-28-20





MT HOPE CEMETERY E-19698

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". 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		
Young	X	F SHAMA CAMPBELL LUCILLE YOUNG	
Blind Check Initiate Interment space for Interment Date: 1/14	Louis K		Date: 5-4-6
Div: 12 Sect: Sect:	2 BINROW:	Lot: Z	36 Gr: 11
Agrees with Legal (Agrees with Map: & Blind Check & Veri	Card: ØYes F Yes	□ No No	FLAG ONE GRAVE

THE DATE SIGNED ebele 05/01/2006

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 45 1. DATE OF DEATH 4 SEX IA. NAME OF DECEDENT - FIRST (GIVEN) 2. DATE OF BIRTH IB. MIDDLE LOUIS REM JR M 12/28/1920 04/27/2006 IL NAME, RELATIONSHIP FULL WAILING ADDRESS AND ZIP CODE SA. CITY OF DEATH SE COUNTY OF DEATH - OUTSIDE CALIF SAN DIEGO SAN DIEGO JON'NYE POLK, DAUGHTER 7A TYPED NAME AND ADDRESS OF CALFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 1231 N. OLEANDER ST #1 7B, CALIF. LICENSE NUMBER ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL **TEMPE, AZ 85281** FD1329

PERMIT

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR. ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVE NO RIGHT OF OSPORAL GUTSINE OF CALIFORNIA.

A. AMOUNT OF PEE PAID 11.00

MR. DATE PERMIT ISSUED 05/01/2006

NANCY L BOWEN, MD

TA SIGNATURE OF APPEIDANT - PHINA

SE, ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -- PURPORTION IN TURBULA MARKET BURNET MULA.

BC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

AUTHORIZATION OF LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -- FEMAL COLUMNED IN CALPUNA ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

ACKNOWN.EDGEMENT OF APPLICANT IN THE BY SECTION 193055 of the Health and Sefery Code, and was sufficient pursuant to Section 7100 of the Health and Sefery Code.

10 AUTHORIZED DISPOSITION(S)

BLVD SAN DIEGO, CA 92102

BURIAL

FOR CORONER'S USE ONLY

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET	118, DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURGAL	STREET, SAN DIEGO, CA 92102	5-8-06	· Covarier
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13R DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED.	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
CATTERING/BURIAL AT SEA OR SPOSITION OTHER HAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION, IF BURIAL AT SEA, COLY ENTER LATITUDE AND LONGITUDE	158 DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CREMATED REMAINS DIS- CHARGE OF DISPOSITION CREMATED REMAINS DIS- 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.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.8, 7116, 7117, AND 103060.

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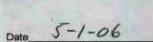
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AT- Need NON-Res

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



You are hereby authorized and instructed.	subject to your rules and regulations, to inter the remains
of Judith	Vollenweider # 117539
	Funeral date, time Weds 3, 06 10:00
Church, Chapel Graveside	: ATZ / 9 1 234 - 9367 Mortuary.
All Funeral cars must arrive before 3:00 p	m of pegular work day or as extra charge of \$ 283.00
will be applied and billed to undersigned	a gifordia x
Division / 1 Section 1	
Grave space & Care Fund	\$3,011,00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708,00
Burial Container	LINE 359.00
Handling Fees 4444	175.00
Handling Fees 4864 Flower vases Marker setting fee	MAY U 1 2006 \$1280,47
Recording/Filing/Transfer Fees	85.00
Sales taxes	MOUNT HOPE CEMETERY 1781
	Total Due
A	aid receipt number R -595-95 4 4, 746.29
1	aughter Balance due
I heraby certify I am the AULT	-04 1000
and this is your authority to make dispos	of the above named decedent ation of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	on and interment.
I hereby authorize the interment in lot I	* APRIL Montera
hold under deed /	Prix Name 9818 Alfallion)
19/ Julia x	* SAN DIEGO, CA 92/3
Square	1 858-245-8682. In today
	Invoice#
Work Order # E- 19699	Acct #

MT HOPE CEMETERY

€-19699

GRAVE BLIND CHECK FORM

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

 # 3	#U	#5		9
Buniel Salazar				
#9 Willie Kilbourne		# // X		
			A S	
S COLUMN			The state of	

Blind Check Initiated By: Sanda Date: 5-1-06
Interment space for: Judith Vollenweider
Interment Date: <u>May 3, 06</u> Time: <u>10:00 A.m.</u>
Div: 12 Sect: 2 Blk/Row: Lot: 165 Gr: 11
Grave Laid out by: Norman Feyer
Agrees with Legal Card: Yes No
Agrees with Map: Yes O No
Blind Check & Verified By: Marid Meriga Date: 5-1-06

E 19699

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

age 7) USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT - FIRST (QIVIN) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1B. MIDDLE VOLLENWEIDER JUDITH 08/17/1933 04/28/2006 SA. CITY OF DEATH 58. COUNTY OF DEATH - OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE LA MESA SAN DIEGO ALFRED VOLLENWEIDER, HUSBAND 78 CALIF LICENSE NUMBER - IF APPLICABLE 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7621 SARANAC AVE FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA LA MESA, CA 91941 FD1658 BLVD LA MESA, CA 91941 A SIGNATURE OF ABBLICANT Person taking permit. 05/03/2006 ADMINISTRATE OF APPLICANT IN healty examined and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND BAFETY CODE AND IS THE AUTHOR-TY FOR THE CISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT A AMOUNT OF FIRE PAID 98 DATE PERMIT ISSUED NANCY L BOWEN, MD 05/03/2006 11.00 PERMIT AUTHORIZATION OF LOGAL REGISTRAN 90. ADDRESS OF REGISTRAR OF DISTRICT OF DISART - F DEATH - F DEATH OR DISARDON DA FORMATION - F DISARDON DA FORMATION DE DISARDON DE DISTRICT OF DISTRICT OF DISTRICT OF DISARDON DE DISTRICT OF DISTR ANY CHANGE IN DISPOS-ITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 10 AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY

1A NAME AND ADDRESS OF CALIFORNIA CEMETERY 18 DATE BURIED 11C. SIGNATORE OF PERSON IN CHARGE OF BURIAL BURIAL MT HOPE CEMETERY 3751 MARKET ST., 5-3-06 SAN DIEGO, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED. 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B DATE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 158 DATE OF 15C. SIGNATURE OF PERSON IN 115D. LICENSE NUMBER OF SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE OREMATED REMAINS DIS-POSER - IF APPLICABLE DISPOSITION CHARGE OF DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN CEMETERY

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

BU

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

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